

Center for Assistive Technology & Inclusive Education Studies (CATIES)
at The College of New Jersey

Information Form for Assistive Technology Evaluation: Parent

Client's Name: _____

Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____

Preferred Time and Method of Contact: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

What outcomes would you like as a result of this evaluation?

How do you think assistive technology may help your child? Check a maximum of 3.

- | | |
|---|---|
| <input type="checkbox"/> Practice academic skills | <input type="checkbox"/> Assist with spelling |
| <input type="checkbox"/> Provide access to computers | <input type="checkbox"/> Assist with organization of school work |
| <input type="checkbox"/> Increase reading comprehension | <input type="checkbox"/> Enable him/her to take tests and demonstrate what s/he knows |
| <input type="checkbox"/> Provide an efficient means of notetaking | <input type="checkbox"/> Provide access to the Internet/leisure |
| <input type="checkbox"/> Increase the speed of his/her typing | <input type="checkbox"/> Provide activities for recreation/leisure |
| <input type="checkbox"/> Improve the quality of written composition | |

Please list your child's strengths, learning style, interests, and any other significant factors that should be considered:

Student's present means of communication

(Check all that are used, circle primary method the student uses)

- | | |
|--|--|
| <input type="checkbox"/> Changes in breathing patterns | <input type="checkbox"/> Body position changes |
| <input type="checkbox"/> Eye-gaze/eye movement | <input type="checkbox"/> Facial expressions |
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Sign language (few combinations) | <input type="checkbox"/> Sign language (many combinations) |
| <input type="checkbox"/> Reliable No | <input type="checkbox"/> Reliable Yes |
| <input type="checkbox"/> Two word utterances | <input type="checkbox"/> Three word utterances |
| <input type="checkbox"/> Vocalizations, list examples: _____ | |
| <input type="checkbox"/> Vowels, vowel combinations, list examples: _____ | |
| <input type="checkbox"/> Semi intelligible speech, estimate % of intelligible: _____ | |
| <input type="checkbox"/> Single words, list examples and approx. # : _____ | |
| <input type="checkbox"/> Communication board: <input type="checkbox"/> tangibles <input type="checkbox"/> pictures <input type="checkbox"/> combo picture/symbols <input type="checkbox"/> words | |

- Voice output device (name of device): _____
- Intelligible speech
- Writing
- Other: _____

To indicate "yes" and "no", the student:

- Shakes head Signs Vocalizes Gestures Eye gazes
- Points to board Uses word approximations Does not respond consistently

Can a person unfamiliar with the student understand the response:

- Most of the time Sometimes Rarely

Child's typical attention level:

- Attends appropriately
- Has difficulty staying on task
- Very short attention span

Home Computer Use: (Please check all that apply and list titles of software.)

- No computer is available at home Internet browsing
- Child does not use computer at home Academic skills practice
- Plays computer games: _____ Homework
- Email Word processing
- Other: _____

Computer availability at home:

- None Mac (version _____) Windows
- 2000 XP Vista
- Microsoft Office version: 2007 2006 or earlier

Current Keyboarding Ability (Check all that apply):

- Does not currently type Types with 10 fingers and correct hand position
- Types with one finger Accidentally hits unwanted keys
- Types with several fingers Uses adapted / alternate keyboard (please specify): _____
- Uses one hand _____
- Uses two hands _____

Current mouse / mouse alternative use (Check all that apply):

- Uses mouse
 - Independently
 - With assistance
- Uses adaptive equipment
 - Trackball Head pointer
 - Touch screen Other: _____
 - Joystick

Homework:

Reading:

- Reads independently Listens to material read by an adult
- Asks for assistance with some words Uses computer
- Listens to books on tape Other: _____

Uses video magnifier

Written work:

Short assignments:

- | | |
|--|--|
| <input type="checkbox"/> Writes independently | <input type="checkbox"/> Uses computer |
| <input type="checkbox"/> Asks for minimal assistance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dictates to another writer | |

Reports:

- | | |
|--|--|
| <input type="checkbox"/> Writes independently | <input type="checkbox"/> Uses computer |
| <input type="checkbox"/> Asks for minimal assistance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dictates to another writer | |

Math:

- | | |
|---|--|
| <input type="checkbox"/> Uses calculator | <input type="checkbox"/> Uses computer |
| <input type="checkbox"/> Uses manipulatives | <input type="checkbox"/> Other: _____ |

What difficulties does the student have in learning new material or studying:

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Remembering assignments | <input type="checkbox"/> Reviewing notes from lectures |
| <input type="checkbox"/> Remembering steps of tasks or assignments | <input type="checkbox"/> Organizing information / notes |
| <input type="checkbox"/> Finding place in textbooks | <input type="checkbox"/> Organizing materials for a report or paper |
| <input type="checkbox"/> Taking notes during lectures | <input type="checkbox"/> Turning in assignments |
| | <input type="checkbox"/> Other: _____ |

Please summarize your child's abilities and your concerns related to homework:

Seating/Positioning (Check all that apply):

- Sits in regular chair with feet on floor
- Sits in regular chair with support under feet
- Sits in adapted chair
- Sits in wheelchair

Desk Accessibility:

- Uses regular desk
- Uses desk with height adjusted
- Uses adapted table
- Uses wheelchair for desktop
- Has difficulty using table or desk

Description of Seating:

- Seating provides trunk stability
- Seating allows feet to be on the floor
- Seating provides 90/90/90 position
- Has difficulty with head control

Best position for head control is: _____

Questions or other information:

Please return by mail to: CATIES c/o Dept of Special Ed., Language & Literacy

PO Box 7718, Ewing, NJ 08628-0718

Or by fax to: (609) 637-5179