

Assistive Technology Questionnaire Form

Student Name _____
Date of Birth: _____
Parent/Guardian: _____
Address: _____

School: _____
Age: _____ Sex: _____ Grade: _____
Home Phone _____
Work Phone _____
E-mail Address: _____

Exceptionality: _____
Teacher: _____
_____ Minutes per week in Regular Ed.
Requested by: _____

Related Services: _____
Paraprofessional: _____
_____ Minutes per week in Sp.Ed.
Phone: _____

1. What task(s) does the student need to accomplish? _____

2. What is the students current level of performance on this task?

3. How is the student's disability affecting his/her performance?

4. In which enviroment does the task need to be done?

5. Are there enviromental conerns or other issues of concern?

