Assistive Technology Evaluation Intake Packet

This packet helps our team gather information before your student's assistive technology (AT) evaluation. Please complete **all sections** that apply and return the full packet — along with the student's most recent IEP and any relevant evaluation reports — **at least one week prior to the scheduled evaluation.**

The packet includes:

1. **Case Manager Section** – completed by the student's case manager
2. **Teacher Section** – completed by each classroom or subject teacher (duplicate as needed)
3. **Parent/Guardian Section** – completed by the parent(s) or guardian(s)
4. **Student Section (Optional)** – completed by the student, if appropriate

Providing thorough, up-to-date information ensures the evaluation focuses on the student's unique strengths, needs, and learning environment.

Please include:

- Work samples showing areas of difficulty (if available)
- A copy of the student's IEP
- Copies of recent evaluations (educational, therapeutic, medical, psychological, etc.)

If this information is not received on time, the evaluation may need to be rescheduled.

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Case Manager Section

Student Information

Student Name: _____

Date of Birth: _____ Age: _____

Address: _____

Parent/Guardian: _____

Student's Primary Language: _____

Family's Primary Language: _____

School Information

School Name: _____

Grade: _____

Address: _____

Case Manager: _____

Email: _____

Phone: _____

School Contact (if different): _____

Team Members:

- ☐ General Education Teacher
- ☐ Special Education Teacher
- ☐ Occupational Therapist
- ☐ Counselor
- ☐ Physical Therapist
- ☐ Speech-Language Pathologist
- ☐ Paraprofessional/Aide
- ☐ Other: _____

Placement

- ☐ General Education Classroom
- ☐ Resource Room
- ☐ In-Class Support
- ☐ Self-Contained
- ☐ Private School
- ☐ Home Instruction
- ☐ One-to-one Aide

Classification

- ☐ Autism Spectrum Disorder
- ☐ Specific Learning Disability
- ☐ Communication Impairment
- ☐ Cognitive Impairment
- ☐ Emotional/Behavioral Disability
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Other Health Impairment
- ☐ Visual Impairment
- ☐ Hearing Impairment
- ☐ Traumatic Brain Injury
- ☐ Other: _____

Medical Information

Medical Diagnosis (if applicable): _____

Health considerations:

- ☐ Seizure history
- ☐ Chronic pain
- ☐ Degenerative condition
- ☐ Takes medication regularly
- ☐ Allergies
- ☐ Multiple health concern

Mobility and Access Supports

Please indicate any supports or equipment the student uses for mobility or physical access.

- ☐ None
- ☐ Manual wheelchair ☐ Power wheelchair ☐ Walker ☐ Crutches
- ☐ Orthotic or prosthetic devices ☐ Adaptive seating or positioning equipment
- ☐ Alternative input devices (e.g., adaptive keyboard, switch access, touch screen)
- ☐ Other: _____

Current Academic and Functional Skills

Briefly describe current skill levels or grade equivalents:

	Current Level / Description
Reading	_____
Writing	_____
Math	_____
Spelling	_____
Cognitive/ Problem-Solving	☐ Above Average ☐ Average ☐ Below Average ☐ Significantly Below Average

Reason for Referral — *Required*

This section must be completed.
Your response is essential to the evaluation process and will directly guide both the focus of the assessment and the recommendations provided. Please describe, in detail, the specific tasks or areas that are currently difficult or impossible for the student, and where assistive technology may help.

Academic Needs to be Addressed: (Select all that apply)

- ☐ Support writing and written expression
- ☐ Improve organization and task management
- ☐ Increase reading comprehension
- ☐ Alternative access to text
- ☐ Support access to digital learning materials
- ☐ Assist with spelling or grammar
- ☐ Provide alternative access for physical needs
- ☐ Other: _____

Assistive Technology Previously Tried

Please describe any tools, accommodations, or strategies already used with the student, including how long they were used and the outcome. (Examples may include text-to-speech, speech-to-text, visual organizers, alternative input, or note-taking supports.)

_____

_____

_____

_____

Completed by: _____ **Date:** _____

Teacher Section

Teacher Name: _____ Subject _____

Classroom Environment

Technology available to the student:
☐ Chromebook ☐ Windows Laptop ☐ Mac Laptop ☐ iPad or Tablet ☐ Other: _____

Technology environment:
☐ 1:1 device program ☐ Shared devices ☐ Computer lab ☐ Google Classroom

☐ Other: _____

Instructional format:
☐ In-person ☐ Virtual ☐ Hybrid

Student Strengths and Areas of Need

In your class, what tasks are most difficult for the student?

Writing / Composition: ☐ Legibility ☐ Speed ☐ Fatigue ☐ Organization

☐ Spelling ☐ Grammar ☐ Getting started ☐ Other: _____

Reading: ☐ Decoding ☐ Comprehension ☐ Fluency ☐ Sustained attention

☐ Vocabulary ☐ Other: _____

Math: ☐ Calculation ☐ Problem solving ☐ Lining up equations ☐ Word problems

☐ Copying from board ☐ Other: _____

Organization / Study Skills: ☐ Managing materials ☐ Keeping track of assignments

☐ Note-taking ☐ Remembering directions ☐ Time management

☐ Other: _____

Access: ☐ Difficulty with mouse/keyboard ☐ Fine motor challenges ☐ Visual access

☐ Hearing access ☐ Other: _____

Technology Use in Class

1. How often does the student use a computer or device in your class?
   ☐ Rarely ☐ Occasionally ☐ Daily (one or more periods) ☐ Throughout the day

2. How independently can the student use a device?
   ☐ Fully independent ☐ Needs some assistance ☐ Requires frequent support

3. Current input methods:
   ☐ Standard keyboard ☐ On-screen keyboard ☐ Touchscreen ☐ Touchpad

   ☐ External mouse ☐ Adaptive input device ☐ Other: _____

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4. Digital skill level:
   ☐ Advanced ☐ Age-appropriate ☐ Emerging ☐ Limited

Supports and Accommodations

1. What strategies, tools, or accommodations are currently in place to help the student succeed?

   _____

   _____

2. Have any assistive or accessibility tools been tried in your classroom?
   ☐ Yes ☐ No
   If yes, describe what was used and the outcome:

   _____

Observation of Learning Style

☐ Visual ☐ Auditory ☐ Hands-on / Kinesthetic ☐ Verbal / Discussion-based

☐ Other: _____

Reason for Referral

Please describe what the student needs to do in your class that is currently difficult or impossible, and where assistive technology might help.

_____

_____

_____

Completed by: _____ **Date:** _____

Parent/Guardian Section

Student Name: _____ Date: _____

Completed by: _____ Relationship to Student: _____

Home Technology Access

1. What devices does your child have access to at home?
   ☐ Chromebook ☐ Windows Laptop ☐ Mac Laptop ☐ iPad or Tablet

   ☐ Desktop Computer ☐ Smartphone ☐ Other: _____

2. Internet access:
   ☐ Reliable Wi-Fi ☐ Limited or inconsistent Wi-Fi ☐ No Wi-Fi

3. Who helps your child use technology at home?
   ☐ Parent/Guardian ☐ Sibling ☐ Teacher/Tutor ☐ Student works independently

   ☐ Other: _____

4. How confident is your child when using technology at home for schoolwork?

   ☐ Very confident ☐ Somewhat confident ☐ Needs frequent help

Use of Technology at Home

1. What does your child use technology for at home?
   ☐ Homework ☐ Research ☐ Reading or audiobooks ☐ Writing or projects

☐ Games ☐ Communication ☐ Other: _____

2. Are any accessibility or assistive tools used at home?

   ☐ Yes ☐ No

   If yes, please describe what your child uses and how well it works:

   _____

   _____

School-Related Tasks

What school tasks are difficult or frustrating for your child to complete at home, and where might technology help?

_____

_____

_____

Family Goals and Observations

1. What do you hope your child will gain from the assistive technology evaluation?

   _____

2. Is there anything else you'd like us to know about your child's learning style, interests, or challenges?

   _____

Student Section (Optional)

Student Name: _____

About School

1. What do you like most about school?
   ☐ Friends ☐ Teachers ☐ Learning new things ☐ Specials or electives

   ☐ Other: _____

2. What is hardest for you at school?
   ☐ Reading ☐ Writing ☐ Math ☐ Staying organized ☐ Paying attention

   ☐ Other: _____

Using Technology

1. Do you use a computer, tablet, or Chromebook at school?
   ☐ Yes ☐ No

2. What do you use technology for?
   ☐ Typing ☐ Reading or listening ☐ Research ☐ Projects

   ☐ Tests or quizzes ☐ Other: _____

3. How do you feel about using technology for schoolwork?
   ☐ I like it ☐ It's okay ☐ It's hard for me

Student Thoughts

1. Does technology help you do your schoolwork better?
   ☐ Yes ☐ Sometimes ☐ No ☐ Not sure

2. Is there something you wish was easier to do at school?

   _____

   _____

Completed by: _____ **Date:** _____