# Assistive Technology Needs Assessment Form

## Personal Information

Name

Date of Birth

Contact Information

## Background

Diagnosed Disability or Condition

Current Assistive Technology Used

## Assessment Details

Primary Environments (e.g., school, work, home)

Challenges Experienced

Goals for Assistive Technology Use

## Technology Preferences and Needs

Preferred Types of Technology

Desired Features/Functions

Support or Training Needed

## Additional Information

Comments or Other Relevant Information