Assistive Technology Needs Assessment Form

| Full Name | |
|---|---|
| | |
| Date of Birth | |
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| | |
| Contact Information | |
| | |
| Organization/School | |
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| | |
| Disability Information | |
| Type of Disability | |
| | |
| | |
| Description | |
| | |
| | |
| Current Technology Used | |
| Current recimology Oseu | |
| Assistive Technology Currently Used | |
| | |
| | |
| Effectiveness of Current Solutions | |
| | |
| | |
| | |
| Assessment Details | |
| Tasks You Need Assistance With | |
| | |
| | |
| Environments of Lice (home, school, work, etc.) | |
| Environments of Use (home, school, work, etc.) | |
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| Chal | lenges or Barriers Faced |
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| Goals to | or Assistive Technology |
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| | |
| Other C | Comments |
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