# Assistive Technology Assessment

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| Student Name: |  | | |
| Grade: |  | Assessment Date: |  |
| Type of Disability: |  | | |

1. What physical limitations does the student have?

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1. What steps have the parents taken to help their child get through each day despite their child’s physical limitations? Do they intend to continue to use third party resources to help improve their child's quality of life and learning potential?

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1. Does the student rely on any special equipment or tools on a daily basis that help in overcoming their limitations?

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1. What short term educational goals does the student have?

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1. What long term goals does the student have?

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1. Will the student's short term or long term goals be affected by their physical disability?

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1. In addition to their physical limitations, does the student have any learning or cognitive disabilities that need to be considered during the assessment?

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1. What concerns does the child have regarding their future and education?

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1. What concerns does the child's doctor have regarding the child's future and education?

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1. What type of tools are currently available that could be used to help the child overcome their physical limitations and achieve each of their educational goals?

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1. Can the special assistive technology be utilized in a classroom setting?

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1. Does the student feel that they would be comfortable using the assistive technology?

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1. How much training would the student need before they could use the assistive technology without assistance?

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1. Will the device help the child for a long period of time or will it be something that needs to be updated before they have completed their education?

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