

## REACH Assistive Technology Information Form

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

1. Please check (✓) areas in which the student is currently utilizing assistive technology (include devices and software) at home, at school, in the community. Identify any skill areas which you consider to be areas of need.

| Area of Need<br>✓ | Currently Using<br>✓ | Have, but not using<br>✓ | More Info. Needed<br>✓ | Area of Focus                                                                         |
|-------------------|----------------------|--------------------------|------------------------|---------------------------------------------------------------------------------------|
|                   |                      |                          |                        | Hearing (e.g. hearing aids, FM system, TDD)                                           |
|                   |                      |                          |                        | Vision (e.g. screen magnification/voice output software/audiotapes/large print, etc.) |
|                   |                      |                          |                        | Communication (e.g. picture boards, voice output device, etc.)                        |
|                   |                      |                          |                        | Written Output (e.g. word processor/computer, software, tape recorder).               |
|                   |                      |                          |                        | Play (e.g. switch toys)                                                               |
|                   |                      |                          |                        | Environmental Controls (e.g. switch control to operate electrical appliances)         |
|                   |                      |                          |                        | Computer adaptations (e.g. specialized keyboard, mouse, touch screen, etc.)           |
|                   |                      |                          |                        | Mobility (e.g. joystick or head switch for power chair)                               |
|                   |                      |                          |                        | Other:                                                                                |

2. Has previous support been provided in **selecting** this assistive technology? (If yes, please specify, e.g. ACETS, Ability Society of Alberta, Glenrose Assistive Technology Services, Renfrew, etc.).

---

---

3. What would you/the student like to accomplish with technology at home, at school and in the community?

Home (e.g. during self-care, at play, socializing, etc.)

---

---

School (e.g. classroom/academics, at lunch, gym/playground, etc.)

---

---

Community (e.g. shopping, restaurants, mobility/transportation, etc.).

---

---

4. What are the student's favorite types of activities?

---

---

5. What resources (e.g. staff, time, money) are available to the school for support in training, maintenance, and programming of this technology?

---

---

6. Computers:

Available in classroom \_\_\_\_\_ lab \_\_\_\_\_.

Mac \_\_\_\_\_ PC \_\_\_\_\_

Operating system \_\_\_\_\_

Technology support at school: Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_

7. Additional comments, questions or information.

---

---