Jamie Arasz Prioli, RESNA ATP

"Assistive Technology for All Abilities"
990 Cedar Bridge Ave. Suite B7 - #204 Brick, New Jersey 08723-4157
Phone: 732-331-5379 www.japriolisolutions.com

Assistive Technology Pre-Assessment Survey

Please complete the following questionnaire and return the survey to the above mailing address or email the survey to info@japriolisolutions.com. The more information you can provide about the recipient of the assessment, the more through an assessment we can make.

Your time and effort in completing this survey is greatly appreciated!

Name:_____ Date:_____

Age:_____ DOB:_____

Parents (if under 18)_____ Phone:_____

Address:_____ Email:_____

_____

Medical Diagnosis:_____

Assistive Technology Currently Using:_____

_____

_____

Educational Classification (if appropriate):_____

Grade:_____ Mainstream:_____ Self-contained:_____ Resource Room:_____

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Reason for Referral (please check as appropriate)

☐ Organization ☐Difficulty Using a Computer ☐ Handwriting (Fatigue, Sloppiness, etc.)

☐Reading ☐Study Skills ☐Composing written material

☐Home Accessibility ☐Environmental Access ☐Daily Scheduling

☐Other – Please list specific vocational, educational, or independent living goals you would like to meet_____

_____

_____

_____

I. Computer Experience

Currently uses a computer _____ Yes _____ No

If yes, what type of computer? (Please check all that apply)

☐ Desktop/Tower ☐ Laptop ☐ Hand-held (Palm, etc.)

☐ Other_____

What operating system(s) are you currently using? (Please check all that apply)

☐ Windows XP ☐ Windows Vista ☐Windows 2000/ME

☐ Windows 98 ☐ Mac OS 10 ☐ Mac OS9 or below

☐ Other_____

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How is the computer accessed? (Please check all that apply)

☐ Standard keyboard ☐ Mouse ☐ Mouth Stick

☐ Ergonomic Keyboard ☐ Trackball ☐Head Pointer

☐ Intellikeys Keyboard ☐ Trackpad/Touchpad ☐ Head Mouse

☐ Voice Activation ☐ Mini Keyboard ☐ Touch Window

☐ Keyboard with Keyguard ☐ Joystick ☐ Switch

☐ Scanning with Switch (*) ☐ Other Adapted Keyboard_____

☐ Other_____

(*) Switch users, please describe the kind of switch used, how you access it, and where / how it is mounted

_____

_____

_____

If you use a standard keyboard, which of the following apply (Please check all that apply):

☐ Trouble hitting the correct keys

☐ Want to type faster

☐ Uses one hand to type - RIGHT or LEFT (please circle one)

☐ Cannot reach all keys on the keyboard

☐ Holds down the keys too long and repeat keys unintentionally

☐ Easily tires when typing

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☐ Experience pain when typing. If so, where?_____

☐ Other_____

II. **Sensory Status**

Vision is within normal limits	Yes	No
Hearing is within normal limits	Yes	No
The following devices are used for hearing and/or seeing:	☐ Glasses	☐ Contacts
	☐ Hearing Aids	☐ Listening Devices

III. **Reading Ability**

Reads sight words	Yes	No
Reads fluently	Yes	No
Comprehends when reading	Yes	No
Comprehends when read to	Yes	No

☐ Auditory Learner ☐ Visual Learner ☐ Combination Learner

Current reading level / grade is_____

IV. **Writing Ability**

Can hold and use a regular pen	Yes	No
Handwriting is messy, slow, or labored	Yes	No
Spells well	Yes	No
Trouble organizing thoughts	Yes	No

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V. Mobility

☐ Walks Independently

☐ Walks with assistance (orthotics, crutches, walker, etc.)

☐ Uses a manual wheelchair (Model_____)

☐ Uses a power wheelchair (Model_____)

VI. Fine Motor

☐ Uses both hands ☐ Uses one hand _____right _____left

☐ Can point ☐ Finger dexterity – Weak Fair Good (circle one)

☐ Hand tremors

VII. **Additional Information**

Currently receiving the following therapies:

☐ Speech / Communication Frequency:_____

☐ Physical Therapy Frequency:_____

☐ Occupational Therapy Frequency:_____

☐ Cognitive Therapy Frequency:_____

☐ Other Frequency:_____

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VIII. **Please document any barriers you might experience throughout the home**

(i.e. trouble opening jars, difficulty cooking in the kitchen, cannot operate remote operated devices, etc.)

IX. **Please document any other questions you might have**