Assistive Technology Questionnaire

Student first name:___________________________ Last name:_____________________________
Year Level: _______________
Student email (if available): __________________________________________

Diagnosed Learning Difficulty: Circle appropriate-  Dyslexia   Dysgraphia   Dyspraxia
Dyscalculia   Auditory Processing   Speech Language Impairment   Non-Verbal LD
Other: ____________________

Identified areas of weakness:   Reading Accuracy   Reading Comprehension
Reading Speed   Spelling   Handwriting   Time Management   Organisation
Motivation   Memory   Maths   Other: ____________________

How much time is expected to be spent on homework each week? ______
How much time is this student spending on homework each week? ______
Can the student touch-type using all ten fingers at speed?   Yes [ ]   No [ ]
Does the student have an iPad?   Yes [ ]   No [ ]
Does the student have an Android tablet?   Yes [ ]   No [ ]
Does the student have a laptop?   Yes [ ] type: _______________   No [ ]

Please bring a sample of your child’s unedited, independent writing.
To be filled out by School Staff- either class teacher/ Learning Support Teacher

Does the student use a device at school currently?

Yes □ School-provided- Type: ________________________________

Home provided- (Bring Your Own): Type: ________________________________

No □ Is the school able to provide one with recommended software loaded: Yes □ No □

Is the school willing to allow a home-provided device to be brought in to school with access to the school server and internet provided?: Yes □ No □

Is the student using AT currently at school? Yes □ No □

If yes, please give details: (e.g. Audiobooks for English texts, text-to-speech, Read and Write Gold).

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Does the school have access to specific software for AT such as Read and Write Gold, Clicker etc. that can be provided for the student? Please provide details: ________________________________

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