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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