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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