



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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