

Assistive Technology Teacher Questionnaire

Student first name: _____ Last name: _____

Year Level: _____

To be filled out by School Staff- either Class Teacher/ Learning Support Teacher

1. Does the student use a device at school currently?

Yes **School-provided-** Type: _____**Home provided-** (Bring Your Own): Type: _____

What platforms/apps are mainly used for curriculum access? E.g. Microsoft Word/Teams/OneNote/Canva/Google Classroom/Education Perfect etc.

No Is the school able to provide one with recommended software installed: 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? Yes No 2. Is the student using AT currently at school? Yes No If yes, please give details: (e.g. audiobooks for English texts, Microsoft text-to-speech, Built-in speech recognition (Dictate), *Read&Write* software,

3. Does the school have licenses for specific software for AT such as *Read&Write*, *Clicker*, *CoWriter* etc. that can be provided for the student? Please provide details:
