# Assistive Technology Evaluation Form

*This Assistive Technology Evaluation Form can be used to frame a conversation with a student around what AT they might need in different collegiate situations. We encourage you to customize it to fit the needs of your office and students.*

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| **Student Name:** | | **Service Provider:** | | |
| **Date of AT request:** | **Date of Intake Appointment:** | | | **Date of AT evaluation:** |
| **Nature of disability** (include diagnosis and functional limitations)**:** | | | | |
| **Factors to be addressed by AT** (reading, writing, mobility, etc. include specific examples): | | | | |
| **Environment where AT is needed** (Classroom, test setting, residence, dining, transportation, etc. include specific examples)**:** | | | | |
| **Student’s current technology** (type computer/mobile devices, daily living aids, medical equipment, etc.)**:** | | | | |
| **Recommended AT devices:** | | | **Recommended software:** | |
| **Additional accommodations needed:** | | | | |
| **Training date/notes:** | | | **AT implementation plan/notes:** | |