

Form D

Assistive Technology/CORE Team

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District School Board of Pasco County

Parent Questionnaire Access

Student: _____ School: _____

Person Completing Form: _____ Date: _____

Your child has been referred to the Assistive Technology/CORE Team for concerns related to accessing their environment. Please complete this form and return to _____ by _____.

What outcomes would you like as a result of this Assistive Technology referral?

What is your child's present means of verbal communication at home or in the community?

How does your child indicate "yes" and "no" at home or in the community?

Does your child use a computer in the home? yes no

If yes, please indicate what the computer is used for and specific software utilized.

How does your child access the keyboard? (i.e., standard keyboard and mouse, adapted mouse, adapted keyboard, trackball, joystick, switch, etc.)

Is your child able to write using a paper and pen or pencil? yes no

Do they use any special adaptations when writing (i.e., pencil grip, slant board, etc.). Are there any concerns when writing?

Please describe your child's mobility and ability to use their body for physical tasks. (i.e., ambulatory, ambulatory with assistance carrying books, uses wheelchair independently, uses wheelchair with assistance, etc.)

Does your child have any special seating/positioning equipment used in the home? (i.e., adapted chair, stander, wedge, etc.)

Additional information or concerns (please list)
