

Form D

Assistive Technology /CORE Team

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District School Board of Pasco County

Parent Questionnaire Production/Written Communication

Date: _____ School: _____
Student: _____ Person Completing Form: _____

Your child has been referred to the Assistive Technology Team for concerns with handwriting production of written assignments. Please complete this form and return to _____ by _____

Do you feel your child has a problem completing written assignments at school?
 yes no If yes, please explain: _____

How much time does your child spend completing homework?

Approximately how much homework is uncompleted class work? _____

When did you notice your child had problems with handwriting? _____

Has your child ever participated in a formal handwriting program? yes no
If yes, what program and when. _____

What accommodations are being made to accommodate for these handwriting issues?

Does your child complete school assignments on a computer?
At school - yes no Name of word processing program _____

At home - yes no Name of word processing program _____

Does your child know how to type? yes no
If yes, what method do they use to type?
 One-handed single finger Two-handed single finger
 One-handed multi finger Two handed multi finger
 Two-handed home row Other _____

Approximately how fast does your child type?
 less than 10 wpm 10 to 20 wpm 20 to 30 wpm more than 30 wpm

Has your child ever used a portable word processor such as a Neo, Writer, PC 6
 yes no If yes, was it successful? _____

Additional comments: _____
