Family Questionnaire

**Assistive Technology (AT) Planning Process**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Member(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions:** Please answer the following questions to help determine whether your child might benefit from assistive technology devices and/or services in his/her school, home, work or community. Answer each question as best as you can. Please bring this form with you on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. What are your child’s strengths?

What are your child’s interests or motivators?

1. What tasks are difficult for your child at home?

School?

Work or Community?

1. What strategies/ideas or AT devices or services has your child tried?

 and found successful?

 and found unsuccessful?

4. What suggestions do you have for strategies/ideas or AT devices or services

 that might help your child with the difficult tasks?

5. What additional considerations will impact your child’s use of AT?

6. I would also like to discuss the following things at the meeting?

7. I would like to share the following success story.

√ If I need more information, I will check out [*Hey! Can I Try That? A Student Handbook for Choosing and Using Assistive Technology*](https://ttaconline.org/Resource/JWHaEa5BS74v2R5Quj4P-Q/Resource-hey-can-i-try-that-a-student-handbook-for-choosing-and-using-assistive-technology).