ASSISTIVE TECHNOLOGY ASSESSMENT
Example

Name:_____   Date of Review:_____

Reviewer:_____

Rating Scale:
A- Cannot at this time and has not demonstrated a desire to increase ability or a frustration with not being able to do.
B- Needs support or might benefit from Assistive Technology to overcome limitation in this area
C- Performs well and independently

If an assessment has been completed by an Assistive Tech Professional (ATP), O.T., P.T., or Speech Therapist – Please attach all.

Communication:

EXPRESS ONESELF	Rate	If not a C, what is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area
Can communicate to other wants and needs to others			**Always look for options to enhance this area**	
Asks for assistance if lost or in trouble, giving name, address and contact information				**Wallet Contact Cards, Cell Phones**

COMMUNICATION TECHNOLOGY	Rate	If not a C, what is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area
Recognize others they would like to interact with whether by voice or facial recognition				Tablets, Skype, Iphones
Is able to use a Cell phone or telephone				
Is able to text – Include using voice recognition to text/type				
Is able to use Skype/Face Time or Video phone				Internet Access/Wi-Fi
Is able to access contact information of people of importance				Picture of Contact in Phone vs. Contact name
Can contact others for assistance (911, family, friends, staff)				

DAILY LIVING:

PERSONAL CARE	Rate	If not a C, what is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area
Brushes teeth				

Combs/brushes hair				
Shower/Bath				
Can button, zip, snap & pull-over clothing.				
Can put on/take of shirts, pants, coats, dresses, etc.				
Can put on/take off underclothing (bra, socks, briefs)				Sock pulls
Can put on shoes and ties laces				Velcro Shoe laces
Selects appropriate clothing for different weather conditions.				Apps Available
Other:				

DINING AND MEAL PREPERATION	Rate	If not a C, what that is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area
Can get preferred food items				Counter, Shelf
Can get cups and plates				
Can pour items (i.e.,cereal, milk)				Smaller Containers
Can prepare cold lunch				Lowers shelves/countertops
Can cut up items				
Can use utensils				
Can use microwave				Color Code Buttons; Coding Dots
Can prepare hot foods				Heat Resistant Gloves
Can follow a recipe either written/ audio/ or pictorial.				Pictorial/Audio App
Can operate all available household appliances.				
Other:				

Household (Many of these are listed in the ISP Safety Assessment – Use the other for specific appliance/equipment)	Rate	If not a C, what is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area
Can turn on television and change channels				
Can turn on light				
Can use washer and dryer				Raise w/ pallet or 2 x 4's
Other:				

Self-Medication

	Rate	If not a C, what is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area
Can meet the criteria self-medicating: An ability to store his/her medication so that it is inaccessible to others An understanding of the type of				

medication, its purpose and for what symptoms or condition it is being prescribed Knowledge of the frequency of doses (verbal reminders may be used) A familiarity with the most common side effects of the medication, if any.			
Is able to dispense the medication			

Computer Access

COMPUTER ACCESS	Rate	What is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area
Can turn on the computer				
Can navigate the computer				
Can find community resources				Online Newspapers
Can access email				Tablet/PC
Can access web pages/programs of interest				
Other:				

Community

COMMUNITY SKILLS & PUBLIC TRANSPORTATION	Rate	What is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area
Able to walk independently & safely to a familiar location				GPS
Able to use public transportation				
Is able to inform driver of destination and ask for assistance as needed.				FitBit- location tracker
Uses landmarks to recognize destination & signals bus stop				
Exits at desired stop				

ORGANIZATION AND PLANNING	Rate	What is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area
Is able to plan his/her day				
Is able to remember scheduled/important daily events (doctor appointments, friend's birthday party)				Daily Task Apps
Other:				

OTHER	Rate	What is the person's current limitation/barrier in this area?	Does the person want to or would he/she benefit from greater access/independence in this area?	Identify Assistive Tech Currently Used in this Area

Assistive Technology Supports - Example

Name: **Date:**

Write the specific area the person wants to be more independent or overcome a challenge:
Assistive technology that may assist the person:
How will the assistive technology be funded?
How and when will person receive support to learn to use it (provided training)?
Who will train the person and their support staff?
How and when will an evaluation of the person's success/satisfaction be completed?
Task Analysis