

Assistive Technology Lending Library (ATLL) Pre-Visit Questionnaire

ATLL Visitor Name _____

School _____ Position _____

Purpose of Visit:

Student Need (complete student information) Classroom Need Equipment Training

Student Name _____ Grade _____ Date of Birth _____

Does Student have a current IEP? No Yes If Yes, IEP Signature Date _____

Curriculum Area(s) of Concern:

Language Arts Communication Math

Physical Access to Instruction Other (specify) _____

Description of Student Performance:

1. Describe student _____

2. What are the student's strengths? _____

3. What are the student's needs in the area of curriculum concern? _____

4. What accommodations and modifications have been made to date for this student or class? _____

5. Additional information to help us prepare for your visit _____

Specialized equipment available in classroom and school for use in the curriculum and instruction

Computer(s) <input type="checkbox"/> Mac <input type="checkbox"/> Windows Operating System/Version	<input type="checkbox"/> Printer(s)	<input type="checkbox"/> Calculator
<input type="checkbox"/> Word Processor	<input type="checkbox"/> Adapted keyboard	<input type="checkbox"/> Scanner
<input type="checkbox"/> Switches	<input type="checkbox"/> Software (specify):	
<input type="checkbox"/> Other (specify):		

To be completed by Administrator		
Visitor's Authorization for ATLL Visit:	<input type="checkbox"/> Training	<input type="checkbox"/> Check-Out ATLL Equipment
Administrator Name _____	Administrator Title _____	
Administrator Approval _____ Date _____		