



## AT Exploration Information

<b>Contact Information</b>		
Parent/Guardian's Name(s)		Date
Parent/Guardian's Address	Parent/Guardian's City & State Zip	
Parent/Guardian's Phone ( )	Parent/Guardian's email @	
<b>Student's Information</b>		
Student's Name		Birthdate/ Age
Grade	School District	School
School Address		School Phone ( )
General Ed Teacher		Special Ed Teacher

**Please indicate if any of the following apply to this student:**

- Mobility:** The student uses a       Manual Chair     Power Chair       Walker     Other: \_\_\_\_\_
- Communication:** The student is       Non-Verbal     Partially Verbal     Using A Communication Device
- Visual Acuity:** The student has       No Vision       Partial Vision       Optical Aids (glasses)
- Auditory:** The student is       Deaf       Hearing Impaired
- Cognitive:** The student has a       Cognitive Impairment     Learning Disability     Developmental Disability
- Upper Extremity:** The student has     Reduced Sensation       Reduced Movement     Numbness/Tingling
- Lower Extremity:** The student has     Reduced Sensation       Reduced Movement     Numbness/Tingling
- Other:** \_\_\_\_\_

<b>Please describe the student's strengths and interests:</b>

<b>Please describe past and current adaptations or strategies created for the student to participate in class work:</b>

<b>Please describe student's current use of technology (computer, software, adaptive equipment):</b>

<b>Please describe the classroom/subject/type of assignment/skill etc. where the student is having trouble:</b>

<b>What are the goals for consultation? (Please rank from 1 - 4: 1 being most important)</b>
1.
2.
3.
4.

**Current Computer Used**     PC             Mac            Other: \_\_\_\_\_

**Input Method**             mouse             keyboard             switch             alternative keyboard

<b>Software and hardware currently used</b>

Signature of Parent or Guardian: \_\_\_\_\_