



Assistive Technology Parent Information Form

Student's Name _____ Grade _____

Student's Birthdate _____ Student's Case Manager _____

My child has a (please check one) 504 Plan IEP

My child's interests/motivators include _____

My child's strengths include _____

Current Performance Challenges/Skills:

Please check the items below that you see as challenges or concerns for your child. Following each item checked, please provide a detailed explanation about their challenges in that area. Please also note specific examples when possible.

Reading _____

Spelling _____

Writing _____

Math _____

Computer Access _____

Attention _____

Mobility/Positioning/Gross Motor _____

Fine Motor _____

Organization _____
