

# Student assistive technology evaluation form



## Directions

After trying an assistive technology, use this form to determine if it is a good tool for you by answering the following questions. Do not worry about spelling or grammar. This form is a guide to help you, your teacher, Assistive Technology Specialist or others find the right AT tool to meet your needs and help you accomplish your goals.

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Goal(s)/task to accomplish: \_\_\_\_\_

Environment/setting: \_\_\_\_\_ AT tool to evaluate: \_\_\_\_\_

## Do I want to use this Assistive Technology tool?

Yes, I would like to use this AT tool!

No, I don't want to use this AT tool!

If you would like to use the AT tool, answer the questions below. If you don't want to use the AT tool, skip to "No – I do not want to use this AT tool."

If you don't want to use the AT tool, fill out the questions below. If you do want to use the AT tool, go back to "Yes, I would like to use this AT tool!"

Did the AT tool help me reach my goals?

Yes      No      Somewhat

Did the AT tool help me reach my goals?

Yes      No      Somewhat

What did I like about the AT Tool?

Why didn't I like this AT tool?

Are there any changes needed to make it work better for me?

What would make me like using it more?

What questions do I have?

What other tools would I like to explore?