

Evaluation of Assistive Technology Trial

Student Name: _____ OEN # _____

D.O.B. _____

School: _____ Grade: _____

Name of Person completing form: _____

Title: _____ Date: _____

Please complete the following

Student Need: What difficulty (difficulties) is the student experiencing at school for which assistive technology intervention is required? i.e. Reading, Writing, Math, Oral Communication, Organization, Listening, Access to Curricular Materials

Technology selected to work on this Need:

Was the technology a good match to meet the needs of this student? **YES** **NO**

General comment

Please include sample work which demonstrates evidence of the successful use of this assistive technology.

Please indicate how the use of the trial Laptop assisted in the following tasks.
As much as possible, please include samples to demonstrate success.

Task	How was the trial laptop used?	Task representing areas of difficulty	Assistive technology utilized	Other considerations
Physical/Motor				
Accessibility to Computer				
Written Composition				
Reading: Decoding				
Communication				
Listening				
Studying				

Technology Required for student to access the Ontario Curriculum:
Please Circle or Highlight

Hardware				
Laptop with backpack	Flash Drive	Scanner	Printer (if a network printer is not accessible or necessary for specific software requirements)	Speaker Headphones
Additional hardware: Please list				
Software				
Will be installed: Premier Assistive Technology Ministry Licensed —Co-Writer; Write Out-Loud; Clicker 5; Smart Ideas; Word Perfect Office 12; Dragon Naturally Speaking				
Additional Software that must be purchased at extra cost: (Please ensure adequate documentation has been attached in order to support this request)				
Kurzweil, Word Q, Speak Q, Intellitools Classroom Suites				
Other:				