Parental Input and Information Form

Your child has been referred by the educational team for an assistive technology assessment or consultation. This information will help the consultant provide appropriate assistive technology suggestions to the team.

Please return this completed form to: Vanessa Taragowski: ACES Assistive Technology Services at the above address, fax, or via email [vtaragowski@aces.org].

District:  
Date:  

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Click here to enter text.</th>
<th>Date of Birth:</th>
<th>Click here to enter text.</th>
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<tbody>
<tr>
<td>Name of Parent/Guardian:</td>
<td>Click here to enter text.</td>
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<tr>
<td>Parent Email/Phone Number:</td>
<td>Click here to enter text.</td>
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What questions would you like the assistive technology evaluation/consultation to address?  
Click here to enter text.

What are the reasons for this assistive technology evaluation/assessment?  
Click here to enter text.

Relevant Medical Information:  
Click here to enter text.

Relevant Information about your child's behavior:  
Click here to enter text.

Child's Communication Abilities:  
Click here to enter text.

Child's Functional (self-care), Physical and Positioning Abilities  
Click here to enter text.

Parent’s Goals for Child:  
Click here to enter text.

Assistive Technology Previously Tried:  
Click here to enter text.

Assistive Technology used at home (e.g. type of computer, equipment, adaptations)  
Click here to enter text.

Other information you would like to share:  
Click here to enter text.

Your input is appreciated in assisting the team to help your child. A report will be generated when the evaluation or consultation is completed for PPT review.