



Pre-Observation Information: **Assistive Technology**

Date Form Completed: \_\_\_\_\_ Student Georgia Testing ID: \_\_\_\_\_  
Student Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Person Completing Form: \_\_\_\_\_  
Title: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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Reason for observation (check all that apply):

Computer Access

Print Access

Note Taking

Other: \_\_\_\_\_

Current accommodations/non-optical devices: \_\_\_\_\_

Current optical devices: \_\_\_\_\_

Current A.T. devices: \_\_\_\_\_

Previous A.T. devices: \_\_\_\_\_

Technology used in the classroom (e.g. Chromebook, iPad, etc.): \_\_\_\_\_

Relevant information from medical, psychological, and academic evaluations: \_\_\_\_\_

Reading Preferences:

Preferred visual format without device: \_\_\_\_\_

Point size: \_\_\_\_ Font: \_\_\_\_\_ Distance: \_\_\_\_ ~Reading rate: \_\_\_\_ wpm

Lighting preferences: \_\_\_\_\_

Identifies simple tactile graphics: \_\_\_\_\_ Reads braille: \_\_\_\_\_ ~Reading rate: \_\_\_\_ wpm

Visual and Physical Fatigue:

Experiences visual/physical fatigue after reading

\_\_\_\_ minutes without adaptations

\_\_\_\_ minutes with adaptations

Comments: \_\_\_\_\_

Are there any specific concerns you would like to be addressed in this observation? Specific tools that the student's IEP team is interested in trialing?

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