Assistive Technology Evaluation
Supplemental Form

Client Information

Client Name

Employed ☐Y/☐ N

Diagnosis/Disability

Evaluations Requested
☐ Computer access and adaptive device evaluation
☐ Workplace & job accommodation evaluation
☐ Home modification evaluation (including environmental control adaptations)
☐ Adaptive access for visual impairment
☐ Augmentative and alternative communication evaluation
☐ Other (describe):

Services Requested
☐ Job skills training
☐ Pre-vocational training
☐ Other (describe):

Reason for referral

Client’s specific vocational goal

Does client currently attend:
☐ Secondary school ☐ College ☐ Vocational training

If so, where?
Program of study:

Comments:

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