

**Assistive Technology Evaluation
Supplemental Form**

Client Information

Client Name

Employed ☐ Y / ☐ N

Diagnosis/Disability

Employer

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: