My AT Summary
Assistive Technology (AT)
(Currently Used AT - Not to be considered an evaluation – review/update with each change in AT)

Date: _____

Name: ___________________________ Age: _____
Phone: ___________________________ email: ___________________________

Primary Interests/Activities: ________________________________________________________________
Functional Limitations: ________________________________________________________________
VR or IL Goal or Area of Interest: __________________________________________________________
Diagnosis: ___________________________________________________________________________

Current Focus:
☐ HS Transition ☐ Post-Secondary ☐ Career Exploration ☐ Job Ready ☐ Employed

Environment/s: ________________________________________________________________
Tasks: ________________________________________________________________

DESCRIBE ASSISTIVE TECHNOLOGY TOOLS BELOW or use N/A:
Communication: ________________________________________________________________
Seating/Mobility: ________________________________________________________________
Vision: _______________________________________________________________________
Hearing: _______________________________________________________________________
Cognition: _______________________________________________________________________
Reading Supports: ________________________________________________________________
Writing Supports: ________________________________________________________________
Math Supports: ____________________________________________________________________
Mobile Technologies: ________________________________________________________________
Notetaking: _______________________________________________________________________
Computer Access: __________________________________________________________________
Telephone: _______________________________________________________________________
Community Access: __________________________________________________________________
Transportation: _____________________________________________________________________
Other: ___________________________________________________________________________

AT Specialist/s, phone, email: __________________________________________________________
AT Specialist/s, phone, email: __________________________________________________________
AT Specialist/s, phone, email: __________________________________________________________

Ver. 7/7/17
**My AT Summary**

**Assistive Technology (AT)**

(Currently Used AT - Not to be considered an evaluation)

**Date:** 7-1-19

<table>
<thead>
<tr>
<th>Name: Joe Sample</th>
<th>Age: 17</th>
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<tbody>
<tr>
<td>Phone: 123-456-7890</td>
<td>Email: <a href="mailto:joe@sample.com">joe@sample.com</a></td>
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**Primary Interests/Activities:** excels in STEM classes; loves physics

**Functional Limitations:** speech; physical access; vision; hearing; cognition

**VR or IL Goal or Area of Interest:** neuroscience

**Diagnosis:** cerebral palsy, SCI C5/6, MS, Blind or Visual Impairment, Deaf/Hard of Hearing, etc.

**Current Focus:**

- [ ] HS Transition  
- [ ] Post-Secondary  
- [ ] Career Exploration  
- [ ] Job Ready  
- [ ] Employed

**Environment/s:** local high school; volunteers in a hospital; home environment

**Tasks:** communication, computer access: word processing, email internet; homework

**DESCRIBE ASSISTIVE TECHNOLOGY TOOLS BELOW or use N/A:**

**Communication:** Proloquo 2 Go; iPad or Android; low tech communication board; Tobii I-12, I-15, EyeGaze Mobile, Tobii Dynavox T10, T12, T15, Compass software, PRC Accent, PRiO, Lightwriter, Unity, WordPower, PCS, SymbolStix, list software or apps

**Seating/Mobility:** manual w/c, power assist or power w/c, joystick or high tech controls, scooter, list type of cushion, other positioning supports, bluetooth joystick

**Vision:** glasses, low vision aids, ZoomText, Magic, JAWS, WindowEyes, NVDA, refreshable Braille display (list device/s) specialty OCR Open Book or Kurzweil 1000, apps such as: money identifier,

**Hearing:** hearing aids - list with or without T-coil; Pocket Talker FM system; Comtek FM System; visual alerts; ASL, CART or Signed English; captioned phone; video phone; amplified phone;

**Cognition:** alarms/timers; schedule apps; picture schedule; color coded files

**Reading Supports:** Balabolka, smartphone w/ OCR/Reading apps; Kurzweil; WYNN

**Writing Supports:** Dragon Professional; CoWriter; Maltron split keyboard; keyguard;

**Math Supports:** MathTalk; Abacus; talking calculator; Solution Calculators, audible measuring devices, Nemeth Braille;

**Mobile Technologies:** voice command; cloud sharing; Surface Pro, iPad; Galaxy;

**Notetaking:** recording devices; smart pen; Audio Note app; Recorder app;

**Computer Access:** list products: jellybean switch with DJE switch interface and WiViK

**Telephone:** voice activated phone; video phone; captioned phone; AAC phone;
Community Access: vision or other accessible GPS device; can use bus, Dial-A-Ride, Val Tran, drives independently to school, work, movies, events, etc.

Transportation: vehicle mod - passenger only modified vehicle or is adaptive driver using hand controls, high tech driving system, etc.

Other: works with adaptive sports teams at SPO Fit, Ability 360; UofA basketball team; Arizona Paraolympic Rugby player

AT Specialist/s, phone, email: Computer technologies: Special AT Specialist@AT.com 555-555-5555

AT Specialist/s, phone, email: Low Vision Medical specialist: Dr. LowVisionsample@LV.com 555-666-7777

AT Specialist/s, phone, email: Audiologist: Dr. hearing Sample@audilogysample.com 555-777-8888

Ver. 7-7-17