



Orleans Parish School Board
Exceptional Children's Services
 ASSISTIVE TECHNOLOGY SCREENING

Student Name		Date of Birth:	
ID Number		Grade	Screening Date
Person Completing Form:		School	

Describe any modifications made to instructional environment, or adaptations used in instruction of student:

Please answer the following questions:

1. Are there Hearing/Audiological concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
2. Are there Visual-Perceptual concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
3. Are there Gross Motor concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
4. Are there Fine Motor concerns, including writing or keyboarding difficulties that are currently not being addressed? **NO YES** *What are the concerns?* _____
5. Are there Communication concerns (including articulation, language, voice and fluency) that are currently not being addressed? **NO YES** *What are the concerns?* _____
6. Are there Reading concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
7. Are there any Self-Care concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
8. Are there Math concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
9. Are there Organizational skills concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
10. Are there any General Health concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
11. Are there any Recreation and Leisure concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____
12. Are there any Vocational Functioning concerns that are currently not being addressed? **NO YES** *What are the concerns?* _____

Comments: _____
