

Assistive Technology Demonstration Form

Organization: _____

Staff Member Name: _____

Date of Demonstration: _____

1 PARTICIPANT TYPE (DO NOT INCLUDE YOURSELF)

Participant Type	Number of Participants of this type
Individual with a disability	
Family Member, Guardian, or Authorized Representative	
Representative of Education	
Representative of Employment	
Representative Of Health, Allied Health, and Rehabilitation	
Representative of Community Living	
Representative of Technology	
Other	

2 NUMBER OF REFERRALS TO RECIPIENTS BY CATEGORY

Referral Type	Number of Referrals
Funding Source (non-AT program)	
Service provider	
Vendor	
Repair service	
Other	

3 WHAT WAS THE PRIMARY PURPOSE FOR WHICH THE ASSISTIVE TECHNOLOGY AS NEEDED? (SELECT ONLY ONE)

- Education.
- Community living.
- Employment.

4 WHAT WAS THE DECISION MADE BY THE PARTICIPANT OF THE DEMONSTRATION? (SELECT ONLY ONE)

- The assistive technology will meet their needs.
- The assistive technology will not meet their needs.
- The individual has not made a decision.

