### 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.

### 5 How SATISFIED WAS THE INDIVIDUAL WITH THE DEMONSTRATION?

(Total number of participants must match the total number of participants in question 1)

Satisfaction Level	Number of Participants
Highly Satisfied	
Satisfied	
Satisfied Somewhat	
Not At All Satisfied	
Non-Respondent	

# 6 CHOOSE A FEDERAL CATEGORY WHICH BEST DESCRIBES THE DEMONSTRATION. (SELECT ONLY ONE)

- $\Box$  Computers and related.
- □ Daily living.
- □ Environmental Adaptations.
- □ Hearing.
- □ Learning, Cognition, and Developmental.
- □ Seating and Mobility.
- □ Recreation, Sports, And Leisure.
- □ Speech Communication.

#### 7 PLEASE LIST ALL THE ITEMS THAT WERE TRIALED

Inventory Number	Item Name