BERGEN COUNTY
Special Services School District
EST 1971

Educational Enterprises

Assistive Technology Classroom Consultation
INTAKE FORM

Please answer ALL questions in this form before submitting

School Information:

School Name _____

School Address _____

School Contact Person_____ Phone _____Email_____

Teacher Name _____ Email _____

Classroom Information:

Grade: _____

Setting:

☐ General Education   ☐ Resource room   ☐ Self-contained

Technology Environment:

☐ Chromebook   ☐iPad   ☐Laptop   ☐Desktop

☐ 1:1   ☐Shared Cart   ☐Classroom Cart   ☐Other _____

What software is currently available within the district to support student learning:

_____

_____

_____

_____

What software have you tried? What was it used for? Was it useful?

_____

_____

_____

1

Is the classroom staff comfortable using technology in the classroom? _____

How would you describe the staff's technical skill level?

☐ Highly proficient ☐ Somewhat Proficient ☐ Requires significant support

Staff Composition:

☐ Teacher ☐ Co:Teacher ☐ Shared Paraprofessional Support

☐ 1:1 Paraprofessional Support ☐ Nurses ☐ Other

Student Composition

Number of Students: _____

Student Disabilities: (Check all that apply)

☐ Speech/Language ☐ Significant Developmental Delay ☐ Specific Learning Disability

☐ Cognitive Disability ☐ Other Health Impairment ☐ Hearing Impairment

☐ Traumatic Brain Injury ☐ Autism ☐ Emotional/Behavioral Disability

☐ Visual Impairment ☐ Orthopedic Impairment – Type _____

☐ Other _____

Do any students have medical considerations that we should be aware of? (Check all that apply).

☐ Seizures ☐ Fatigue

☐ Degenerative medical condition ☐ Frequent pain

☐ Has multiple health problems ☐ Frequent upper respiratory infections

☐ Allergies _____ ☐ Currently taking medication(s)

☐ ADHD

☐ Other_____

Academic Levels:

Briefly describe the skills/grade levels represented in the classroom:

Reading:

Spelling:

Writing:

Math:

How do you envision assistive technology will help in this classroom?

☐ Support mechanics of writing   ☐ Assist with organization of school work

☐ Provide an efficient means of note-taking   ☐ Increase the speed of typing

☐ Improve quality of written composition   ☐ Provide access to computers

☐ Increase reading comprehension   ☐ Assist with spelling

☐ Other _____

What are you hoping to accomplish in this classroom as a result of the Assistive Technology Consultation?

_____

_____

_____

_____

_____

*Please use the back of the form to provide additional information.

Completed by:_____ Date:_____

3