

Assistive Technology Follow Up Survey for Teachers

Instructions: Please insert identifying information provided in the email into the gray text boxes. To answer the Yes/No questions, double-click the gray box and under “default options” choose CHECKED. Save the form and return to AT Team as suggested below. Thank you.

Identifying Information:

Student Name: _____ Date: _____

School: _____ Date AT was assigned: _____

AT student uses: _____

- | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Is the AT assigned to the student being used at school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the current AT helping the student to achieve desired results? | <input type="checkbox"/> | <input type="checkbox"/> |
| ****If the answer to question 1 and/or 2 is No , please contact the Assistive Technology Specialist, or someone from the AT Team. | | |
| 3. Have test scores improved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have standardized test scores improved (if available)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you comfortable using and assisting the student with the AT? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the student comfortable using the AT? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the student use the AT at home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are the parents/caregivers comfortable using and assisting the student with the AT? | <input type="checkbox"/> | <input type="checkbox"/> |

**Please return this survey via pony, email, or fax to: Assistive Technology Specialist
Admin Bldg.
501 Manhattan
Fax- 504-349-8614**

Thank you for your time and assistance with this survey.