

EXHIBIT J: UF NCES AT ACTIVITY-BASED ASSESSMENT FORM

Activity-Based Provider AT Assessment Form

Child's Name:

DOB:

Service Coordinator:

Provider Name(s):

Date:

Use this form to document steps taken for determining need for Assistive technology (AT) device.

1st Step: What are child's strengths, abilities, preferences and needs?

2nd Step: Identify routine activities for participation. What is preventing the child from participating more?

3rd Step: Brainstorm AT solution: List what is presently available and adaptable (consider a full range of options, from low-to-high tech, and strategies to support use) and where and when is device to be used?

Service Provider Signature(s):

Date:
