



AT Exploration Information

Contact Information table with fields: Name, Date, Address, City & State, Zip, Phone, Email

Please indicate if any of the following apply to you:

- Mobility: Manual Chair, Power Chair, Walker, Other
Speech: Non-Verbal, Partially Verbal, Using A Communication Device
Vision: No Vision, Partial Vision, Optical Aids (glasses)
Hearing: Deaf, Hearing Impaired
Cognitive: Cognitive Impairment, Learning Disability, Developmental Disability
Upper Extremity: Reduced Sensation, Reduced Movement, Numbness/Tingling
Lower Extremity: Reduced Sensation, Reduced Movement, Numbness/Tingling
Other:
Current Computer Used: PC, Mac, Other:

What software do you currently use?

What assistive technology for your computer do you currently have (if any)?

What are you interested in seeing during this Exploration?

Signature

Date