



Assistive Technology Adult Intake Questionnaire

Please include **Payment Contract**. For assessments, include other **assessment reports** from the last 12 months.

Date of Referral:		Assistive Tech (AT)	Alt Aug Communication (AAC)	Combined AT&AAC
Client Name			Age:	
Address				
Phone		Email:		

Representative Name			Title:	
Address				
Phone		Email:		

Please answer the following with detailed and specific information.

What abilities and challenges does this client face?	
<i>Abilities</i>	<i>Challenges</i>

What tasks does this client have difficulty accessing?

Where does this client have to perform these tasks?

What tools and strategies have been tried (and what has been the outcome)?

What tools and strategies are currently in use?

Any other factors that need to be taken into consideration:(e.g. behaviors, coping strategies, learning styles etc.)



Center for Accessible Technology

Please grant the following permissions.

Information release

As part of Center for Accessible Technology’s services we may collaborate and share information with other service providers, including but not limited to medical, educational, therapeutic, and service professionals. CforAT will collaborate and share information only with professionals whose contact information has been shared with CforAT by the client and/or client representatives. This collaboration will last only through services provided from this referral.

Client/Representative Initials: _____ Date: _____

Visual media release

As part of Center for Accessible Technology’s services we may capture a client’s use of and need for supports in photographs and/or videos. Please indicate your willingness to permit us to photograph or video record you/your client in the following ways:

<input type="checkbox"/>	Our services (<i>required</i>)
<input type="checkbox"/>	Training and teaching (<i>optional</i>)
<input type="checkbox"/>	Presentations (<i>optional</i>)
<input type="checkbox"/>	Publications (<i>optional</i>)
<input type="checkbox"/>	Research (<i>optional</i>)
<input type="checkbox"/>	Website (<i>optional</i>)
<input type="checkbox"/>	Marketing materials (<i>optional</i>)

I understand and agree that any photograph using my/my client’s likeness will become the property of CforAT and will not be returned. I also acknowledge that since my participation with CforAT is voluntary, I will receive no financial compensation. I irrevocably authorize CforAT to distribute this photo for the purposes indicated above or for any other related, lawful purpose. I hereby hold harmless and release and forever discharge CforAT from all claims, demands, and causes of action.

Client/Representative Initials: _____ Date: _____

Please authorize the above permissions by signing below:

Client/Representative Name _____ Client/Representative Signature _____ Date _____

Form completed by:	_____
Completion date:	_____