

The Smokey Powell Center

GEORGIA ACADEMY FOR THE BLIND



Pre-Observation Information: **Assistive Technology**

Date Form Completed: _____ Student Georgia Testing ID: _____

Student Name: _____ DOB _____

Person Completing Form: _____

Title: _____ Email: _____ Phone: _____

Reason for observation (check all that apply):

Computer Access

Print Access

Note Taking

Other: _____

Current accommodations/non-optical devices: _____

Current optical devices: _____

Current A.T. devices: _____

Previous A.T. devices: _____

Technology used in the classroom (e.g. Chromebook, iPad, etc.): _____

Relevant information from medical, psychological, and academic evaluations: _____

Reading Preferences:

Preferred visual format without device: _____

Point size: ____ Font: _____ Distance: ____ ~Reading rate: ____ wpm

Lighting preferences: _____

Identifies simple tactile graphics: _____ Reads braille: _____ ~Reading rate: ____ wpm

Visual and Physical Fatigue:

Experiences visual/physical fatigue after reading

____ minutes without adaptations

____ minutes with adaptations

Comments: _____

Are there any specific concerns you would like to be addressed in this observation? Specific tools that the student's IEP team is interested in trialing?
