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Technology Needs Profile

Name: _____ Age: _____

Disability or Functional Limitation: (primary) _____

(Secondary) _____

Referral Counselor _____ Date: _____

*Identify challenges or functional limitations and experience and attitude about assistive technology or other accommodation possibilities. Compare this with consumer **Functional Needs Form** to facilitate initial discussions and develop profile of possible need for rehabilitation technology.*

Identify [✓] activities or functional tasks that the individual needs assistance performing:

- ☐ Getting to and from places such as work, school or the grocery store?
- ☐ Walking independently?
- ☐ Learning new information?
- ☐ Writing?
- ☐ Difficulty hearing, speaking or seeing?
- ☐ Needs help or accommodations to work or do tasks?
- ☐ Daily living skills such as bathing, dressing, or eating?

Has the individual ever used assistive technology or accommodations? ☐ yes ☐ no
(If yes, complete check list on page 2)

Has the individual identified vocational goals/objectives? ☐ yes ☐ no

If so, what? _____

Individual's knowledge of AT

Minimal

Extensive

1 2 3 4 5 6 7 8 9 10

What is the individual's attitude/willingness to use AT or other accommodations?

☐ not interested ☐ somewhat apprehensive ☐ somewhat interested ☐ very interested

Comments: _____

Identify [✓] assistive technology aids or devices that the individual uses or may need to use:

<p>Aids for Daily Living</p> <ul style="list-style-type: none"> <input type="checkbox"/> personal care <input type="checkbox"/> eating/drinking/cooking <input type="checkbox"/> hygiene/toileting <input type="checkbox"/> other _____ <p>Architectural Accommodations</p> <ul style="list-style-type: none"> <input type="checkbox"/> barrier free environment <input type="checkbox"/> lifts <input type="checkbox"/> other _____ <p>Cognitive Aids</p> <ul style="list-style-type: none"> <input type="checkbox"/> memory aids <input type="checkbox"/> learning <input type="checkbox"/> other _____ <p>Communication Aids</p> <ul style="list-style-type: none"> <input type="checkbox"/> manual boards/aids <input type="checkbox"/> electronic devices <input type="checkbox"/> writing aids <input type="checkbox"/> signal/alarm systems <input type="checkbox"/> other _____ <p>Computer</p> <ul style="list-style-type: none"> <input type="checkbox"/> adapted computer hardware <input type="checkbox"/> specialized software 	<p>Controls</p> <ul style="list-style-type: none"> <input type="checkbox"/> environmental controls <input type="checkbox"/> switches/controls <input type="checkbox"/> other _____ <p>Mobility Aids</p> <ul style="list-style-type: none"> wheeled mobility <input type="checkbox"/> manual <input type="checkbox"/> power <input type="checkbox"/> other _____ <p>Ambulation Aids</p> <ul style="list-style-type: none"> <input type="checkbox"/> crutches/braces <input type="checkbox"/> walkers <input type="checkbox"/> standing aids <input type="checkbox"/> other _____ <p>Prosthetics/Orthotics</p> <ul style="list-style-type: none"> <input type="checkbox"/> upper extremity <input type="checkbox"/> lower extremity <input type="checkbox"/> other _____ <p>Recreation</p> <ul style="list-style-type: none"> <input type="checkbox"/> adaptive sports <input type="checkbox"/> other _____ 	<p>Seating</p> <ul style="list-style-type: none"> <input type="checkbox"/> seating systems <input type="checkbox"/> cushions <input type="checkbox"/> other _____ <p>Sensory Aids</p> <ul style="list-style-type: none"> <input type="checkbox"/> hearing aids/devices <input type="checkbox"/> visual aids/devices <input type="checkbox"/> other _____ <p>Therapeutic Aids</p> <ul style="list-style-type: none"> <input type="checkbox"/> exercise equipment <input type="checkbox"/> respiratory aids <input type="checkbox"/> strength/endurance aids <input type="checkbox"/> other _____ <p>Transportation</p> <ul style="list-style-type: none"> <input type="checkbox"/> adaptive driving equipment <input type="checkbox"/> specialized vehicle <input type="checkbox"/> other _____ <p>Vocational</p> <ul style="list-style-type: none"> <input type="checkbox"/> accessible work station <input type="checkbox"/> adaptive tools/equipment <input type="checkbox"/> other _____
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Comments: _____

Does individual appear to need rehabilitation technology services? ☐ yes ☐ no ☐ possibly

Contact: _____