

TTAP: Technology Team Assessment Process
Background Information for Technology Assessment

Child's Name: _____

Birthdate: _____

Parents' Names: _____

Address : _____

Phone: _____

E-mail: _____

Person completing this form: _____ Date: _____

Relationship to child: _____

Child's Diagnosis/Placement

Describe your child's current diagnosis or medical condition:

Describe your child's current placement in school (please give name and location of preschool program, Pre-K, HeadStart):

Family Needs

Family's reason for requesting technology assessment:

Family needs for child:

Family goals for child:

Child's Interests/Activities

What are some of your child's interests? (ex. toys, books, games)

What are your child's favorite activities? (ex. having book read, playing outside)

Child's Abilities

Describe your child's abilities in the following areas:

Behavior: (attention, response to sounds, looking at pictures)

Physical Abilities: (body movement that is most reliable - hand, head, foot; ability to sit or stand)

Describe your child's seating (child size chair, adaptive chair, wheelchair):

Communication: (form of communication - verbal, gesture, sign; ability to understand language)

Child's Use of Technology

What type of technology (if any) has your child used before? (switch, adapted toy, touch screen, computer)

Home:

School:

What technology (if any) is currently being used?

Home:

School:

Describe any assistance that your child needs that may be helped through technology (ex. needs to be able to express wants and desires):

Additional information about your child which will help in planning the assessment:

Thank you for completing this form. Please return to:

Center for Best Practices in Early Childhood Education
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