



5. Is the computer a (please circle):

HOME		SCHOOL		WORK	
Desktop	Laptop	Desktop	Laptop	Desktop	Laptop

6. How large is the visible area of the screen, measured diagonally (in inches)?

HOME	SCHOOL	WORK

7. Which operating systems do you use? (Eg: Windows 98, Mac OS 8, etc)

HOME	SCHOOL	WORK

8. Which software do you most often use on the computer?

HOME	SCHOOL	WORK

9. Is the computer adapted in any way for your visual impairment? If so, describe:

HOME	SCHOOL	WORK

10. What are your goals for this assessment?

--

11. Do you require any other specialized equipment or software to physically access the computer? (Eg: special keyboards, voice input, single-switch software etc)

HOME	SCHOOL	WORK

12. If yes, have you been assessed at an Augmentative Writing Aids / Communications Clinic?

<b>Y</b>	<b>N</b>	If yes, when and where?
----------	----------	-------------------------

13. Have you ever used the Assistive Devices Program to get funding for high technology equipment / software for home use?            Y    N

14. If yes, when was the last time you received this funding through ADP?  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_            (dd / mm / yyyy)

15. If yes, what equipment did you get funding for?

--

16. If yes, which assessment centre provided the authorization?

--

17. Name those you do/will rely on for on-going computer support:

HOME	SCHOOL	WORK

18. If you have additional information that you feel we should know, please enter it here.

--

We encourage you to invite your computer support person(s) to your computer assessment.

Thank you for completing this form. This will assist us in providing you with the best possible computer assessment. If you have any questions, regarding the completion of this form, please call (519) 888-4708 for assistance.