Georgia Tools for Life

AMAC at Georgia Institute of Technology

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**Assistive Technology Assessment**

**Date of Assessment:** **Date of Report:**

**Evaluator:**

**Client Name**:

**Client Address:**

**Phone Number:**

**Gender:** **Age:**

**Program/Referral Source:**

**Program/Referral Contact:**

**Address:** **Phone:**

**Items Reviewed:**

**Location:**

Purpose of Evaluation / Expected Outcomes

# General Information

# Areas Reviewed

# Math

# Reading

# Mobility

# Etc

# Other Recommendations

# SPECIAL NOTE

# These recommendations are not intended to compensate completely for any processing challenges. They are intended to help support the needs identified in the provided reports and during the evaluation discussion. Therefore, in addition to the assistive technology, certain educational/vocational accommodations should be explored and implemented as deemed appropriate and necessary. It was a pleasure working with\_\_\_\_\_\_\_\_\_\_\_\_\_\_and I invite you to contact me with questions regarding this evaluation at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_@gatfl.gatech.edu.

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[Name] [Date]

[Title]