**Student Assistive Technology Trial Feedback Form**

To be completed during and at end of trial with school team and student. Observational notes from other team members are encouraged.

*Student Information:*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trial Point (circle one): Beginning Middle End

*Assistive Technology Information:*

Type of Assistive Technology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you use the assistive technology? (e.g., every day, a few times a week, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What tasks or activities do you use the assistive technology for? (e.g., reading, writing, communication): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Feedback Questions:*

**Ease of Use:**

How easy is it for you to use the assistive technology?

* Very Easy
* Easy
* Neutral
* Difficult
* Very Difficult

**Helpfulness:**

How helpful do you find the assistive technology in completing your tasks?

* Very Helpful
* Helpful
* Neutral
* Not Very Helpful
* Not Helpful at All

**Customization:**

Can you customize the assistive technology to better suit your needs?

* Yes, easily
* Yes, but it's a bit challenging
* No

**Comfort:**

How comfortable do you feel when using the assistive technology?

* Very Comfortable
* Comfortable
* Neutral
* Uncomfortable
* Very Uncomfortable

Are there specific features of the assistive technology that you really like? Is it missing a feature you need?

How do you feel when using the assistive technology? Why? (e.g., happy, frustrated, confident)

Have you faced any challenges while using the assistive technology?

Do you think this is the right fit for you and your learning currently? Do you think it will help you next year?