**Student Assistive Technology Trial Feedback Form**

To be completed during and at end of trial with school team and student in preferred communication mode. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Feedback Questions:*

**Easy or Hard?**

Is using the tool easy or hard for you?

👍 (Easy)

😐 (Neutral)

👎 (Hard)

**Helpful or Not?**

Does the tool help you with your work?

👍 (Helpful)

😐 (Neutral)

👎 (Not Helpful)

**Colors and Buttons:**

Can you change colors or press buttons on the tool?

👍 (Yes, easily)

😐 (Yes, but it's a bit tricky)

👎 (No)

**Comfortable or Uncomfortable?**

How do you feel when you use the tool?

😊 (Happy)

😐 (Neutral)

😟 (Uncomfortable)

What do you like about the tool? (draw or point to options on technology, provide communication board options to describe, observe frequently used features)

What don’t you like about the tool? (draw or point to options on technology, provide communication board options to describe, observe features that cause frustration)

Would you like to keep this tool? (use communication board, observe reaction of student)