



Northeast Tennessee Assistive Technology Cooperative

NET-AT

East Tennessee State University Box 70548 Johnson City, TN 37614 (423) 439-4161

NET-AT Cooperative ETSU
Assistive Technology
Evaluation Follow-up Form
2006-2007 school year

☐

6 month follow-up

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Annual Follow-up

Deadline: October 13, 2006

The purpose of this **follow-up form** is to determine if the assistive technology considerations provided by the NET-AT Cooperative Evaluation Team are meeting the needs of the student. Please have the student's primary service provider complete the form. As recipient of TN Department of Education Assistive Technology Service Center funding, the NET-AT Cooperative is accountable for collecting follow-up data and assessing the effectiveness of our services.

Teacher Name: _____

School System: _____

Student: _____

_____ Transferred (if so where) _____

_____ Graduated (date) _____

Instructional Setting:

_____ Inclusion _ Resource _ Extended Resource ___ Self-contained

Date of AT Evaluation (most recent): _____

Date Sent (to teacher): _____

Date Arrived (back to team leader): _____

Check all that apply.

☐ Assistive Technology already in place on the day of the evaluation was appropriate.

☐ Another assistive technology evaluation is needed.

☐ No additional technology is needed at this time.

☐ Student no longer _____ requires or _____ uses the recommended assistive technology. Please tell why.

1. Have you reviewed the assistive technology report for the above student?
_____Yes _____No
2. Do you need a copy of the current evaluation? _____ Yes _____ No
3. As a result of the AT Evaluation, was assistive technology included in or added to the student's IEP?
_____Yes _____No
4. **(6 month follow-up only)** Software, devices, or materials recommended in the report still need to be provided. ____Yes ____No If yes, please list pending items.
5. Software, devices, materials, or other recommendations made on the most recent AT evaluation are currently in use. _____ Yes _____ No Please explain why or why not.
6. Do you need training or assistance with the software, devices, materials, or recommendations? _____ Yes _____ No If yes, please explain.
7. The software, devices, materials, or recommendations made in the report are meeting the needs of the student. _ Yes _____ No If no, please explain.
8. Please list any additional assistive technology currently in use that was not recommended by the evaluation team.

Place original copy in student's permanent file.

Please mail or fax a **copy** of follow-up form to your AT Team Leader **OR** Supervisor listed below:

(Refer to the NET-AT website <http://faculty.etsu.edu/marks> for a listing of the NET-AT Team Leaders)

Team Leader:

Supervisor:

Address:

Address:

Fax:

Fax: