

Date: _____

Student name: _____

Name of tool/device/app: _____

1. Ease of Use

Is it easy for me to use on my own?

- Very easy
- OK with some help
- Hard to use

Comments:

2. Helps Me Do Tasks

Does it help me with my learning or communication?

- Yes, a lot
- A little
- Not really

Example of what it helped me do:

3. Comfort and Fit

Is it comfortable to use and does it work for me?

- Yes, perfect
- It's OK
- Not comfortable

Something I'd change:

4. Independence

Can I use it without needing lots of help?

- I can do it all myself
- I need some help
- I need a lot of help

Support I need:

5. Where I Can Use It

Can I use it in all the places I need?

- Yes – school, home, everywhere
- Only in some places
- Only in one place

Where I wish I could use it more:

Overall Rating

How helpful is this tool for me?

- ★ ★ ★ ★ ★ Excellent
- ★ ★ ★ ★ Good
- ★ ★ ★ OK
- ★ ★ Needs improvement
- ★ Not helpful

My Ideas or Wishes

I would like to try / change / add:
