

PACER Simon Technology Center

Child Consultation Application

A \$50 refundable security deposit is due with your application and is required to make an appointment and hold your consultation date. Your application will not be processed until your security deposit is received. Checks can be made out to PACER Simon Technology Center.

Please take the time to complete the following information. The more we know about your child before the consultation, the better we can prepare for the consultation.

Child Information for Consultation

Child's name: _____

Disability: _____

Birth date: _____

Primary language: _____

Grade: _____

Gender: Male Female

Parent names: _____

Parent address: _____

City: _____ State: _____ Zip: _____

Parent phone: _____

Parent e-mail: _____

Who should we call to set up your consultation?

Contact person: _____

Relationship to child: _____

Phone: _____

Email: _____

Please add me to PACER's mailing list.

Preferred method (e-mail/phone) and time of contact:

Please list persons other than yourself that will be attending the consultation (teacher, PCA, therapist or family members).

Name: _____

Title: _____

Relationship to child: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Please add me to PACER's mailing list.

Name: _____

Title: _____

Relationship to child: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E-mail: _____

Please add me to PACER's mailing list.

Photo Release Permission (Optional)

I give unconditional permission to PACER Center, Inc. to videotape/photograph me or my child(ren) and to use the photographs for: general education about PACER and children and adults with disabilities and for fundraising purposes.

Signature: _____

Date: _____

Office Use Only

Date Received: _____

Deposit: _____

Appointment Date: _____

Appointment Time: _____

AT Specialist: _____

Entered: _____

Photo Description: _____

Purpose of Consultation

What would you like to accomplish at your consultation with PACER Simon Technology Center?

Please check all areas that you would like to explore at your consultation:

Reading

Science

Recreation

Communication

Math

Toys

Computer Access

Cause and Effect

Writing

Keyboarding

Environmental Controls

Living Skills

Comments:

Technology

Does your child use any of the following assistive technology at home or at school?

Alternative Mouse

Vision Aids

Environmental Controls

Switches

Alternative Keyboard

Writing Aids

Voice Recognition

Adapted Toys

Reading Aids

Communication Device

Other: _____

If you own a computer, what kind of operating system does it have? Windows Mac

Does your child use a computer at: Home School Other: _____

Comments:

Background Information

Please estimate your child's abilities (in years if possible) for the following categories and give examples:

Cause and Effect: _____

Comprehension: _____

Reasoning and Problem Solving: _____

Attention: _____

Comments:

Background Information

What are your child's gross motor skills (large muscles for sitting, standing)? Please describe:

What are your child's fine motor skills (small muscles for eating, writing)? Please describe:

Does your child have a vision impairment? Yes No

Please describe: _____

Does your child wear glasses? Yes No _____

Does your child have a hearing impairment? Yes No

Please describe: _____

Does your child wear hearing aids? Yes No _____

Does your child experience seizures of any kind? Yes No

If so, do you have any reason to suspect the computer may be a factor? Yes No

Please describe skills your child is currently learning:

What are your child's strengths, learning styles, interests, motivators, and dislikes?

Please share any additional information that might be relevant as we plan for your child's consultation:

Thank you for taking the time to complete this consultation form. It will help in making the most of your consultation at PACER. Please send this completed form along with a \$50 refundable security deposit to:

PACER Simon Technology Center
8161 Normandale Boulevard
Bloomington, MN 55437-1044
(952) 838.9000 Voice • (952) 838.0190 TTY
(800) 537.2237 Toll-free • (952) 838.0199 Fax
e-mail: STC@pacer.org • Web site: www.pacer.org
©2006, PACER Center, Inc.



PACER Simon Technology Center Child Consultation Application



What is a Consultation?

The PACER Simon Technology Center (STC) offers free, informal assistive technology consultations for children and adults with



disabilities. A consultation at PACER is a way to explore educational software and assistive technology in a

stress-free, collaborative environment. This is not a formal assessment or evaluation but rather a starting point to locate technology that may help people with disabilities become more independent at home, school, or work.

Application Process

Although the consultation is provided free of charge, a \$50 refundable deposit must be received by the STC prior to scheduling an appointment. This refundable deposit holds your appointment. Your deposit will be returned to you at the consultation. Consultation appointments are scheduled during the business hours of 9 a.m. to 5 p.m. Monday–Friday at the PACER Simon Technology Center in Minneapolis. Each consultation lasts approximately one to one-and-a-half hours.

Before the Consultation

Once the application form and deposit are received, an assistive technology specialist will be in contact to schedule the consultation. Because the consultation is customized to meet individual needs, the assistive technology specialist may ask further questions to best determine appropriate assistive technology.

During the Consultation

We encourage a team approach and recommend that the child or adult with a disability, family members, teachers, and professionals be present during the consultation. During the consultation, the

assistive technology specialist will provide guidance and “hands-on” experiences based on the information provided on the application form. The assistive technology specialist will demonstrate a variety of software, and adaptive equipment such as alternative keyboards, voice recognition, augmentative communication devices, and switches, as needed. Information about purchasing or upgrading technology, where to buy software and peripherals, and how to hook up adaptive equipment will be discussed during the consultation. At the end of the consultation, the assistive technology specialist will return your \$50 deposit and explain the services of the STC Library, if appropriate.

After the Consultation

After the consultation a follow-up letter will be sent to you, it may include: observations



regarding assistive technology use, strategies for assistive technology use, product names, manufacturers, prices, and suggestions about other useful resources. The

follow-up letter is not intended to serve as a prescription for technology but rather as a starting point for finding useful technology for the individual.

Contact Information:

PACER Simon Technology Center
8161 Normandale Boulevard
Minneapolis, MN 55437-1044
Voice: 952-838-9000
Fax: 952-838-0199
TTY: 952- 838-0190
stc@pacer.org – www.pacer.org

For Application Consultation