



Project KITE

Kids Included Through Technology are Enriched

Teacher/Service Provider Participation Form

Project KITE requires that each of the teams participating in the training program consist of the following:

- a teacher of a class in which children with disabilities are included,
- parents or guardians of children with disabilities included in the class, and
- a service provider or paraprofessional who works with the classroom.

Name: _____ Date: _____

School/facility Name: _____ Title: _____

Student's Name: _____ Grade/Year in School: _____

Please describe the child's disability: _____

Please describe the child's strengths: _____

1. Tell us about your computer skills.

How familiar are you with computers?

Not at all

Somewhat

Comfortable

What type of computer(s) have you used? _____

What software programs have you used? _____

What type of computer do you have access to:

at work? _____

at home? _____

2. Are you familiar with assistive technology (AT) devices or software?

Not at all

Somewhat

Comfortable

What assistive technology devices or software have you used?

Please describe AT devices or software that you wish to learn more about in Project KITE trainings: _____

3. Please tell us about the children with whom you work.

How many children with disabilities do you work with on a weekly basis and what are their disabilities? _____

What are the ages of the children you work with?

0-1 2-3 4-6 6-8 Other: _____

Do you work with children from the following cultural backgrounds?

African-American Hispanic Hmong
 Native American Asian American Lao
 Caucasian Other, please specify: _____

Which income groups represent the children you work with?

lower lower-middle middle
 middle-high high

In which geographical areas do the children you work with live?

Inner-city Suburb Reservation
 Rural City
 Other, please specify: _____

4. Would you be a potential resource person for others?

Professionals How many? _____
 Parents How many? _____
 Another KITE Team?

5. Please write a few lines about why you wish to attend this training and the skills you hope to acquire through Project KITE. _____

I am interested in participating in Project KITE and will agree to attend the training sessions and to work with the team for the benefit of my student(s).

Signature

Date

Address: _____

Phone (h) _____ **Phone (w)** _____

E-mail (h) _____ **E-mail (w)** _____