**Technology for Remote Supports**

**Assessment Worksheet**

**Name:**

**Staff member:**

**Date:**

**Information provided by and relationship to individual:**

Instructions: Record information on the form below regarding technology available in the household. For each item, indicate whether it is available by checking the box underneath. For those items that are available, indicate whether it is connected to the internet, the individual’s ability to use the item, and whether the individual needs support to use the item if it’s an option. Add comments in the comment field. In conjunction with completing the form, answer the questions at the bottom.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***DEVICES*** | | | | | | | | |
|  | | | ***For Items In Home*** | | | | | ***Comments*** |
| **Computer** | | **In Home**  *(check)* | **Connected to Internet**  *(check)* | **Ability to Use** | | | **Needs**  **Support** *(check)* |
| *Yes* | *Limited* | *No* |
| PC Desktop | |  |  |  |  |  |  |  |
| MAC Desktop | |  |  |  |  |  |  |  |
| PC Laptop | |  |  |  |  |  |  |  |
| MAC Laptop | |  |  |  |  |  |  |  |
| Chromebook | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
|  |  | | | | | | | |
|  | | | ***For Items In Home*** | | | | | ***Comments*** |
| **Tablet** | | **In Home**  *(check)* | **Connected to Internet**  *(check)* | **Ability to Use** | | | **Needs Support**  *(check)* |
| *Yes* | *Limited* | *No* |
| IOS–Apple (iPad) | |  |  |  |  |  |  |  |
| Android-Google | |  |  |  |  |  |  |  |
| Windows-Microsoft | |  |  |  |  |  |  |  |
| Blackberry-RIM | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
|  |  | | | | | | | |
|  | | | ***For Items In Home*** | | | | | ***Comments*** |
| **Smartphone** | | **In Home**  *(check)* | **Connected to Internet**  *(check)* | **Ability to Use** | | | **Needs Support**  *(check)* |
| *Yes* | *Limited* | *No* |
| iPhone | |  |  |  |  |  |  |  |
| Android | |  |  |  |  |  |  |  |
| Windows Phone | |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |
|  |  | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | ***For Items In Home*** | | | | ***Comments*** |
| **Other Phones** | **In Home**  *(check)* | **Ability to Use** | | | **Needs Support**  *(Yes/No)* |
| *Yes* | *Limited* | *No* |
| Cellphone (non-smart) |  |  |  |  |  |  |
| Landline |  |  |  |  |  |  |
|  | | | | | | |
|  | | ***If In Home*** | | | | ***Comments*** |
| **Television** | **In Home**  *(check)* | **Ability to Use** | | | **Needs Support**  *(Yes/No)* |  |
| *Yes* | *Limited* | *No* |
| Streaming T.V. |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***HARDWARE FEATURES*** | | | | | | |
|  | | ***For Items In Home*** | | | | ***Comments*** |
| **Video** | **In Home**  *(check)* | **Ability to Use** | | | **Needs Support**  *(check)* |
| *Yes* | *Limited* | *No* |
| Video camera on device |  |  |  |  |  |  |
|  | | | | | | |
|  | | ***For Items In Home*** | | | | ***Comments*** |
| **Sound** | **In Home**  *(check)* | **Ability to Use** | | | **Needs Support** *(check)* |
| *Yes* | *Limited* | *No* |
| Speakers |  |  |  |  |  |  |
| Access to headphones or earbuds |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***INTERNET*** | | | |
|  | *Yes* | *No* | ***Comments*** |
| Available in household |  |  |  |
| Sufficient strength |  |  |  |
| Personal restrictions on use of internet |  |  |  |

1. **Technology platform to be used by agency:**
2. **Preferences of individual:**
3. **Accessibility considerations:**
4. **Note any restrictions on time of day that technology is available/can be used:**
5. **Summary of how technology will be accessed/used:**
6. **Additional notes:**