# Assistive Technology Report Form Template

**Personal Information**

|  |  |
| --- | --- |
| Name: |  |
| Organisation |  |
| Supervisor: |  |
| Reporting Date: |  |

**Client Information**

|  |  |
| --- | --- |
| Name: |  |
| Type of disability |  |
| Assistive technologies being used | *Add more fields as needed.* |

**List of Gaps in Assistive Technology Needs**

|  |  |  |
| --- | --- | --- |
| **Gap in addressing assistive technology need** | **Assistive technology involved** | **Recommendation to address gap** |
|  |  |  |
|  |  |  |
|  |  |  |
| *Add more rows as needed.* |  |  |

|  |  |
| --- | --- |
| **Signature of Supervisor:** | **Date Reviewed:** |
|  |  |

End of Assistive Technology Report Form Template