

NDBEDP Assessment Form

Assessor:
Consumer:
Date:
Location:

Travel Start Time:
Travel End Time:
Start Time:
End Time:
Return Travel Start Time:
Return Travel End Time:

CONSUMER INFORMATION (optional)

Marital Status:
Children:
Occupation:
Deaf-Blindness Type:
Age:

PHYSICAL

Hearing:
Vision:
Mobility:
Cognitive:
Speech:
Speech – Requires Alt/Aug Communication:

LANGUAGE:

English – Spoken:
American Sign Language:
Unknown:
Signed English:
Spanish – Spoken:
Signed Spanish:
No Formal Language:
Other:
Tactile ASL/PSE:
Close Vision ASL/PSE:
Pidgin Signed English:

COMMUNICATION SKILLS:

Braille – Uncontracted:
Braille – Contracted:
Braille Keyboard:
American Sign Language:
Finger spelling/Manual alphabet:
Lip Reading:
Print on Palm:
Tactile Communication:
Touch Typing:
Print Alphabet/Reading:
Speech/Verbal:
Writing:

READING LEVEL:

None:
Pre-Elementary:
Elementary:
Middle School:
High School:
College:
Adult:

HEARING ASSESSMENT:

No usable hearing:
Converse by phone with amplification:
Can effectively hear a screen reader:

Can hear Smartphone/Tablet (VoiceOver/TalkBack):
Can hear a loud ringer:

VISUAL ASSESMENT:

Effectively uses a pen:
Can use Video Relay:
No usable vision:
Can use a mouse:
Can read large print:
Can use captioned telephone:
Computer monitor with magnification:
Can use a visual signaler:
Smartphone/Tablet with magnification:
Smartphone/Tablet without magnification:
Requires Screen Color Invert:

AT DEVICES/SOFTWARE CURRENTLY OWNED

(List Devices and Software Currently Owned. Repeat for each device or software)

Item Type:
Item Name/Model/Version:
Item Condition:
Number of years owned:

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Item Condition:
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Number of years owned:

AT USAGE:

Not familiar with Assistive Tech:
Some/Low use of AT:
Screen Reader:
Screen Magnification:
Portable Magnifier/CCTV:
Refreshable Braille:
Hearing Aids:
Assistive Listening Devices:
Cochlear Implants:
Augmentative & Alternative Communication:
Speech Recognition:
Switch or Mount Needed:
Other:

VIDEOPHONE EQUIPMENT:

Set-Top Videophone Model:
Uses VP on Mobile Devices?:

INTERNET/LANDLINE PHONE SERVICES

Has landline service at home?:
Name of landline carrier:
Has mobile carrier service?:
Name of mobile carrier:
Does consumer wish to use this carrier for new devices?
Has internet access at home?
Type of Internet access:
Internet Service Provider Name?
Has Wi-Fi Router?
Knows how to access router administration?
Knows Wi-Fi connection password?

ASSESSMENT DEMONSTRATION

(List items demonstrated to Consumer)

Computer/Laptop:

Operating System:
Tablet/Media Player:
Phone-Smart Phone:
Phone – Cell Phone:
Phone – Landline Service:
Software – Screen Reader:
Software – Screen Magnifier:
Braille – Display:
Braille – Notetaker, Multipurpose Device:
Other:

NARRATIVE

(Write essay describing the consumer)

EQUIPMENT RECOMMENDATION:

(List each item separately along with its justification)

TRAINING REQUEST/NOTES:

(Outline what kind of training he or she may need for each piece of the equipment being purchased)