

**ASSISTIVE DEVICES RESOURCE SERVICE
Questionnaire - Writing Aid Referral**

<input type="checkbox"/> Peel <input type="checkbox"/> Halton <input type="checkbox"/> Dufferin County
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PLEASE PRINT AND COMPLETE IN FULL
To be submitted with the ADRS Referral Form.

Name of Client:	Diagnosis:
D.O.B.: (dd/mm/yyyy)	E #:

Home/Personal Writing Needs:		
<input type="checkbox"/> Homework	<input type="checkbox"/> Social messaging/email	<input type="checkbox"/> Creative writing
<input type="checkbox"/> Journal	<input type="checkbox"/> Lists/notes	<input type="checkbox"/> Other:

School Writing Needs:			
<input type="checkbox"/> Language Arts	<input type="checkbox"/> Journal	<input type="checkbox"/> Spelling	<input type="checkbox"/> Note taking/Copying
<input type="checkbox"/> Essays/Projects	<input type="checkbox"/> Math	<input type="checkbox"/> Worksheets	<input type="checkbox"/> Homework
<input type="checkbox"/> Other :			

Academics/Literacy:	
Writing grade level:	Reading grade level:

Writing Speeds:	
Handwriting:	Keyboarding:

Technology Use: Please describe previous and/or current use of technology to support writing.

Completed by:	Date completed:
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