ADRC Assistive Technology (AT) Screen

Participant Name:_____   Date of Screen:_____

1. Does the person experience a barrier to daily living or inability to be actively involved in employment, education, or community living because of a disability or impairment that technology could potentially help?
   ○ Yes
   ○ No (Form Complete, no further action necessary)

2. Describe how ADRC staff and/or the participant believe that assistive technology (AT) could enhance the participant's life. If applicable, identify the AT the participant is interested in.

   [ ]

3. Is the participant interested in a referral ATLA?
   ○ Yes
   ○ No (Form Complete, no referral to ATLA necessary)

4. What is the main reason(s) for participant being referred for AT?
   ☐ Social Isolation
   ☐ Communicate with family/friends
   ☐ Health issues
   ☐ Safety issues
   ☐ Daily living needs
   ☐ Other:

   [ ]

5. Other notes for ATLA regarding the participant's request for AT:

   [ ]