

Fast Track Follow Up iPad Questionnaire

Our mission is to provide the tools/equipment that will support children with disabilities and enhance their ability to interact with their peers and within their communities. Grants are intended to give children access to participation that would not be possible without such adaptations. The additional information requested below will help us understand how your grant request is consistent with our goal.

1. Describe specific performance measures observed by applicant's use of an iPad. (To be completed by the child's therapist).

2. Please provide detail about how iPad use is superior to other similar electronic and non-electronic age appropriate learning tools.

3. Is the child able to consistently and accurately access simple switches? _____

4. Does the child have access to an iPad in his/her learning environment? _____
 - a. How many hours per day? _____
 - b. Describe the purposes of the iPad during the child's typical day

5. How will the iPad help the applicant interact better with peers, teachers, family members and in the community?

6. How does the child **physically** interact with the iPad? Be specific and describe the level of assistance required:
 - a. Visual (sight)
 - b. Auditory (sound)
 - c. Hands

- d. Feet
- e. Other

7. Does the child require positioning equipment to be successful?

8. Is the iPad used to enhance the applicant's communication? Describe.

9. Who will assume responsibility for use and care of the applicant's iPad?