

SoonerStart's Assistive Technology Device Demonstration Log

*Remember a demo is the FIRST time you show a particular AT device or category of devices to a child/family and help them decide if it will meet the child's needs.

Date of Demo	Providers Initials	District	AT Kit Letter	AT Device Category	AT Device Used	Will the child need some type of AT?	How satisfied was the family with the demo? (NOT THE SPECIFIC AT DEVICE)	Was the demo literacy related?
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12		<input type="checkbox"/> Daily Living <input type="checkbox"/> Environmental <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Recreation <input type="checkbox"/> Seating <input type="checkbox"/> Speech <input type="checkbox"/> Vision		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undecided	<input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Somewhat Satisfied <input type="checkbox"/> Not At All Satisfied	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12		<input type="checkbox"/> Daily Living <input type="checkbox"/> Environmental <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Recreation <input type="checkbox"/> Seating <input type="checkbox"/> Speech <input type="checkbox"/> Vision		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undecided	<input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Somewhat Satisfied <input type="checkbox"/> Not At All Satisfied	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12		<input type="checkbox"/> Daily Living <input type="checkbox"/> Environmental <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Recreation <input type="checkbox"/> Seating <input type="checkbox"/> Speech <input type="checkbox"/> Vision		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Undecided	<input type="checkbox"/> Highly Satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Somewhat Satisfied <input type="checkbox"/> Not At All Satisfied	<input type="checkbox"/> Yes <input type="checkbox"/> No

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