

# PACER Simon Technology Center

## Adult Consultation Application

A \$50 refundable security deposit is due with your application and is required to make an appointment and hold your consultation date. Your application will not be processed until your security deposit is received. Checks can be made out to PACER Simon Technology Center.

**Please take the time to complete the following information. The more we know about you before the consultation, the better we can prepare for the consultation.**

### Adult Information for Consultation

Adult's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Disability: \_\_\_\_\_

Birth date: \_\_\_\_\_

Primary language: \_\_\_\_\_

Gender:    Male            Female

Who should we call to set up your consultation?

Contact person: \_\_\_\_\_

Relationship to person above: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please add me to PACER's mailing list.

Preferred method (e-mail/phone) and best time to contact:

\_\_\_\_\_  
\_\_\_\_\_

Please list persons other than yourself who will be attending the consultation (teacher, PCA, therapist or family members).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please add me to PACER's mailing list.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please add me to PACER's mailing list.

### Photo Release Permission (Optional)

I give unconditional permission to PACER Center, Inc. to videotape/photograph me or my child(ren) and to use the photographs for: general education about PACER and children and adults with disabilities and for fundraising purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Date Received: \_\_\_\_\_

Deposit: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

AT Specialist: \_\_\_\_\_

Entered: \_\_\_\_\_

Photo Description: \_\_\_\_\_

## Purpose of Consultation

What would you like to accomplish at your consultation with PACER Simon Technology Center?

Please check all areas that you would like to explore at your consultation:

Cause and Effect

Keyboarding

Recreation

Communication

Living Skills

Science

Computer Access

Math

Toys

Environmental Controls

Reading

Writing

Comments:

## Technology

Do you use any of the following assistive technology at home, work or school?

Adapted Toys

Environmental Controls

Voice Recognition

Alternative Keyboard

Reading Aids

Writing Aids

Alternative Mouse

Switches

Other: \_\_\_\_\_

Communication Device

Vision Aids

If you own a computer, what kind of operating system does it have?    Windows    Mac

Do you use a computer at:    Home    School    Work    Other: \_\_\_\_\_

Comments:

## Background Information

Please estimate your abilities (in years if possible) for the following categories and give examples:

Cause and Effect: \_\_\_\_\_

Comprehension: \_\_\_\_\_

Reasoning and Problem Solving: \_\_\_\_\_

Attention: \_\_\_\_\_

Comments:

## Background Information

What are your gross motor skills (large muscles for sitting, standing)? Please describe:

What are your fine motor skills (small muscles for eating, writing)? Please describe:

Do you have vision a impairment?    Yes    No

Please describe: \_\_\_\_\_

Do you wear glasses?    Yes    No

Do you have a hearing impairment?    Yes    No

Please describe: \_\_\_\_\_

Do you wear hearing aids?    Yes    No

Do you experience seizures of any kind?    Yes    No

If so, do you have any reason to suspect the computer may be a factor?    Yes    No

Please describe skills you are currently learning:

What are your interests, strengths, and best learning style?

Please share any additional information that might be relevant as we plan for your consultation:

Thank you for taking the time to complete this consultation form. It will help in making the most of your consultation at PACER. Please send this completed form along with a \$50 refundable security deposit to:

PACER Simon Technology Center  
8161 Normandale Boulevard  
Bloomington, MN 55437-1044  
952-838-9000 Voice • 952-838-0190 TTY  
800-537-2237 Toll-free • 952-838-0199 Fax  
e-mail: [STC@pacer.org](mailto:STC@pacer.org) • Web site: [www.pacer.org](http://www.pacer.org)  
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# PACER Simon Technology Center Adult Consultation Application



## What is a Consultation?

The PACER Simon Technology Center (STC) offers free, informal assistive technology consultations for children and adults with disabilities. A consultation at PACER is a way to explore educational software and assistive technology in a stress-free, collaborative environment. This is not a formal assessment or evaluation but rather a starting point to locate technology that may help people with disabilities become more independent at home, school, or work.



## Application Process

Although the consultation is provided free of charge, a \$50 refundable deposit must be received by the STC prior to scheduling an appointment. This refundable deposit holds your appointment. Your deposit will be returned to you at the consultation. Consultation appointments are scheduled during the business hours of 9 a.m. to 5 p.m. Monday–Friday at the PACER Simon Technology Center in Minneapolis. Each consultation lasts approximately one to one-and-a half hours.

## Before the Consultation

Once the application form and deposit are received, an assistive technology specialist will be in contact to schedule the consultation. Because the consultation is customized to meet individual needs, the assistive technology specialist may ask further questions to best determine appropriate assistive technology.

## During the Consultation

We encourage a team approach and recommend that the child or adult with a disability, family members, teachers, and professionals be present during the consultation. During the consultation, the

assistive technology specialist will provide guidance and “hands-on” experiences based on the information provided on the application form. The assistive technology specialist will demonstrate a variety of software, and adaptive equipment such as alternative keyboards, voice recognition, augmentative communication devices, and switches, as needed. Information about purchasing or upgrading technology, where to buy software and peripherals, and how to hook up adaptive equipment will be discussed during the consultation. At the end of the consultation, the assistive technology specialist will return your \$50 deposit and explain the services of the STC Library, if appropriate.

## After the Consultation

After the consultation a follow-up letter will be sent to you, it may include: observations



regarding assistive technology use, strategies for assistive technology use, product names, manufacturers, prices, and suggestions about other useful resources. The

follow-up letter is not intended to serve as a prescription for technology but rather as a starting point for finding useful technology for the individual.

## Contact Information:

PACER Simon Technology Center  
8161 Normandale Boulevard  
Minneapolis, MN 55437-1044  
Voice: 952-838-9000  
Fax: 952-838-0199  
TTY: 952- 838-0190  
[stc@pacer.org](mailto:stc@pacer.org) – [www.pacer.org](http://www.pacer.org)