

Simon Technology Center Consultation Application

What is a Consultation?

The PACER Simon Technology Center (STC) offers free, informal assistive technology consultations for children and adults with disabilities in Minnesota. 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, before the consultation application can be processed and an appointment scheduled, the STC must first receive a \$50.00 refundable security deposit. The deposit can be made by credit card by calling the Simon Technology Center at 952-838-9000 or can be submitted by check and mailed to the address below. If making the deposit by check, please add “consult deposit” and the last name of the individual attending the consultation in the memo area of the check. Consultation appointments are scheduled during business hours on Mondays, Wednesdays, Thursdays, and Fridays and take place at the PACER, Simon Technology Center in Minneapolis. Each consultation lasts approximately one to one-and-a-half hours.

Mail Deposit To :

PACER Simon Technology Center
8161 Normandale Boulevard
Minneapolis, MN 55437-1044



**Deposits for consultations are refunded at the appointment. Deposits will be processed and you will be charged if you do not appear for the scheduled appointment and/or do not contact the STC prior to the day of the appointment to reschedule.*

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.

Consultation Application

Items marked with an asterisk (*) are required.

Individual Information

Name: _____

Disability: _____

Parent/Guardian Name(s)
(if applicable): _____

Relationship to Individual
(if applicable): _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone (home/cell): Home _____ Cell _____

E-Mail: _____

Date of Birth: _____ Grade (if applicable): _____

Primary Language: _____

Have you attended a consultation in the past: Yes No

Best means to contact (phone/email): _____

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.

Yes (sign or type below) No

Signature: _____ Date: _____

Please list persons who will also attend the consultation (teacher, PCA, therapist, or family member)

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zipcode: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____

Zipcode: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

So we can provide useful information, please completely answer all of the questions that follow.

Purpose of Consultation

What would you like to accomplish during the consultation with the Simon Technology Center?

Please check all areas that you would like to explore during the consultation:

- | | | | |
|----------------------------------|--|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Science | <input type="checkbox"/> Recreation | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Toys | <input type="checkbox"/> Computer Access | <input type="checkbox"/> Cause and Effect | <input type="checkbox"/> Math |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Keyboarding | <input type="checkbox"/> Living Skills | <input type="checkbox"/> Environmental Controls |

Comments:

Technology

Are any of the following assistive technologies currently being used at home, school or work?

- | | | | |
|---|--|---|-----------------------------------|
| <input type="checkbox"/> Alternative Mouse | <input type="checkbox"/> Vision Aids | <input type="checkbox"/> Environmental Controls | <input type="checkbox"/> Switches |
| <input type="checkbox"/> Alternative Keyboard | <input type="checkbox"/> Writing Aids | <input type="checkbox"/> Voice Recognition | |
| <input type="checkbox"/> Adapted Toys | <input type="checkbox"/> Communication Devices | | |

Other:

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

Is the computer currently used at: Home School Work

Comments:

Background Information

Please describe gross motor skills (large muscles for sitting, standing)

Please describe fine motor skills (small muscles for eating, writing)

Does the individual have a vision impairment? Yes No

Please describe:

Does the individual wear glasses? Yes No

Does the individual have a hearing impairment? Yes No

Please describe:

Does the individual wear hearing aids? Yes No

Please describe skills the individual is currently learning?

Describe strengths, learning styles, interests, motivators, and dislikes that may help us in planning for the appointment.

Should we be aware of any environmental allergies (latex, cleaning products, etc.) that maybe encountered during the appointment?

Would low-lighting or sensory tools (beanbag chair, sensory balls, break, etc.) be beneficial during the consultation?

Please share any additional information that might be relevant as we plan for the consultation.

*Thank you for taking the time to complete this consultation form.
It will help in making the most of your consultation at PACER.*