Utah
Augmentative
Alternative
Assistive
Communication &
Technology Teams

Parent Questionnaire—Written Communication/Handwriting

Special Education Services
U.A.A.A.C.T.
Team U

Student Name:_____ **Case Manager:**_____
School/District: _____
Parent/Guardian: _____ **Telephone:** _____
Address: _____ **City/State:**_____

Dear Parent/Guardian:

Please take a moment and fill out the following questionnaire in regards to your student. Your input will be greatly appreciated and valued as we conduct our evaluation.

1. Please give us a brief synopsis of your student's ***developmental history***. (diagnosis, problems at birth, surgeries, medications, injuries, etc…)

2. Please describe your student's ***level of success in classroom writing activities***?

3. Are there academic ***activities in which your student cannot participate*** (or participate equally) due to writing limitations? Please describe.

4. What would you consider to be the ***greatest obstacle*** for your student in terms of writing communication/expression? Please describe.

5. Would you and your student be ***comfortable*** with him/her ***using a device or software*** in the classroom that *may* make writing less difficult? *(If no, please state concerns)*

When finished with this form, please return it as soon as possible to your child's Special Education Teacher or Speech Therapist.