

# Assistive Technology Tool Kit Sign Out Sheet

*Please complete all sections of the form for each item borrowed.*

**BORROWER** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**STUDENT** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**Scale:** Please apply the following rating scale in the Results section for each item borrowed.

1	2	3	4
<b>Totally Ineffective</b> <small>(didn't work at all; device clearly inappropriate)</small>	<b>Somewhat Ineffective</b> <small>(but might work better with further refinement training)</small>	<b>Somewhat Effective</b> <small>(but could be even more so)</small>	<b>Totally Effective</b> <small>(i.e. purpose met)</small>

## SIGN OUT

Student Task: _____ _____ _____	AT #	Date Out	Date In	Results/Comments (1-4)			
AT Item: _____          				1	2	3	4
Student Task: _____ _____ _____				1	2	3	4
AT Item: _____          				1	2	3	4
Student Task: _____ _____ _____				1	2	3	4
AT Item: _____          				1	2	3	4