

LOUISIANA TECH UNIVERSITY
CENTER FOR REHABILITATION ENGINEERING,
SCIENCE & TECHNOLOGY

COMPUTER ACCESS PROGRAM

Pre-Admission Screening

Please return this form to:

Kitty Carter
Louisiana Tech University
Center for Biomedical Engineering
and Rehabilitation Science
711 S. Vienna
Ruston, LA 71270
(318) 257-4562 or (800) 310-4251

(To be completed by the consumer, consumer's occupational therapist, physical therapist, teacher, or primary care giver.)
_____ is being referred for a computer access assessment. Your input is needed in order to adequately assess this person's needs and abilities. We recognize the time involved in completing this form. However, the information will be valuable in helping us assess your consumer. We greatly appreciate your effort.

- I. Is the consumer in school at this time? ___ yes ___ no If yes, where? _____
A. If not, what is the highest level of education completed? _____
B. When was consumer's education completed? _____
- II. Does the consumer have any prior experience using a computer or typewriter? ___ yes ___ no If yes, what type?

- III. Has the consumer ever taken any computer courses? ___ yes ___ no If yes, what type? _____

- IV. Is the consumer currently using a computer or typewriter? ___ yes ___ no If yes, what type? _____

- A. How is consumer accessing the computer or typewriter? _____

- B. Is the consumer currently using any adaptations on his computer or typewriter? ___ yes ___ no
If yes, what type? _____
- V. What software, if any, does the consumer currently use? _____
- VI. What type of work will the consumer be doing on the computer? _____

- VII. Please comment on any other factors that you feel are important in evaluating this consumer for computer access.

This form must be completed and returned before a computer evaluation will be scheduled.