

4. Please describe in your own words any language processing difficulties you have. (This means difficulties you might have with understanding language, either written or verbal.)

5. Please describe in your own words any communication difficulties you have. (This means difficulties you might have with expressing language, either written or verbal.)

6. Please describe any difficulties you have with daily living tasks. (Examples: eating, dressing, bathing, remembering to do daily grooming like brushing your teeth or hair, etc.)

9. Please describe in your own words any sensory processing difficulties you have. (This means being overwhelmed, overstimulated, or hurt by sounds, lights, touch, tastes, smells, environments or people around you.)

Sensory Processing

10. Do you have any sound or auditory aversions or sensitivities (such as sirens, fluorescent lights, clapping, buzzing noises, etc.)?

11. Do you use noise-canceling devices for loud environments (including headphones, earplugs, or white noise machines)?

12. Do you have any light sensitivity? _____ Yes _____ No
(including types of artificial/electric light or sunlight)

How do you best cope with types of lighting that are hard for you?

13. Do you have any sensory issues with food (including taste, texture, or mixed food aversions)?

14. Do you have any chemical or electronic sensitivities or aversions?

15. Do you have any touch, texture, or tactile sensitivities or aversions (that are not food)? (This includes physical contact with other people like handshakes, hugging, unexpected touch, or accidental touch. It also includes fabrics, flooring, and street pavement types.)

Communication and Social Interactions

16. Do you speak using voice? _____ Frequently _____ Sometimes _____ Never

If you speak, in what language(s) do you speak? How fluent are you?

17. Do you use sign language? _____ Frequently _____ Sometimes _____ Never

If you use sign language, what language(s) do you use? How fluent are you?

18. Do you use text or pictures to communicate? _____ Frequently _____ Sometimes _____ Never

If you use text, in what language(s)? How fluent are you?

Do you write by hand, type on a screen, or use text-to-speech software or other alternative and augmentative communication (AAC) devices?

If you use pictures, do you use an application on a smartphone, tablet, or computer device, or do you use a non-electronic picture board?

Do you use a facilitator or support person to type or point? _____ Yes _____ No

19. Do you use real time captioning or other speech-to-text transcription services? (This means a person types what is being said on to a screen for you to read.) _____ Frequently _____ Sometimes _____ Never

If you use real time captioning or other speech-to-text transcription services, please describe in which situations you find it preferable.

20. Do you use face-to-face instant text or video messaging?

_____ Frequently _____ Sometimes _____ Never

If yes, please describe in which situations you find it preferable:

Please describe which instant messaging systems/equipment you are familiar with using for face-to-face communication.

21. Please describe how you prefer to communicate. (Example: Instant messenger, writing, text-to-speech, signed language, voiced speech, phone, or other method.)

21. If for any reason someone needs to give you constructive criticism or tell you that you have made a mistake or crossed a boundary, what would be the most helpful way to do this?

22. How well do you understand nonverbal social cues and implicit speech in a conversation? (This includes facial expressions and body language and when people don't outright say what they mean.)

23. How comfortable are you in group or social settings?

Are there specific conditions that make group settings more manageable?

What strategies do you use to adapt to uncomfortable group settings?

Other Accommodations

24. Do you prefer sitting in a particular seat (in front, near speaker, etc.) or other arrangements in a group setting? _____ Yes _____ No

If yes, please describe where you prefer to sit or other arrangements in a group setting, and in which situations you find it helpful.

25. Do you use a person to take notes for you? _____ Frequently _____ Sometimes _____ Never

If you use a human notetaker, please describe in which situations you find it preferable.

26. Do you use a support person or aide? _____ Frequently _____ Sometimes _____ Never

If you use a support person or aide, please describe what tasks the support person or aide helps you with. (This could mean things like helping you get dressed, helping you bathe or shower, helping you pay bills, helping you navigate places with lots of people and noise, or helping you stay on task.)

If you use a support person or aide, please describe what situations and places you use them to help with. (This could mean daily in school, daily in an office, for special occasions like field trips or outings, or specific places like restaurants or public transit.)

Will you need a support person or aide on the program? _____ Yes _____ No

27. Do you use a service animal? _____ Yes _____ No

If yes, please describe what kind of animal and how many you use, what the animal does for you, and in what situations you use them.

Will you bring the service animal on the program? _____ Yes _____ No

28. Do you use an emotional support animal? _____ Yes _____ No

If yes, please describe what kind of animal and how many you use, what the animal does for you, and in what situations you use them:

Will you bring the emotional support animal on the program? _____ Yes _____ No

29. Describe the level of structure and routine that works best for you in a school or office setting.

Do you use any kind of planner, calendar, or scheduler to organize your assignments, classes, meetings, or other things you have to do?

Do you use alarms or reminder apps of any kind to keep on track with things you have to do?

Do you use charts, hanging posters, sticky notes, or other visual aids or reminders to keep on track with things you have to do?

Do you receive informal or formal help from a friend, family member, or support person to keep on track with things you have to do?

Do you work better on multiple tasks at once or only one thing at a time?

What kinds of deadlines are most helpful for you? (This might mean flexible vs. strict, or far in the future vs. closer to now.)

30. Please describe how comfortable you are advocating for yourself to a teacher, boss, or other authority figure.

31. What medications are you currently taking, if any?

Will you bring your medications with you on the program?

32. What situations cause you stress or anxiety?

What do you do when you experience stress or anxiety?

What coping mechanisms or tools do you use to manage or decrease the stress or anxiety?

What do you do to cope when you feel afraid, angry, or frustrated?

33. Please describe other tools or services you use to improve accessibility that were not mentioned above.
