

Student's Name \_\_\_\_\_ Educational Goal \_\_\_\_\_  
 Technology \_\_\_\_\_ Today's Date \_\_\_\_\_

### A. EDUCATIONAL GOAL

- |  | No                         | Somewhat  | Yes   |
|--|----------------------------|---|---|
| 1. Do you understand the goal that is written above?     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| 2. Do you agree that this is a goal you need to achieve? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| 3. Do you feel you <u>can</u> achieve this goal?         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| 4. Do you <u>want</u> to achieve this goal?              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 4 <input type="checkbox"/> 5 |

### B. THE STUDENT

Check the box of each statement below that describes you.

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> I am curious & excited about new things                             | 10. <input type="checkbox"/> I have the background skills and knowledge for what I need to learn | 21. <input type="checkbox"/> I am usually flexible/adaptable                                |
| 2. <input type="checkbox"/> I am impatient  | 11. <input type="checkbox"/> I have physical or sensory limitations                              | 22. <input type="checkbox"/> I sometimes need frequent feedback                             |
| 3. <input type="checkbox"/> I receive criticism well  | 12. <input type="checkbox"/> I sometimes need frequent reinforcement                             | 23. <input type="checkbox"/> I sometimes feel intimidated by technology                     |
| 4. <input type="checkbox"/> I move from task to task easily                                     | 13. <input type="checkbox"/> My physical dexterity is good                                       | 24. <input type="checkbox"/> I am often easily distracted                                   |
| 5. <input type="checkbox"/> I like to have the teacher's full attention                         | 14. <input type="checkbox"/> I feel confident  | 25. <input type="checkbox"/> I usually accept my teachers' advice                           |
| 6. <input type="checkbox"/> I work carefully  | 15. <input type="checkbox"/> I like to try new things  | 26. <input type="checkbox"/> I am often easily bored  |
| 7. <input type="checkbox"/> I have the intellectual abilities required for what I need to learn | 16. <input type="checkbox"/> I would describe myself as studious                                 | 27. <input type="checkbox"/> I often feel anxious   |
| 8. <input type="checkbox"/> I want to control my own learning pace                              | 17. <input type="checkbox"/> I often want to work slower/faster than others                      | 28. <input type="checkbox"/> I have a cooperative attitude                                  |
| 9. <input type="checkbox"/> I sometimes think too much about my limitations                     | 18. <input type="checkbox"/> I am sometimes critical   | 29. <input type="checkbox"/> Most of the time I am prepared for class                       |
|   | 19. <input type="checkbox"/> I prefer to work in a group rather than by myself                   | 30. <input type="checkbox"/> I work with precision  |
|   | 20. <input type="checkbox"/> I like using a computer   | 31. <input type="checkbox"/> I prefer getting feedback from a computer than from my teacher |
|   |  | 32. <input type="checkbox"/> I am motivated to learn  |

Please list other characteristics that describe you as a learner:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Student's Name \_\_\_\_\_ Educational Goal \_\_\_\_\_  
 Technology \_\_\_\_\_ Today's Date \_\_\_\_\_

### C. EDUCATIONAL TECHNOLOGY

- |   | No                         | Somewhat                   |                            |                            | Yes                        |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Have you ever experienced this type of technology or this method?        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Do you think you can learn easily using this technology/method?          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. Have you observed others using this technology/method?                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Is this a technology/method with which you would be comfortable?         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Can you perform the series of steps required to operate this technology? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

### D. EDUCATIONAL ENVIRONMENT

- |   |   |                            |                                    |                            |  |
|---|---|----------------------------|------------------------------------|----------------------------|--|
| 1. Do you prefer to learn from listening to a teacher's lecture or by reading a textbook? | <input type="checkbox"/> 1<br>listening | <input type="checkbox"/> 2 | <input type="checkbox"/> 3<br>both | <input type="checkbox"/> 4 | <input type="checkbox"/> 5<br>reading    |
| 2. Do you prefer to work alone or with a group?   | <input type="checkbox"/> 1<br>alone     | <input type="checkbox"/> 2 | <input type="checkbox"/> 3<br>both | <input type="checkbox"/> 4 | <input type="checkbox"/> 5<br>group      |
| 3. Do you prefer to watch a demonstration or to experiment on your own?                   | <input type="checkbox"/> 1<br>watch     | <input type="checkbox"/> 2 | <input type="checkbox"/> 3<br>both | <input type="checkbox"/> 4 | <input type="checkbox"/> 5<br>experiment |
|   | No                                      | Somewhat                   |                                    |                            | Yes                                      |
| 4. Do you think your family would be supportive of your use of this technology?           | <input type="checkbox"/> 1              | <input type="checkbox"/> 2 | <input type="checkbox"/> 3         | <input type="checkbox"/> 4 | <input type="checkbox"/> 5               |
| 5. Do you think your friends/peers would be supportive of your use of this technology?    | <input type="checkbox"/> 1              | <input type="checkbox"/> 2 | <input type="checkbox"/> 3         | <input type="checkbox"/> 4 | <input type="checkbox"/> 5               |
| 6. Do you think the use of this technology will enhance your social activities?           | <input type="checkbox"/> 1              | <input type="checkbox"/> 2 | <input type="checkbox"/> 3         | <input type="checkbox"/> 4 | <input type="checkbox"/> 5               |

### Overall Recommendations

**Rank**

**Score**

**Plans for addressing Discrepancy or Issue**

Educational Goal:

Student:

Educational Technology:

Educational Environment:

Student's Name \_\_\_\_\_ Educational Goal \_\_\_\_\_  
 Technology \_\_\_\_\_ Today's Date \_\_\_\_\_

### A. EDUCATIONAL GOAL

Write the educational goal as clearly and specifically as possible:

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1. Do student and teacher agree on this goal?  1 No  2  3 Somewhat  4  5 Yes

### B. THE STUDENT

For each item that applies to this student, this technology, write inside the box an (I) if it is an incentive for use of the technology or (D) if it is a disincentive for use of the technology.

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> is curious & excited about new things                                | 10. <input type="checkbox"/> has the background skills and knowledge required for the task | 21. <input type="checkbox"/> is flexible/adaptable                       |
| 2. <input type="checkbox"/> is frequently impatient  | 11. <input type="checkbox"/> has physical or sensory limitations                           | 22. <input type="checkbox"/> needs frequent feedback                     |
| 3. <input type="checkbox"/> receives criticism well  | 12. <input type="checkbox"/> needs frequent reinforcement                                  | 23. <input type="checkbox"/> is intimidated by technology                |
| 4. <input type="checkbox"/> moves from task to task easily                                       | 13. <input type="checkbox"/> has good dexterity & hand control                             | 24. <input type="checkbox"/> is easily distracted                        |
| 5. <input type="checkbox"/> needs the teacher's full attention                                   | 14. <input type="checkbox"/> has self-confidence   | 25. <input type="checkbox"/> usually accepts teachers' advice            |
| 6. <input type="checkbox"/> works carefully  | 15. <input type="checkbox"/> likes to try new things                                       | 26. <input type="checkbox"/> is easily bored                             |
| 7. <input type="checkbox"/> has the intellectual abilities required for what needs to be learned | 16. <input type="checkbox"/> is studious   | 27. <input type="checkbox"/> is often anxious                            |
| 8. <input type="checkbox"/> desires to control own learning pace                                 | 17. <input type="checkbox"/> often wants to work at a different pace from others           | 28. <input type="checkbox"/> has a cooperative attitude                  |
| 9. <input type="checkbox"/> focuses on limitations and barriers                                  | 18. <input type="checkbox"/> is often critical   | 29. <input type="checkbox"/> is usually prepared for class               |
|  | 19. <input type="checkbox"/> prefers to work alone   | 30. <input type="checkbox"/> works with precision                        |
|  | 20. <input type="checkbox"/> believes technology use will be fun/helpful                   | 31. <input type="checkbox"/> needs non-judgmental one-on-one instruction |
|  |  | 32. <input type="checkbox"/> is motivated to learn                       |

Student's Name \_\_\_\_\_ Educational Goal \_\_\_\_\_  
 Technology \_\_\_\_\_ Today's Date \_\_\_\_\_

### C. EDUCATIONAL TECHNOLOGY

- |   | No                         | Somewhat                   |                            |                            | Yes                        |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Is this technology the most appropriate support to achieve the goal?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Does the technology match the curricular aspects of the goal?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. Does the student possess (or can the student acquire) the physical capabilities to use the technology?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Does the student respond positively to instruction in this modality?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Is training/support and upgrading available for the teachers or student?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 6. Are reference materials, on-line help, or illustrated instructions available?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 7. Is the technology easy to set up, use, store, and maintain?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 8. Are support personnel, special facilities, additional equipment, or environmental modifications available (if needed) for this technology?       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 9. Does the school/agency have the resources and/or support to purchase or rent the technology and pay for both the one-time and on-going expenses? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 10. Can the student perform the series of steps required to operate this technology?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

### D. EDUCATIONAL ENVIRONMENT

- |  | No                         | Somewhat                   |                            |                            | Yes                        |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Does the student receive encouragement to succeed academically from his/her family?                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 2. Will the use of this technology give the student positive status in the eyes of peers?                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 3. Will the technology use be independent of assistance and cooperation from others who may feel inconvenienced? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 4. Is access to the technology easy, immediate, and non-disruptive?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 5. Will the use of this technology enhance the student's social activities?                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

### Overall Recommendations

Rank	Score	Plans for addressing Discrepancy or Issue
	Educational Goal:	_____
	Student:	_____
	Educational Technology:	_____
	Educational Environment:	_____

*A Survey for Employees, Students and Others Learning a New Technology for a Job*

Employee Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Form completed by \_\_\_\_\_

Technology \_\_\_\_\_

Employees who feel anxious or uncomfortable with a new technology cannot use that technology in a manner beneficial to themselves, the company or institution. This form will assist you in identifying areas that may affect your acceptance or use of a new technology in the workplace. This form can be used together with the companion *Employer Form*.

### ***The Technology Itself***

	Not at All		Somewhat		Definitely
Is the technology useable with little or no discomfort stress or fatigue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is the time needed for practice and training reasonable?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you think mastering the technology will help you succeed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you think mastering the technology will help you in the eyes of your peers and supervisors?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Are you able to adjust the technology to meet your preferences and requirements?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Will you have a backup technology or support if needed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### ***The Person Who Will Use the Technology***

	Not at All		Somewhat		Definitely
Are you comfortable advocating your technology needs in this workplace?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have you had previous success with new technology in this work environment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you have control over how quickly the technology will be acquired and installed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you have the skills needed to use this new technology?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you feel that the technology will assist you to fit in and belong in this workplace?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Are you satisfied with your career and job?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you have what you need to do your job effectively?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Are your relationships with co-workers generally positive?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Are your relationships with your supervisor/employer generally positive?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Are you generally working at your potential?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you feel expectations held by your employer are realistic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

***The Milieu or Workplace Environment***

Not at All                      Somewhat                      Definitely

- Do you have the level of support you want from your employer?                       1                       2                       3                       4                       5
- Do you believe there are enough promotional opportunities for you?                       1                       2                       3                       4                       5
- Do you believe your employer and co-workers are open to the use of AT and other supports?                       1                       2                       3                       4                       5
- Is there an appropriate degree of teamwork at this worksite?                       1                       2                       3                       4                       5
- Do you feel employees efforts are respected and appreciated in your office?                       1                       2                       3                       4                       5
- Will your AT use be independent of cooperation/assistance from co-workers and others who may feel inconvenienced by it?                       1                       2                       3                       4                       5
- Has sufficient time been allotted for training you in the new technology?                       1                       2                       3                       4                       5
- Do you have on-going access to appropriate technical support?                       1                       2                       3                       4                       5
- Have training plans taken into consideration your learning style and needs?                       1                       2                       3                       4                       5
- Do you feel you will be rewarded for mastering this technology?                       1                       2                       3                       4                       5
- Does the training occur where you can become familiar with the new technology and make mistakes in a non-threatening atmosphere?                       1                       2                       3                       4                       5

***How Well Does Everything Match?***

Employers (or trainers) and employee(s) should discuss the responses to items on this form and the companion employer form. Plans should be developed to address those issues that received a negative rating. Discrepancies between employer and employee on the various concepts should be discussed. The space below can be used to list and address the most important of these discrepancies and negative influences.

**Discrepancy or Negative Influence**

**Plan for Addressing Discrepancy or Issue**

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**COMMENTS AND NOTES:**

*A Survey for Employers, Trainers and Office Managers*

Employee Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Form completed by \_\_\_\_\_

**Technology**

Employees who feel anxious or uncomfortable with a new technology cannot use that technology in a manner beneficial to themselves, the company or institution. This form will assist you in identifying areas which may inhibit the acceptance or successful use of a new technology in the workplace. This form can be used together with the companion Employee Form.

***The Technology Itself***

	Not at All		Somewhat		Definitely
Is the technology useable with little or no discomfort stress or fatigue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is the time needed for practice and training a positive aspect of this technology?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Will mastering the technology help this employee to succeed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Will mastering the technology confer status to this employee in the eyes of peers and supervisors?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is the technology useable with little or no discomfort, stress or fatigue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Can this employee adjust the technology to meet his/her preferences and requirements?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is a backup technology or support available if needed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

***The Person Who Will Use the Technology***

	Not at All		Somewhat		Definitely
Are you comfortable addressing this employee's technology needs in the workplace?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Has the employee had previous success with new technology in this work environment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Does the employee have control over how quickly the technology will be acquired and installed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Does the employee possess the skills needed to use this new technology?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you feel that the technology will assist this employee to fit in and belong in this workplace?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Are you satisfied with this employee's job performance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Does the employee have the resources to do the job effectively?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Are the employee's relations with co-workers generally positive?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Are relationships with supervisors/employers generally positive?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is this employee generally working to potential?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you feel expectations held by your employee are realistic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

***The Milieu or Workplace Environment***

	Not at All		Somewhat		Definitely
Do you have the level of support you want from your employee?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you believe there are enough promotional opportunities for this employee?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you believe this employee and co-workers are open to the use of AT and other supports?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is there an appropriate degree of teamwork at this worksite?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Do you feel employees efforts are respected and appreciated in your office?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Will the technology use be independent of cooperation/assistance from co-workers and others who may feel inconvenienced by it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Has sufficient time been allotted for training the employee in the new technology?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is there on-going access to appropriate technical support?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Does the employee know how he/she best learns the use of such new technologies (e.g., instructions given individually, in groups, in writing, verbally, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Will the employee be rewarded for mastering this technology?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Does the training occur where the employee can become familiar with the new technology and make mistakes in a non-threatening atmosphere?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

***How Well Does Everything Match?***

Many (perhaps even most) of the situations where individuals encounter technology contain some element of choice. For example, we may be required to stand in line for a long time, but we can still refuse to use ATM's. However, the workplace is often the one environment where such a choice is denied us. Frequently, decisions concerning the adoption and use of such technologies are made, not by the users, but by their supervisors. Time spent considering the concepts on this form will lead to more effective use of expensive technology.

Employers (or trainers) and the employee(s) being trained should discuss their responses to items on this form. Plans should be developed to address those issues that received a negative rating from both. Any discrepancies between employer and employee on the various items should be discussed. The space below can be used to list and address the most important discrepancies and negative influences.

**Discrepancy or Negative Influence****Plan for Addressing Discrepancy or Issue**


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## Health Care Technologies Predisposition Assessment (HCT PA)

A Problem Checklist and Interview Form

By

Marcia J. Scherer, Ph.D., M.P.H., FACRM

We have had a remarkable increase in technological instruments, equipment and other devices in health care. In general, these health care technologies can be classified into three types according to their primary purpose for use:

1. Independence
2. Health maintenance
3. Life support

Patients and health care professionals often have differing views of the role HTC should play in the above three areas. Thus, two major problems for health care practitioners today are:

1. Persons who could benefit from health care technologies (HTCs) but who don't want them or don't use them, and
2. Persons who will not benefit significantly from the use of HTCs but who place high demands on health care providers for their use.

A tremendous challenge is recognizing who falls into which of the above two groups, matching the health problem and the individual with the most appropriate technology, and attempting a balance of objective and subjective perceptions of a person's quality of life.

The Health Care Technologies Predisposition Assessment (HCT PA) may be helpful to health care professionals in understanding the relevant factors influencing the match between a particular person and a health care technology. Five major areas are assessed for their influences on HTC adoption and use.

- Characteristics of the particular *health problem*.
- The most likely *consequence* of HTC use.
- The characteristics of the health care *technology* being considered.
- *Personal* issues of the patient influencing deliberations over the use of a health care technology.
- The *attitude* of the patient's significant others toward the patient's health problem and course of treatment

With information about the above influences, the health care provider will have a broader view of the pertinent issues and will be better able to derive courses of action to pursue in assisting the patient.