



State Assistive Technology Needs Assessment Survey

Overview

Alabama and other States across the country are getting more and better assistive technology products and services to persons that need them. To make this happen, we need to find out from consumers / caregivers, support coordinators / case managers, and service providers to determine the areas of most need. We need your help to do this.

This survey takes about 15 minutes to fill out and the information you provide will help increase the capacity of services provided by the STAR program. Please make sure to fill out all sections and thank you in advance for your assistance.

What is the Purpose of STAR?

The Tech Act mandates that States provide accessibility of tools, resources, and technology that help increase independence, improve personal productivity, and enhance the quality of life for persons with disabilities. Alabama provides this through the STAR program administered by the Alabama Department of Rehabilitation Services (ADRS).

The Tech Act is designed to benefit all persons with disabilities and pays particular attention to the needs of underrepresented groups such as minorities, low income, rural consumers, and persons with limited English proficiency.

What is Assistive Technology?

Assistive Technology is defined as any product or service that helps people with daily living.

1. Examples of Assistive Technology Products Include:

Hearing Aids	Wheelchairs (power or manual)
Ramps	Bathrooms – Grab Bars for Safety
Vehicle Modifications – Transportation	Computer Access – Adaptive Mouse / Keyboard
Low Vision Aids	Workplace Accommodations
Communications Devices – Speech	Adaptive Utensils / Cooking
Adaptive Toys	Environmental Controls
Accessible Appliances	Accessible Tools

2. Examples of Assistive Technology Services Include:

Provide Information of Assistive Tech	Where to Get Assistive Tech
Assistive Technology Assessment	Information About Funding
Repairs and Servicing for Assistive Tech	Device Loaner and Reuse Programs



Section 1 – Technology Products

1. How helpful have you or the person you represent found assistive technology devices in the past year?

Communications Devices (example: an electronic communications device or communications board)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

Mobility Devices (example: crutches, wheelchair, walker, service animal)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

Low Vision Devices (example: screen magnifier, special lighting)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

Low Hearing Devices (example: hearing aids, phone amplifier)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

Reading Devices (example: large print books, electronic books, screen reader)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

Environmental Controls (example: automated lights, thermostat, door lock, video doorbell)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

Recreation Assistive Technology Devices (example: ramp for pool, adaptive sports equipment)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

Personal Care Devices (example: adaptive toilets, large handle brush, reacher)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

Transportation Devices (example: vehicle modifications/ramps/steering accommodations)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot



Workplace Accommodations (example: adaptive desk/chair, adaptive mouse/keyboard)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

School Accommodations (example: computer, large button calculator)

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

Other Accommodations (write in) _____

- Not Used Used Not Helpful Used Helped Some Used Helped A Lot

2. Do you have equipment that might be helpful, but you cannot use it?

- YES NO

If YES, Why? (check all that apply)

- Breaks Down Too Much
 Need Help Using It

Do you have equipment that might be helpful, but you cannot use it? (continued)

- Limited Use or Restrictions
 Other (write in) _____

3. Are there assistive technology devices you need but do not have?

- YES NO

If YES, why do you not have them? (check all that apply)

- Not Sure Exactly What I Need I'm Not Sure How To Pay For It
 I Don't Know Where To Go Other (write in) _____

If YES, what devices do you need?



Please tell us about the usefulness of assistive technology devices you use.

4. What are payment sources for assistive technology you have used?

- I Have Not Identified Any Payment Sources - Need Help
- My Personal Money Alternative Finance Program Family / Friends
- SSI SSDI Non-Profit
- Private Insurance Medicare Medicaid
- Veterans Admin Vocational Rehab School System
- Alabama Department of Mental Health (ID and LAH Waivers)
- Alabama Department of Rehab Services (SAIL Waiver)
- Alabama Department of Senior Services (ACT Waiver)
- Other (write in) _____

Section 2 – Technology Services

5. Did you receive any assistive technology services this past year?

- YES NO

If YES, which ones? (check all that apply)

- General Information About Assistive Technology Assistive Technology Assessment
- Tested Assistive Technology Assistance Ordering
- Assistance Researching Funding Options Training
- Equipment Repair Legal Rights / Benefits Appeal
- Other (write in) _____



6. Tell us about any problems you or the person you represent have had with assistive technology services. (check all that apply)

- Transportation to Vendor or Assistive Technology Library Location
- I Can't Find a Vendor
- Understanding Assistive Technology Professionals (i.e. language barriers)
- Filling Out Paperwork
- Phone Conversations are Difficult
- I Don't Have Access to Internet
- I Was Not Treated with Respect
- I Need Assistance with Advocacy or Legal Matters
- I Don't Know How to Pay for Assistive Technology
- Meeting Other Persons with Disabilities to Share Experiences
- Other (write in) _____

Section 3 – Information About You

7. Who is answering the questions for this survey?

- I am a Person with a Disability
- I am a Caregiver
- I am a Friend of a Person with Disability
- I am a Service Provider
- I Represent a Non-Profit (i.e. Easter Seals, United Cerebral Palsy Chapter)
- Other (write in) _____

8. How old are you?

- Less Than 12 Years Old
- Greater Than Age 18 and Less Than 55 Years Old
- Greater Than 12 Years Old and Age 18 or Less
- Greater Than 55 Years Old



9. Are you employed?

- YES NO

If YES, how many hours per week? (check all that apply)

- Less Than 30 More Than 30

If YES, where are you employed? (check all that apply)

- Business Homemaker
 Workshop Other (write in) _____

10. Are you in school?

- YES NO

If YES, are you in a school with persons with and without disabilities?

- YES NO

11. Do you live in?

- Rural Area or Farm Town (greater than 3,000 and less than 50,000 people)
 Small Town (less than 3,000 people) City (greater than 50,000 people)
 Not Sure

12. What type of residence do you live in?

- Apartment Group Home
 House School Dormitory Other (write in) _____

13. OPTIONAL - What is your race or ethnicity?

- White (Caucasian) African American Native American
 Asian Hispanic Middle Eastern
 Other (write in) _____

14. Do you have any additional information you would like to share?



Thank You!

Thank you for taking the time to complete the STAR program Needs Assessment!

Please email the STAR program Needs Assessment to kevin@mysmartsolutions.com.

Your completed survey will be entered into our drawing to receive a **\$50** gift card from Smart Solutions, an assistive technology vendor.