

Teletherapy Home Environment Survey

Student Name _____ Therapy Schedule _____
 Parent/Guardian Name(s) _____
 Parent/Guardian Phone _____
 Parent/Guardian Email _____
 Emergency Contact _____

Internet/Available Equipment

- Internet access
- Computer/Laptop/Chromebook
- Computer Mouse
- Built-in or external webcam
- Headset w/ microphone
- Earbuds
- Second camera
- AAC device

Identify Support Person

(available to support during therapy sessions)

- Parent/Guardian
- Other family member or adult

Setup (Discuss Options w/ Parent/Guardian)

- Location of computer (Separate room? Quiet corner?)
- Desk/Table
- Lighting
- Other children in home
- Pets/Other environmental factors

Language Support Needed

- Interpreter needed to facilitate computer/tech setup?
- Interpreter needed for ongoing therapy support?

Establishing Level of Client Support Required for Teletherapy

	Independent	Intermittent Support Needed	Constant Support Needed
Following directions			
Verbal response			
Mouse/trackpad use			
Ability to Attend			
Tool Use (pencil, etc.)			
Other:			

Tech Support Plan/Contact:

Notes:
