

Disability Resources Alternate Format Technology Questionnaire

Name: _____ Term: Date: _____

L#: _____ Email Address: _____

Telephone: (home) _____ (cell) _____

OK to leave message identifying caller as Disability Resources: ☐ Yes ☐ No

Preferred Contact: ☐ Phone ☐ Email ☐ Either

Please answer the following questions and electronically submit this form or drop it by Disability Resources. We will begin production work on your materials once this information is received.

1. Your computer is a: ☐ PC ☐ Mac How old is it? _____

2. What operating system are you using? Other: _____

3. Alternate Format materials are typically sent electronically. Do you have Internet Access so you can download files from an internet mailbox drop site? ☐ Yes ☐ No

4. What Alternate Format Accommodations do you utilize?

- ☐ Computer Text
- ☐ Computer Text with Digital Audio
- ☐ Braille

5. If you utilize a digital audio voice on your computer, what SOFTWARE program do you use?

- ☐ Natural Reader: Which version do you have? _____
- ☐ Adobe Reader
- ☐ JAWS
- ☐ Other: _____

6. If you don't have a digital audio voice, do you need information on available programs?

☐ Yes ☐ No

7. If you don't have a computer, have you been referred to Next Step Recycling?

☐ Yes ☐ No Date of referral: _____

8. How would you rate your computer skills on a scale of 1-10, with 10 being excellent?