

Which Assistive Devices Will Be Useful for Me?

Name: _____

Devices I will use
in the future

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Devices I may use
in the future

- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____

Devices I will NOT
use

- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____