

Cognitive Assessment

Individual's Name: _____

	Yes	No	Comments
Can remember new information?			
Can comprehend verbal (spoken) information?			
Can comprehend written information?			
Can perform basic math functions?			
Can communicate understandably?			
Can follow multi-step directions?			
Exhibits good judgment?			
Exhibits organizational skills?			
Exhibits ability to concentrate when noise is present?			
Manages time effectively?			
Other:			

Medical/disability restrictions that would affect this individual's cognitive ability:

Potential Cognitive Adaptations/Recommendations

Evaluations:

Adaptive Equipment:

Cognitive Assessment

Verbal Comprehensive:

Other:

Training:

Remedial Training:

Use of Adaptive Equipment:

Other:

Equipment:

Watch with Reminder Alarm:

Recording Device:

Paper Calendar or Notebook:

Electronic Organizers:

Cognitive Assessment

Voice Output Reminders:

White Noise:

Private Office/Testing Room:

Rest Breaks:

Email or Voicemail:

Electronic Reading Aids:

Electronic Writing Aids:

Other:

EC Name: _____

Date: _____