

**Speech Recognition Software Training Assessment**  
**(Rating Scale)**

Client: \_\_\_\_\_

Date: \_\_\_\_\_

This questionnaire form is used to determine the number of hours generally recommended for training on speech recognition software for persons with disabilities.

After thorough discussion with the client regarding each of the questions & categories below, please rate each client in the categories below on a score of 1-3, or 1-5 as indicated below.

	Score	Out Of
1. Have they used speech recognition software before? <small>(If they have never used it, score a 3. If they have used it successfully before, score a 1. If tried it, score a 2)</small>	___	3
2. What is their general computer experience & background? <small>(If they don't use computers, score a 5. If received formal computer training, score a 1. If self-taught, score a 3)</small>	___	5
3. What is the level of severity of their disability? <small>( If no ability, or almost no ability to use a keyboard or mouse score a 5. If only mild disability, score a 1)</small>	___	5
4. What is the level of sophistication of their expected usage? <small>( If complex use like database entry, score a 5. If only MS Word, score a 1. If several applications, score a 3)</small>	___	5
5. What is their general ability to learn? <small>(If learning new concepts is quick and easy, score a 1. If learning is difficult, score a 3. Otherwise, score a 2)</small>	___	3
6. Rate Enthusiasm & commitment to learn. <small>(If excited to learn speech recognition software, score a 1. If more apprehensive, score a 3. Otherwise, score a 2)</small>	___	3
7. Which version of the software will they need to be using? <small>(If the Preferred Edition or below, score a 0. If the Professional Edition or above, score a 3)</small>	___	3
8. Do they have a noticeable Non-English accent? <small>(If when growing up, they spoke a language other than English at home, score a 3. If raised in Canada or US, score a 1. If English accent is from Great Britain, South Africa, or Australia, score a 2.) <b>NOTE:</b> If accent is severe, speech recognition software <b>may not work</b> for this individual. Please contact us if concerned, a "Test Drive" may be recommended.</small>	___	3
9. Rate ability to speak in clear and continuous sentences. <small>(If any kind of condition that inhibits lung capacity, or hampers ability to speak in full sentences, score a 3.)</small>	___	3
Sub-Total:	_____	_____
	/	33

Please ADD 1 hour for installation/configuration/testing if required. TOTAL: \_\_\_\_\_

Based on the information provided by the client &/or representing agent, I recommend the above indicated training protocol (number of hours) for this client.

“Test Drive” Recommended BEFORE training begins... YES \_\_\_\_, NO \_\_\_\_.

Sincerely,

Richard Anderton  
 RAnderton@talkitup.ca  
 (403) 809-8255

Signed: \_\_\_\_\_

Date: \_\_\_\_\_