

## Everyday Technology Use Chart

Name \_\_\_\_\_

Over a five-day period before our next class, make a list of all of the technological devices you use. Devices include, but are not limited to, things like desktop or lap top computer, telephone, cell phone, elevator or escalator, etc. Complete the chart below by:

1. Identifying approximately how many times you use the device in the five day period,
2. Determining how difficult it would be for a person with a given disability to use the device, (**\*using a scale of 1 to 5 with 1 being no problems and 5 being impossible**), and
3. Determining how difficult it would be to make modifications to the device to improve usability, (**using a scale of 1 to 5 with 1 being easy to change and 5 being impossible**)

Device	Your Usage <small>(Approx how many times in 5 days)</small>	Use without Hearing		Use without Vision		Use without ability to walk		Use without ability to use hands	
		* Difficulty to Use	ε Ease of Modification	* Difficulty to Use	ε Ease of Modification	* Difficulty to Use	ε Ease of Modification	* Difficulty to Use	ε Ease of Modification



