

Assistive Technology Consideration

Student: _____ School: _____

Persons Present: _____ Date: _____

1. Does the student have IEP goals or need accommodations in any of these areas? What tasks do we want the student to do? Check each relevant task below and list in consideration Record:

	Has Goal	Not a Concern	Is a concern	Addressed below	Needs a Goal
a. Acts of Daily Living (ADLS)					
b. Oral Communication					
c. Writing					
d. Listening					
e. Study/Organizational Skills					
f. Math					
g. Spelling					

	Has Goal	Not a Concern	Is a concern	Addressed below	Needs a Goal
h. Mobility, Positioning, & Seating					
i. Reading					
j. Recreation & Leisure					
k. Pre-vocational/Vocational					
l. Computer Access					
m. Environmental Control					
n. Vision					

2. If no areas of concern are noted, consideration is complete. If areas are noted, proceed to 3 & 4.

3. Record currently used strategies or accommodations in Column A. Record currently used assistive technology in Column B. (refer to AT consideration checklists)

4. If technology is needed to help the student perform this skill, to perform in the least restrictive environment, or to perform with less personal assistance, complete Column C. (refer to checklist)

AT Consideration Record

Task (be specific)	A. If currently completes task with special strategies/accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.

Does this student need Assistive Technology support? (Assistive technology support includes additional demonstration, trial use, adapting or modifying the assistive technology, technical assistance on its operation or use, and training of student, staff, or family). Describe what will be provided, the initiation date and duration.

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