

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:

	Not a Concern	Addressed Below		Not a Concern	Addressed Below
a. Activities of Daily Living (ADLs)	<input type="checkbox"/>	<input type="checkbox"/>	h. Math	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication	<input type="checkbox"/>	<input type="checkbox"/>	i. Mechanics of writing	<input type="checkbox"/>	<input type="checkbox"/>
c. Composing written material	<input type="checkbox"/>	<input type="checkbox"/>	j. Mobility	<input type="checkbox"/>	<input type="checkbox"/>
d. Computer access	<input type="checkbox"/>	<input type="checkbox"/>	k. Positioning and seating	<input type="checkbox"/>	<input type="checkbox"/>
e. Environmental control	<input type="checkbox"/>	<input type="checkbox"/>	l. Reading	<input type="checkbox"/>	<input type="checkbox"/>
f. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	m. Recreation & leisure	<input type="checkbox"/>	<input type="checkbox"/>
g. Learning/studying	<input type="checkbox"/>	<input type="checkbox"/>	n. Vision	<input type="checkbox"/>	<input type="checkbox"/>

2. Record currently used strategies or accommodations in Column A. Record currently used assistive technology in Column B.

3. 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.

AT Consideration Record

Task	A. If currently completes task with special strategies/accommodations, describe.	B. If currently complete task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
<p>Does this student need Assistive Technology services? (Assistive technology services include additional evaluation, 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 _____</p> <p>_____</p>			

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

Does this student need Assistive Technology services? (Assistive technology services include additional evaluation, 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 _____

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

Does this student need Assistive Technology services? (Assistive technology services include additional evaluation, 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 _____
