

Assistive Technology Consideration Guide

Student: _____ Grade: _____ School: _____
 Date: _____ Participants: _____

Part I - Does the student have IEP goals that require assistive technology solutions in any of these instructional areas? Check each relevant instructional area.

<input type="checkbox"/> Writing	<input type="checkbox"/> Listening	<input type="checkbox"/> Computer Access
<input type="checkbox"/> Spelling	<input type="checkbox"/> Oral Communication	<input type="checkbox"/> Environmental Controls
<input type="checkbox"/> Reading	<input type="checkbox"/> Activities of Daily Living	<input type="checkbox"/> Other:
<input type="checkbox"/> Math	<input type="checkbox"/> Recreation, Leisure and Adaptive Play	
<input type="checkbox"/> Study/Organizational Skills	<input type="checkbox"/> Positioning, Seating, and Mobility	

Was one or more area identified?

- No – There were no areas identified. - Consideration is complete
 Yes - Areas were identified - Go to Part II
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Does the student have IEP goals or accommodations in the area of reading?

- Does a student with a disability have difficulty reading print based material? Yes No
- Has the IEP team tested the student to determine if they might benefit from print material in alternate formats (Large Print, Braille, Electronic Text, Audio)? Yes No

If yes to one or more of these questions, refer to AIM-VA materials and go to Part II.

Part II – Complete the following chart for each area identified above.

Instructional area and/or task that is difficult for the student	Briefly list strategies, accommodations, or assistive technology <u>currently being used</u> in general education, special education, community, work, and home settings.

Is the student able to complete tasks at his/her ability with any special strategies, accommodations or assistive technology already being used?

- Yes – Current strategies are adequate and documented in student’s IEP. Consideration is complete.
- No – There have been changes in the student’s functional or academic performance, or current strategies are **NOT** adequate and could require new assistive technology or a change in current AT (devices or services) provided – Go to Part III

Part III – Complete the following section.

Describe AT or service to be tried or modified	Responsible person(s)/provider(s)	Trials completed by when:

Complete this section following trial(s):

Was trial(s) successful? (Yes/No) Describe action(s) to be taken	Responsible person(s)/providers(s)	By when:

All assistive technology, including trials, needs to be documented.