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.

[ ]  Writing

[ ]  Spelling

[ ]  Reading

[ ]  Math

[ ]  Study/Organizational Skills

[ ]  Listening

[ ]  Oral Communication

[ ]  Activities of Daily Living

[ ]  Recreation, Leisure and Adaptive Play

[ ]  Positioning, Seating, and Mobility

[ ]  Computer Access

[ ]  Environmental Controls

[ ]  Other:

Was one or more area identified?

[ ]  No – There were no areas identified. - Consideration is complete

[ ]  Yes - Areas were identified - Go to Part II

[ ]  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 **currently being used** in general education, special education, community, work, and home settings. |
| --- | --- |
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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: |
| --- | --- | --- |
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|  |  |  |
|  |  |  |

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: |
| --- | --- | --- |
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***All assistive technology, including trials, needs to be documented.***