

# 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 <b>currently being used</b> 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.**

First Trial		
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)/provider(s)	By when:

<b>Second Trial</b>		
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.*