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	☐ Listening	☐ Computer Access
☐ Spelling	☐ Oral Communication	☐ Environmental Controls
☐ Reading	☐ Activities of Daily Living	☐ Other:
☐ Math	☐ Recreation, Leisure and Adaptive Play	
☐ Study/Organizational Skills	☐ Positioning, Seating, and Mobility	

Was one or more area identified?

☐ No – There were no areas identified. - <u>Consideration is complete</u>

☐ Yes - Areas were identified - <u>Go to Part II</u>

_____

☐ 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.

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:

Second 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)/providers(s)	By when:

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