

### Assistive Technology Consideration Guide for IEP Teams

<b>Student:</b>	<b>Date of birth:</b>	<b>Current Date:</b>
<b>Contact or Location:</b>		
<b>Persons participating in consideration:</b>		

**This student's IEP Team considers the assistive technology needs of this student in accordance with the provisions of the Individuals with Disabilities Education Act. Consideration of this student's possible need for assistive technology is directly related to the implementation of this student's IEP which is directly related to the provision of a free appropriate public education (FAPE).**

1. In the first column, review each domain. Considering this student's IEP, in the second column identify areas of concern and related tasks that this student needs to be able to do, that would be difficult or impossible to do without assistance.
2. **If there are no areas of concern, proceed to Step. #9.**
3. If concerns are identified, place a check in each appropriate box in column 2 and briefly describe the expected task. Document only those tasks relevant to the student's IEP and successful participation in various environments.
4. For each task listed, determine if the student is currently able to complete designated tasks with special strategies, accommodations or modifications. Is the student currently using any assistive technology tools, or has the student used assistive technology tools in the past? If yes, describe in column A.
5. Determine if there are any continuing barriers that the student encounters when attempting a task? If yes, complete column B.
6. Consider whether the use of new or additional assistive technology would: (a) help the student perform this task with more ease or efficiency in the least restrictive environment, or (b) perform the task successfully with less personal assistance. If yes, indicate in column C.
7. If members of the IEP team are not familiar with assistive technology tools that could address remaining barriers or need additional assistance, indicate in column C that further investigation is necessary in this area.
8. Use the information that has been entered while completing Steps 1 through 6 to complete #9.

Domains relating to the Student's IEP.	<b>Consider all environments in which the IEP is to be implemented.</b>			
	Area of Concern / Task	A) Describe the special strategies, accommodations, and tools that are currently being used to remove barriers to the task for this student.	B) Are there continuing barriers that the student encounters when attempting this task? If so, describe.	C) Describe new or additional assistive technology to be tried, or indicate a need for further investigation. Consult AT specialist.
<b>Physical:</b> Vision, hearing, health, motor abilities, speech mechanism	<input type="checkbox"/> Vision			
	<input type="checkbox"/> Hearing			

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	<input type="checkbox"/> Positioning / Seating			
	<input type="checkbox"/> Mobility			
	<input type="checkbox"/> Mechanics of Writing			
	<input type="checkbox"/> Computer Access			
<b>Communication:</b> Speech sound production and use, receptive and expressive language, voice, fluency, augmentative and alternative communication.	<input type="checkbox"/> Communication			
<b>Cognitive:</b> An appraisal of aptitude and mental processes by which an individual applies knowledge, thinks and solves problems.	<input type="checkbox"/> Learning and Studying			
<b>Social Competence:</b> Adaptive behaviors and social skills which enable a child or youth to meet environmental demands and to assume responsibility for his own and other's welfare.	<input type="checkbox"/>			
<b>Academic Performance:</b> Basic and content reading; Reading comprehension; Mathematics calculation, reasoning and application; cont.	<input type="checkbox"/> Reading			

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<b>Academic Performance continued:</b> Written expression; Oral expression; Listening comprehension; Learning preference; learning style, strategies; Effect of the disability on acquisition, development, mastery and applications of academic skills.	<input type="checkbox"/> Math			
	<input type="checkbox"/> Composing Written Material			
<b>Vocational Functioning:</b> General work behaviors; Following directions; Working independently or with job supports; Job preferences or interests; Dexterity; Abilities; Interpersonal relationships and socialization; Related work skills.	<input type="checkbox"/>			
<b>Recreation / Leisure functioning:</b> Free time, maintenance of physical fitness, use of generic community recreation facilities and resources and degree of social involvement.	<input type="checkbox"/>			
<b>Environmental functioning:</b> Relationship with family; Relationship with peers; Family's dominant language; Cultural influences; Expectations of the parents for the child or youth in the home, school, and community environments; Services received in the community; Economic influences.	<input type="checkbox"/> Activities of Daily Living (ADLs)			
	<input type="checkbox"/> Environmental Control			

9. SUMMARY OF THE CONSIDERATION of this student's possible need for assistive technology services. If the IEP team has determined that a need exists, describe what will be provided (more specific assessment of need for assistive technology; existing tools, adaptation or modification of existing tools; additional tools; technical assistance on device operation or use, or training of student, staff, or family).

Consideration Summary	Agree. Describe.	Disagree. Describe.	
Student's needs are currently being met. Assistive technology is not necessary at this time.			
Assistive technology devices / services are required by this student and will be used for designated tasks in customary instructional environments. (Specify in the IEP)			
Assistive technology devices / services are of potential benefit to the student and will be included in extended trials. (Specify in the IEP)			
Further investigation / assessment is necessary to determine what assistive technology devices and services may be required. (Specify in the IEP)			
<b>List AT devices and services to be provided. Include those currently used successfully, and those to be tried or added.</b>	<b>Responsible Parties</b>	<b>Initiation</b>	<b>Duration</b>

**NOTES:**