

Directions: Use this form to consider the need for assistive technology (AT). If a child requires AT, document AT needs on the instructional pages of the IEP.

Note: Use a different page for each area identified in Part I.

Part I. Identify any area that is keeping the student from accomplishing IEP goals that reflect his/her abilities, or identify any area where the student is already using AT. _____			Was one or more areas identified?
<input type="checkbox"/> A. <u>Motor Aspects of Writing</u> <input type="checkbox"/> B. <u>Computer Access</u> <input type="checkbox"/> C. <u>Composing Written Material</u> <input type="checkbox"/> D. <u>Communication</u> <input type="checkbox"/> E. <u>Reading</u>	<input type="checkbox"/> F. <u>Learning/Studying</u> <input type="checkbox"/> G. <u>Math</u> <input type="checkbox"/> H. <u>Recreation</u> <input type="checkbox"/> I. <u>Activities of Daily Living</u> <input type="checkbox"/> J. <u>Mobility</u>	<input type="checkbox"/> K. <u>Environmental Control</u> <input type="checkbox"/> L. <u>Positioning and Seating</u> <input type="checkbox"/> M. <u>Vision</u> <input type="checkbox"/> N. <u>Hearing</u> <input type="checkbox"/> O. <u>Other:</u> _____	<input type="checkbox"/> Yes - Go to Part II <input type="checkbox"/> No - Consideration is complete.
Part II. List the area(s) identified in Part I. Specify the task(s) the student is unable to do and the environment where that task takes place. _____		Briefly list or describe any special strategies, accommodations or technology already being used. _____	Is the student able to complete tasks at his/her ability with any special strategies, accommodation or technology already being used?
AREA:			<input type="checkbox"/> Yes - The student's current use of AT is adequate Consideration is complete. Document current use of AT on the IEP. <input type="checkbox"/> No - Go to Part III
Task:			
Environment			
Part III Select on of the following and proceed as described.			
<input type="checkbox"/> AT is required. The IEP team knows that nature and extent of the AT devices/services needed. Recommendation (including devices, services, and instructions): DO NOT LIST EQUIPMENT BY BRAND NAME _____ _____ _____ _____			
<input type="checkbox"/> AT may be required. The IEP team determines that additional information is needed and will conduct additional AT screening by _____ (date). Complete the Parental Consent Form and the Referral Form (see Appendix) and send to Pupil Appraisal.			