

Assistive Technology Consideration Guide

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| Name: | Date of birth: | Current Date: |
| Contact or Location: | | |
| Persons participating in consideration: | | |

1. Review each area below and mark any areas in which there are concerns about the student's ability to function as independently as possible in that area
2. Review the goals and objectives of the IEP and the general curriculum to determine if any functional limitations are likely to impede progress.

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| Physical: (health, motor abilities, seating, positioning) | Academic Performance: Basic and content reading; Reading comprehension; Mathematics calculation, reasoning and application; Written expression; Oral expression; Listening comprehension; Learning preference; learning style, strategies; Effect of the disability on acquisition, development, mastery and applications of academic skills. | Vocational Performance: General work behaviors; Following directions; Working independently or with job supports; Job preferences or interests; Dexterity; Abilities; Interpersonal relationships and socialization; Related work skills. |
| Sensory: (Vision, hearing, sensitivity to/of touch) | | |
| Communication: Speech sound production and use, receptive and expressive language, voice, fluency, augmentative and alternative communication | Environmental Control: Ability to control events within the environment; Ability to interact with others to influence actions of others | Recreation / Leisure: Free time, maintenance of physical fitness, use of generic community recreation facilities and resources and degree of social involvement. |
| Cognitive: An appraisal of aptitude and mental processes by which an individual applies knowledge, thinks and solves problems. | Social Competence: 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. | Other: |

3. **If there are no areas of concern, proceed to Step. #9.**
4. Enter each marked area into a box in the first column of the grid below, along with the specific functions that are of concern (see table above for examples)
5. If there are areas of concern, write the SPECIFIC tasks related to progress in that area that this student needs to be able to do or learn to do that currently would be difficult or impossible to do as independently as possible.
6. For each task listed, determine how barriers to doing those tasks are currently addressed (special strategies? accommodations? modifications? assistive technology?). Enter this information in Column A
7. Determine if there are any continuing barriers encountered when attempting identified task? If yes, complete Column B.
8. Consider whether the use of new or additional assistive technology would: (a) enable performance of this task with more accuracy, efficiency, ease, or in a less restrictive environment, or (b) perform the task successfully with less personal assistance. If yes, indicate in column C.
9. If team members 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 and document when and how that investigation will take place. (observation? consultation? evaluation? trials?)
10. **Analyze the information that has been entered in the previous steps, then complete the Summary of Consideration to reflect the results of the analysis.**

| Area(s) in which functional capabilities are currently of concern (Enter only one on each line. Use additional sheet for more areas of concern.) | Consider functioning in all customary environments. | | | |
|--|---|---|--|--|
| | Identify specific tasks in this area that are difficult or impossible at this time at the expected level of independence. | A) Describe the special strategies, accommodations, and tools that are currently being used to lower barriers to this task. | B) Describe any continuing barriers encountered when attempting this task? | C) Describe new or additional assistive technology to be tried to address continuing barriers, or indicate a need for further investigation. |
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SUMMARY OF CONSIDERATION of possible need for assistive technology services. If the 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, training of student, staff, or family, etc.).

| Decision | Summary of Consideration | | |
|---|---|------------|----------|
| | Needs are currently being met without assistive technology. It is anticipated that current goals can be worked toward without assistive technology devices or services. AT is not required at this time. | | |
| | It is anticipated that adequate progress cannot be made without the support of assistive technology. Assistive technology devices /services are required by this student and will be used for designated tasks in customary environments. (Specify nature and duration in an implementation plan) | | |
| | Further investigation / assessment is necessary to determine if or what assistive technology devices and services may be required. (Specify nature and timeline of investigation in a detailed plan) | | |
| List AT devices and services to be provided. Include those currently used and those to be tried or added. | Responsible Parties | Initiation | Duration |
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