Assistive Technology Consideration Guide

This document is to be used to help determine if Assistive Technology is needed for students who are being served under an IEP.

Student Name: ___________________________      Grade:_____       Date:_______________

What task(s) does the student need to do that may be impeding/hindering progress?
__________________________________________
__________________________________________
__________________________________________
__________________________________________

AT allows a student to overcome a difficult skill/performance area so that the student can increase performance on higher level tasks and activities. AT may serve as tool used as part of an accommodation.

For each special education student, the IEP team must consider whether the child requires assistive technology devices and services. "Assistive technology devices means any item, piece of equipment, or product that is used to increase, maintain, or improve functional capabilities with disabilities." The range of assistive technology devices is quite wide. Many devices may be identified and provided by the IEP team and/or classroom staff. Devices requiring a high degree of individualization or specialized training on the part of staff should only be recommended following a formal assistive technology evaluation.

In other words, does this student need AT to:

• Navigate/access the school environment?
• Communicate?
• Hear?
• Participate socially?
• Physically access print materials?
• Decode/comprehend print materials?
• Produce written material?
• Access the computer?
• Do math work?
• Organize and study?
• Take state and local tests?
• Participate in recreation/physical education?
• Participate in student activities?
• Support vocational interests, work skills?

With regard to the difficult tasks noted above, would the addition of AT potentially allow the student to have greater access to the curriculum/participation across his/her learning environments?

☐ YES
☐ NO
☐ Not Sure: Explain: __________________________________________________

Do we as a team need more information in order to determine the AT needs of the student?
☐ YES
☐ NO
☐ Not Sure: Explain: __________________________________________________

Summary:
☐ AT considered but not necessary at this time (document AT is not needed on IEP)
☐ Student is using AT and needs are being met. (document AT need and use in IEP)
☐ Student using AT, but has additional needs. (document and follow District referral policy)
☐ Not using AT, but may benefit. (document and follow District referral policy)
☐ Further information/assistance is needed to determine AT needs. (document and follow District referral policy)
☐ Other _____________________________________________________________