**ASSISITIVE TECHNOLOGY CONSIDERATION**

|  |  |
| --- | --- |
| Student: | School: |
| Case Manager: | Date: |

*Does the student have IEP goals or need accommodations in any of these areas? What tasks do we want the students to do? Check each of the relevant tasks below and list in Consideration Record*:

**Not a Addressed Not a Addressed**

**Concern Below Concern Below**

Hearing 🗆 🗆 Reading 🗆 🗆

Vision 🗆 🗆 Mechanics of writing 🗆 🗆

Communication 🗆 🗆 Composing written material 🗆 🗆

Mobility 🗆 🗆 Computer Access 🗆 🗆

Positioning and Seating 🗆 🗆 Math 🗆 🗆

Activities of Daily Living 🗆 🗆 Learning/Studying 🗆 🗆

Recreation & Leisure 🗆 🗆 Other: 🗆 🗆

*If no areas of concern are noted, consideration is complete. If areas are noted proceed to chart below:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructional or Access Areas** | **Independent with Standard Classroom Tools** | **Completes tasks with accommodations/modifications and/or AT solutions currently in place** | | **Additional Consultation Needed** |
| Accommodations &  Modifications | Assistive Technology Solutions |
| *Example: what the student struggles with*  *WRITING* | *Example: What is available to all students*  *SCRIBE, COMPUTERS, I-PADS* | *Example:*  *Notes, scribe, extended time for written work, alpha smart* | *Dragon Dictate*  *Alpha Smart* | *Example: what more do you need, questions have?*  *WILL CONSULT WITH AT COORDINATOR (Beth Erickson) ABOUT POSSIBLE SMART PEN USE* |
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| *Example: what the student struggles with*  *WRITING* | *Example: What is available to all students*  *SCRIBE, COMPUTERS, I-PADS* | *Example:*  *Notes, scribe, extended time for written work, alpha smart* | *Dragon Dictate*  *Alpha Smart* | *Example: what more do you need, questions have?*  *WILL CONSULT WITH AT COORDINATOR (Beth Erickson) ABOUT POSSIBLE SMART PEN USE* |
|  |  |  |  |  |

🗆 Student independently accomplishes tasks in all instructional areas using standard classroom tools. NO ASSISTYIVE TECHNOLOGY is required.

🗆 Student accomplishes tasks in all instructional areas with accommodations and modifications. NO ASSISTYIVE TECHNOLOGY is required.

🗆 Student accomplishes tasks in all instructional areas with currently available assistive technology. ASSISTIVE TECHNOLOGY IS REQUIRED.

🗆 Student does not accomplish tasks in all instructional areas with currently available assistive technology. Required assistive technology devices are known. ASSISTIVE TECHNOLOGY IS REQUIRED.

🗆 Student does not accomplish tasks in all instructional areas. Appropriate technology solutions are not known to the IEp team. Obtain additional assistance through consultation or refer for an assistive technology evaluation.

Consideration checklist completed by: Position Date

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*Put copy of this form in the case managers working file*