Assistive Technology Consideration Checklist

Student: _____ **School:** _____ **Date**: _____

DIRECTIONS

1. Please check (✔) the instructional or access areas in which the student is experiencing difficulty completing instructional tasks and/or meetings goals, benchmarks, or objectives. Record each of the checked areas in Column A of the boxes below (one area per box).

☐ Writing	☐ Spelling	☐ Reading	☐ Math
☐ Study/Organizational Skills	☐ Listening	☐ Oral Communication	☐ Seating/Positioning/Mobility
☐ Daily Living Activities	☐ Recreation and Leisure	☐ Pre-vocational and Vocational	☐ Other Specify: _____

2. Specify all relevant tasks (e.g. copying notes from board, responding to teacher questions, etc.) within each area in the space provided. Check the settings in which the task is required: GEC: General Education Classroom SEC: Special Education Classroom COM: Community HOM: Home.
3. In Column B, specify the standard classroom tools (low technology to high technology) used by the student to complete relevant tasks identified in Column A. Place a check (✔) in the appropriate box in Column B regarding independence or lack of independence with the identified tasks using standard classroom tools. For areas in which the student can complete the tasks independently with standard classroom tools, it will not be necessary to complete Columns C-D.
4. In Column C, specify the accommodations/modifications and assistive technology solutions that are currently being utilized. Place a check (✔) in the appropriate box in Column B regarding independence or lack of independence with the identified tasks using the identified accommodations/modifications and assistive technology solutions.
5. Complete Column D if the student cannot adequately complete the task with accommodations/modifications and assistive technology solutions specified in column C.

A. Instructional or Access Areas	B. Independent with Standard Classroom Tools	C. Completes Tasks with Accommodations/Modifications and/or Assistive Technology Solutions Currently in Place		D. Additional Solutions/Services Considered including Assistive Technology
		Accommodations/ Modifications	Assistive Technology Solutions	
☐GEC ☐SEC ☐COM ☐HOM	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	
☐GEC ☐SEC ☐COM ☐HOM	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	

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		Accommodations/ Modifications	Assistive Technology Solutions	
☐GEC ☐SEC ☐COM ☐HOM	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	
☐GEC ☐SEC ☐COM ☐HOM	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	
☐GEC ☐SEC ☐COM ☐HOM	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	☐ Independent ☐ Not Independent	

Consideration Outcomes:

☐ Student independently accomplishes tasks in all instructional areas using standard classroom tools. No assistive technology is required.
☐ Student accomplishes tasks in all instructional areas with accommodations and modifications. No assistive 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. Required assistive technology devices are known. Assistive technology is required.
☐ Student does not accomplish tasks in all instructional areas. Appropriate assistive technology solutions are not known to the IEP team. Obtain additional assistance through consultation or refer for an assistive technology evaluation.

Specify any assistive technology services required by this student: _____

Name	Position	Name	Position

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