BRUNSWICK COUNTY SCHOOLS
A.T. CONSIDERATION GUIDE

GENERAL INFORMATION:			
Student:	School:	DATE:	
Case Manager:		Grade:	Age:

AREA(s) OF CONCERN: Considering the student's disability, mark the area(s) in which tasks are currently difficult, or impossible, for the student to complete **WITHOUT INDIVIDUALLY TARGETED LOW or HIGH TECH ASSISTANCE** (***The need should also be stated in either the Present Level or the IEP goals)

☐ **Written Product**
(Includes letter & number formation, use of lines & spacing, recording notes from lectures/board/overheads, aligning numbers for math calculations, completion of forms, etc.)

☐ **Written Composition**
(Includes forming written responses to fill-in-the-blank or open-ended questions, completing multi-paragraph tasks, journals, etc.)

☐ **Physical**
(Includes mobility & positioning – moving through classroom/school, maintaining appropriate seating/positioning for participation in activities)

☐ **Computer Access**
(*Includes screen & font size, and use of the mouse and keyboard)*

☐ **Study/Organizational Skills**
(This includes copying & remembering assignments, organizing materials, finding place in textbooks, completing work within timelines, following schedules, etc.)

☐ **Recreation / Leisure**
(Includes operation of leisure equipment & appliances, participating in play activities, looking at books, listening to music, etc.)

☐ **Communication**
(Includes expressing wants/needs, gaining attention, requesting, participating, responding, providing information, AND/OR understanding verbal directions, vocabulary, questions, etc.)

☐ **Academics**
- ☐ ***Math*** – *(includes calculations, # identification, time & money, etc.)*
- ☐ ***Reading*** – *(includes letter/sound/word recognition, reading with comprehension, response to literal/inferential questions)*
- ☐ ***Spelling*** – *(Spelling words orally, completing written tasks w/correct spelling, locating words in dictionary, identify/correct spelling errors*

☐ **Sensory**
- ☐ ***Hearing***
- ☐ ***Vision***

☐ **Other:**

If NO areas of concern are marked above, please indicate NO CONCERNS below. Place completed form in student's file with the IEP.

If concerns are noted above, please indicate that there are AREAS OF CONCERN and complete PAGE 2 (and additional pages, if necessary), and indicate the team's decision regarding the need for assistive technology devices or services on PAGE 2.

	NO CONCERNS at this time. Student's needs can be met WITHOUT the use of individually targeted assistive technology devices or services.
	AREAS OF CONCERN identified. See Page 2 for more information and decision regarding assistive technology devices or services.

 [Adapted from Georgia AT Project (GPAT), Wisconsin AT Initiative (WATI), Kentucky AT Guidelines, the SETT Framework, and Denham & Zabala(1999)]

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ENVIRONMENT - TASKS - TOOLS				
Area of concern as identified on PAGE 1.	Briefly describe tasks/goals that are difficult or impossible at this time WITHOUT assistance.	A) Describe the special strategies, accommodations, and tools that are currently being used to address concerns	B) Are the current strategies adequate for the student to make progress?	C) Describe new or additional assistive technology to be tried OR, indicate the need for further investigation.

Decision	Summary of Consideration:
	Needs are currently being met without assistive technology. It is anticipated that the 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. (Specify nature & duration below)
	Further investigation/assessment is necessary to determine if, or what, assistive technology devices or services may be needed. (Specify nature & timeline of investigation below)

List ALL AT devices/services to be provided. Include those currently being used, and those to be tried or added.	Responsible Person		Date of Initiation	Duration
	Provide	Implement		