

Assistive Technology Consideration Checklist

Student: _____ **School:** _____

DIRECTIONS

1. Complete the student information section below to provide information on the student's needs, abilities, and difficulties as well as environments and barriers to success.
2. Please check (✓) the instructional or access areas in Column A that are appropriate for the student. Please leave blank any areas that are not relevant to the student. 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 boxes in Column B if the student is able to independently complete the tasks with standard classroom tools. For areas in which the student can complete the tasks independently, 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 boxes in Column C if the student can adequately complete the tasks specified in Column A using the identified accommodations/modifications and assistive technology solutions.
5. Complete Column D if the student can not adequately complete the task with accommodations/modifications and assistive technology solutions specified in column C.

Student needs, abilities, and difficulties: _____

Student environments:
 _____ General Education Classroom (List all classes): _____
 _____ Special Education Classroom (List all classes): _____
 _____ Community (List all settings): _____
 _____ Home: _____

Barriers to student performances and achievement: _____

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 Needed Including Assistive Technology
		Accommodations/Modifications	Assistive Technology Solutions	
<input type="checkbox"/> Writing <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Needed Including Assistive Technology
		Accommodations/Modifications	Assistive Technology Solutions	
<input type="checkbox"/> Spelling <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Reading <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Math <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Study/Organizational Skills <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Listening <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Oral Communication <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Needed Including Assistive Technology
		Accommodations/Modifications	Assistive Technology Solutions	
<input type="checkbox"/> Aids to Daily Living <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Recreation and Leisure <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pre-vocational/Vocational <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Seating, Positioning, and Mobility <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other Specify: <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 access areas. Additional solutions including assistive technology may be required.

Specify any assistive technology services required by this student. _____

Consideration Checklist Completed by:

Position:

Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

revised 2/12/03