# Assistive Technology Considerations Guide

Student:

Grade:

School:

Date:

Participants:

## Part I

**Does the student have IEP goals that require/may require assistive technology solutions in any of these instructional areas? Check each relevant area.**

Writing

Spelling

Reading

Math

Study/Organizational Skills

Listening

Oral Communication

Activities of Daily Living

Recreation, Leisure, Adaptive

Play

Positioning, Seating, Mobility

Computer Access

Environmental Controls

Other:

**Was one or more area identified?**

* **No** – There were no areas identified  **If the team selects ‘no’, consideration is complete.**
* **Yes** – Areas were identified  **If the team selects ‘yes’, continue to Part II.**

## Part II

**Accessible Instructional Materials**

Does the student benefit from accessible versions of printed educational materials?

* Yes  No

Does the student benefit from alternate reading supports (e.g., read aloud, text-to-speech, large print, braille, accessible text)?

* Yes  No

**If the team answered yes to either question, the student may benefit from accessible instructional materials (AIM).**  **The student may access AIM-VA materials after** **a division-appointed competent authority confirms the student as having a *Print Disability* due to one of the following:** **Low Vision/Blindness, Physical Disabilities, or other Disabilities.**

[**Superintendent’s Memo #055-18**](http://www.doe.virginia.gov/administrators/superintendents_memos/2018/055-18.shtml)

## Part III

**Complete the following questions for each area identified above.**

1. Instructional area and/or task that is difficult for the student:

* Briefly list strategies, accommodations, or assistive technology currently being used in general education, special education, community, work, and home settings.

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**Is the student able to complete tasks at his/her ability with any special strategies, accommodations or assistive technology already being used?**

* Yes, current strategies are adequate and documented in student’s IEP.  **If yes is selected, consideration is complete.**
* No. There have been changes in the student’s functional or academic performance, or current strategies are **NOT** adequate and could require new assistive technology or a change in current AT (devices or services) provided  **If no is selected, go to Part IV**

## Part IV

**Complete the following section.**

1. Describe AT devices or services to be tried or modified.

* Responsible person(s) or provider(s):
* Trials completed by (date):

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* Responsible person(s) or provider(s):
* Trials completed by (date):

**Complete this section following trial(s):**

1. Was trial(s) successful? Yes  No  Describe action(s) to be taken:

* Responsible person(s) or provider:
* By when:

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* Responsible person(s) or provider:
* By when:

***All assistive technology (devices and services), including trials, needs to be documented.***

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