Assistive Technology Consideration 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 instructional area.

[ ]  Writing

[ ]  Spelling

[ ]  Reading

[ ]  Math

[ ]  Study/Organizational Skills

[ ]  Listening

[ ]  Oral Communication

[ ]  Activities of Daily Living

[ ]  Recreation, Leisure and Adaptive Play

[ ]  Positioning, Seating, and Mobility

[ ] Computer Access

[ ]  Environmental Controls

[ ]  Other:

Was one or more area identified?

[ ]  No – There were no areas identified. - **Consideration is complete**

[ ]  Yes - Areas were identified - **Go 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 [ ]  Yes [ ]  No
(e.g., read aloud, text-to-speech, large print, braille, accessible text)?

**If the team answered yes to either question, the student may benefit from accessible instructional material (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)

**Go to Part III**

# Part III – Complete the following chart for each area identified above.

| 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. |
| --- | --- |
|  |  |
|  |  |
|  |  |

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. **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 – **Go to Part IV**

# Part IV – Complete the following section.

| Describe AT devices or services to be tried or modified | Responsible person(s)/provider(s) | Trials completed by when: |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Complete this section following trial(s):

| Was trial(s) successful? (Yes/No) Describe action(s) to be taken | Responsible person(s)/providers(s) | By when: |
| --- | --- | --- |
|  |  |  |
|  |  |  |

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