

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

This Assistive Technology Consideration Process Guide is a companion document that will assist IEP teams in considering the need for assistive technology for each student with a disability. Please refer to the Resource Guide for examples of instructional tasks and possible solutions to document within this Consideration Process Guide.

**Directions for completing this Consideration Process Guide:**

1. Using the student’s present levels of performance, in which general area(s) does the student experience difficulty completing instructional tasks?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Writing/Written Composition                                    | <input type="checkbox"/> Spelling               | <input type="checkbox"/> Reading                       | <input type="checkbox"/> Math                             |
| <input type="checkbox"/> Study/Organizational Skills                                    | <input type="checkbox"/> Hearing/Listening      | <input type="checkbox"/> Oral Communication/Language   | <input type="checkbox"/> Seating / Positioning / Mobility |
| <input type="checkbox"/> Activities of Daily Living                                     | <input type="checkbox"/> Recreation and Leisure | <input type="checkbox"/> Pre-vocational and Vocational | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> No areas are identified. No further consideration is required. |   |  |   |

2. **Column A:** List one area with one instructional task per row, such as Writing/Copying notes from board. Check the location(s) where the student needs to complete the task.

**Complete columns B-E on each row until it is determined that the student completes the task independently, then stop.**

3. **Column B:** List the standard classroom material currently used by the student to complete the task.  
 4. **Column C:** List the accommodations, modifications and/or strategies currently used by the student to complete the task.  
 5. **Column D:** List the assistive technology solution(s) currently used by the student to complete the task.  
 6. **Column E:** List other possible solutions the IEP team has identified (accommodations, modifications, strategies, AT devices and/or services).

A. Area and Instructional Task(s)	B. Standard Classroom Materials	C. Accommodations/ Modifications/Strategies	D. Assistive Technology Solutions	E. Other Possible Solutions (Accommodations, Strategies, Assistive Technology Devices and/or Services)
<input type="checkbox"/> School <input type="checkbox"/> Home/Community	If not independent, continue to C →	If not independent, continue to D →	If not independent, continue to E →	
<input type="checkbox"/> School <input type="checkbox"/> Home/Community	If not independent, continue to C →	If not independent, continue to D →	If not independent, continue to E →	
<input type="checkbox"/> School <input type="checkbox"/> Home/Community	If not independent, continue to C →	If not independent, continue to D →	If not independent, continue to E →	

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<input type="checkbox"/> School <input type="checkbox"/> Home/Community	If not independent, continue to C →	If not independent, continue to D →	If not independent, continue to E →	

**Consideration Outcomes:**

- No, assistive technology is not required. The student independently accomplishes instructional tasks in all general areas using:
  - Classroom Materials
  - Accommodations
  - Modifications
- Yes, assistive technology (devices and/or services) is required.
  - AT is required and the IEP team knows the nature and extent of the AT devices and services needed.
  - IEP Team needs additional information (i.e., observation, trial use, consult with specialist, evaluation)

Completed by (include name and position):

Name	Position	Name	Position