

Date: _____ Team Members (names/titles): _____
 Student: _____ School/Grade: _____
 AT Contact/Case Manager with email: _____

AT Consideration: Select the instructional or access areas in which the student is experiencing difficulty completing daily tasks, goals, and/or benchmarks.			
Y N Written Expression	Y N Spelling	Y N Reading	Y N Math
Y N Study/Organizational Skills	Y N Listening	Y N Communication	Y N Seating/Positioning
Y N Daily Living Activities	Y N Recreation and Leisure	Y N Vision	Y N Mobility
Y N Environmental Control	Y N Hearing	Y N Pre-Vocational/Vocational	Y N Other – Specify: Social

Identify related IEP goal(s): _____

Conclusion: Circle one of the three boxes			
Student's needs are being met WITHOUT assistive technology – “considered but not needed” on IEP	Student's needs are being met WITH current assistive technology – List items and related/ support services below	Concerns continue to exist – Further AT trials or exploration are necessary – See below	AT needs have not been determined, assessment and consideration will be initiated

STUDENT: What are the student's needs, abilities, interests, concerns?	ENVIRONMENT: Classes, locations, situations physical arrangement where help is needed.	TASKS: What are the tasks and their critical elements that the student needs to be able to accomplish (specialized daily tasks, goals, or benchmarks)	TOOLS: (*Complete This Column Last) What AT tools or services will address these tasks within the customary environments?

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SETT Tool Prioritization

Establish Target Tools, Availability and Training Needs

TOOL/STRATEGY to be Tried	Initial Date	follow-up with data	follow-up with data	Who To Implement	For Which Task	Where

TOOL Training Plan	TOOL AVAILABILITY			Training, planning, coordination (Prior to implementation- who will train/coordinate)		
Tool	Available within environment	Available through special education	Need to be acquired – from where?	Train the STAFF Trainer/date	Train the STUDENT Trainer/date	Train the FAMILY Trainer/date

Summary and Notes: