

Thomas County Assistive Technology: Consideration Guide

Student _____ Birthdate _____ School _____ Date _____

IEP teams may use this form to guide discussion when considering whether Assistive Technology devices and services may be necessary for the student to make progress in IEP goals and curricular tasks.

A. Instructional Area	B. Completes Tasks with Accommodations/Modifications and/or Assistive Technology (AT)		C. Consideration Outcomes – Document outcome in the IEP
<input type="checkbox"/> Initial IEP <input type="checkbox"/> Annual IEP Based on the student's previous performance or IEP goals and objectives, check the curricular area(s) or tasks in which the student is not making adequate progress. <input type="checkbox"/> Reading <input type="checkbox"/> Written Expression <input type="checkbox"/> Handwriting <input type="checkbox"/> Computer Access <input type="checkbox"/> Oral Communication <input type="checkbox"/> Organization and Planning <input type="checkbox"/> Math <input type="checkbox"/> ADL <input type="checkbox"/> Behavior <input type="checkbox"/> Transition <input type="checkbox"/> Other _____ Move to column B I <input type="checkbox"/> <input type="checkbox"/> Student is making adequate progress with current accommodations, Move to column C <input type="checkbox"/>	B I. Since the last IEP, what Accommodations/Modifications have been tried? List: 1) 2) 3) Results of above: 1) 2) 3) Circle Accommodations and Modifications that are currently used. <input type="checkbox"/> Student is not making adequate progress with current accommodations/modifications. List other Accommodations and Modifications to explore: <input type="checkbox"/> No Accommodations and Modifications have been tried. Move to column B II <input type="checkbox"/>	B II. Since the last IEP, what Assistive Technology has been tried? (Include length of time it was tried) Results of AT: Circle the AT that is currently used. <input type="checkbox"/> Student is not making adequate progress with current AT. <input type="checkbox"/> No AT has been tried. List other AT to explore: Move to column C <input type="checkbox"/>	<input type="checkbox"/> Student independently accomplishes tasks in all instructional areas with current accommodations and modifications. No assistive technology is needed at this time. <input type="checkbox"/> Student accomplishes tasks in all instructional areas with currently used assistive technology. Assistive technology is needed. <input type="checkbox"/> Student does not accomplish tasks in all instructional areas. Additional solutions including Assistive Technology may be needed. <u>The IEP team will identify and trial devices/programs.</u> <input type="checkbox"/> Student does not accomplish tasks in all instructional areas. Additional solutions including Assistive Technology may be needed. <u>An AT evaluation will be requested. Use AT Request Form (Form F-)</u>