

Assistive Technology Consideration Checklist

Student: _____

School: _____

DIRECTIONS

1. Complete the student information section below to provide information on the student's needs, abilities, and difficulties as well as environments and barriers to success.
2. Please check (✓) the instructional or access areas in Column A that are appropriate for the student. Please leave blank any areas that are not relevant to the student. Specify all relevant tasks (e.g. copying notes from board, responding to teacher questions, etc.) within each area in the space provided. Check the settings in which the task is required: GEC: General Education Classroom SEC: Special Education Classroom COM: Community HOM: Home.
3. In Column B, specify the standard classroom tools (low technology to high technology) used by the student to complete relevant tasks identified in Column A. Place a check (✓) in the boxes in Column B if the student is able to independently complete the tasks with standard classroom tools. For areas in which the student can complete the tasks independently, it will not be necessary to complete Columns C-D.
4. In Column C, specify the accommodations/modifications and assistive technology solutions that are currently being utilized. Place a check (✓) in the boxes in Column C if the student can adequately complete the tasks specified in Column A using the identified accommodations/modifications and assistive technology solutions.
5. Complete Column D if the student can not adequately complete the task with accommodations/modifications and assistive technology solutions specified in column C.

Student needs, abilities, and difficulties: _____

Student environments:

___ General Education Classroom (List all classes): _____

___ Special Education Classroom (List all classes): _____

___ Community (List all settings): _____

___ Home: _____

Barriers to student performance and achievement: _____

A. Instructional or Access Areas	B. Independent with Standard Classroom Tools	C. Completes Tasks with Accommodations/Modifications and/or Assistive Technology Solutions Currently in Place		D. Additional Solutions/Services Needed Including Assistive Technology
		Accommodations/Modifications	Assistive Technology Solutions	
<input type="checkbox"/> Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		Accommodations/Modifications	Assistive Technology Solutions	
<input type="checkbox"/> Spelling <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Reading <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Math <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Study/Organizational Skills <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Listening <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM				
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		Accommodations/Modifications	Assistive Technology Solutions	
<input type="checkbox"/> Oral Communication <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Aids to Daily Living <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Recreation and Leisure <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pre-vocational/Vocational <input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Seating, Positioning, and Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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