

Wisconsin Assistive Technology Initiative  
Assistive Technology Consideration Guide

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

1. What task is it that we want this student to do, that s/he is unable to do at a level that reflects his/her skills/abilities (writing, reading, communicating, seeing, hearing)? Document by checking each relevant task below. Please leave blank any tasks which are not relevant to the student's IEP.
2. Is the student currently able to complete tasks with special strategies or accommodations, if yes, describe in column A for each checked task.
3. Is there available assistive technology (either devices, tools, hardware, or software) that could be used to address this task? (If none are known, review WATT's AT Checklist) If any assistive technology tools are currently being used (or were tried in the past), describe in column B.
4. Would the use of assistive technology help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, complete column C.

Tasks:	A. If currently completes task with special strategies/accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
<input type="checkbox"/> Mechanics of Writing			
<input type="checkbox"/> Computer Access			
<input type="checkbox"/> Composing Written Material			
<input type="checkbox"/> Communication			
<input type="checkbox"/> Reading			
<input type="checkbox"/> Learning/ Studying			

Tasks:	A. If currently completes task with special strategies/accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
<input type="checkbox"/> Math			
<input type="checkbox"/> Recreation & Leisure			
<input type="checkbox"/> Activities of Daily Living (ADLs)			
<input type="checkbox"/> Mobility			
<input type="checkbox"/> Environmental Control			
<input type="checkbox"/> Positioning & Seating			
<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing			

5. Are there assistive technology services (more specific evaluation of need for assistive technology, adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation and duration: \_\_\_\_\_

Persons Present: \_\_\_\_\_ Date: \_\_\_\_\_