

# Assistive Technology Considerations Guide

Student Name:  
 Eligibility:  
 School/District:  
 Team Members:

Date of Birth:  
 Grade/Age:  
 Student ID #

**Question 1: Have any factors related to the student's disability been identified that make accessing educational materials difficult?**  Yes  No

Evidence for Question 1:  
 Identify factors that contribute to the student's difficulty in accessing educational material.

Physical/Motor       Cognitive       Visual       Reading Disability  
 Auditory             Perceptual       Attention Deficit Behaviors       Dyslexia       Other:

Notes:

**Question 2: READING**

**Based on Academic and IEP Goals and Tasks Required, is reading an area of concern (difficult or impossible for this student)?**  Yes  No  
**Is the student able to read standard print materials at a sufficient rate and with adequate comprehension in order to complete academic or curricular tasks with success, relative to same-age peers?**  Yes  No  Need more data

Evidence for Question 2:  
**Current Reading Ability**  
 1. Identify the student's current performance indicated by data (e.g.: DIBELs scores, DRA, Standardized Test Results, Informal Teacher Test, Teacher Observation and Formal Evaluation, SBAC).  
 2. Is the student's reading efficiency with standard print material adequate for timely completion of tasks?  Y  N  
 3. Is the student's reading comprehension adequate with standard print?  Y  N

Notes:

**WHAT HAVE YOU TRIED TO SUPPORT READING?**

**Have you tried any strategies to address access to standard print?**  Y  N

**Have any of these strategies to address reading or access issues been successful?**  Y  N

Strategies/Trials

Method	Tried?	Grade level	Improved Comprehension?
Read Aloud by staff	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audio book: Human Voice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Audio book: Digital Voice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Digital text (no voice)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Digital text (with digital voice)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Highlighted text	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Masking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Colored Overlays: What color _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:

**Based upon data (formal assessment or trial) would the student benefit from core curriculum materials in an alternate format for READING?**  Yes  No  Need more data  
**If so, which?** Braille  Large Print  Audio  Digital text

Given alternate format can the student gain meaning from core curriculum materials used in their instructional program?  Yes  No  Need more data

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**Question 3: WRITING - MOTOR SKILLS**  
 Based on Academic and IEP Goals and Tasks Required, is THE MOTOR aspect of WRITING an area of concern (difficult or impossible) for this student?  Yes  No  Need more data

Is the student able to produce written work at a sufficient rate, with adequate endurance and legibility, in order to complete academic or curricular tasks with success, relative to same-age peers?  Yes  No  Need more data

Evidence for Question 3: Current Writing Ability

Primary method:  Handwriting  Keyboarding  Other \_\_\_\_\_  
 Same as peers  Too Slow  Too Fast  
 Speed:  0-25%  25-50%  50-75%  75-100%  
 Legible to unfamiliar reader:  Much Less  Same  More  Much More  
 Production compared to same age peers:  Much Less  Same  More  Much More  
 Does student report pain or hand fatigue with writing:  Yes  No

Notes: \_\_\_\_\_

**WHAT HAVE YOU TRIED?**

Evidence for Question 6: Strategies/Trials for MOTOR

Method	Word Processor	Word Prediction	Speech to Text	Scribe	Other: _____
Tried?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Successful?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**Question 4: WRITING - COMPOSITION SKILLS**

Based on Academic and IEP Goals and Tasks Required, is WRITTEN COMPOSITION an area of concern (difficult or impossible) for this student?

Yes  No  Need more data  
 Is student able to produce written work with adequate Composition skills?  Yes  No  Need more data

Notes: \_\_\_\_\_

Evidence for Question 4: Composition Skills:

Writing Rubric	Ideas	Organization	Voice	Word Choice	Sentence Fluency	Conventions
1 / 2 Needs Work						
3 Almost There						
4 Gets the Job Done						
5 / 6 Strong						

Spelling errors:  0-25%  25-50%  50-75%  75-100%  
 SBAC Writing Score: \_\_\_\_\_ Grade when taken: \_\_\_\_\_  Exceeds  Meets  Does not Meet  
 What score meets at the grade level taken? \_\_\_\_\_

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Question 4: WRITING - COMPOSITION SKILLS (continued)						Notes:
<b>WHAT HAVE YOU TRIED?</b>						
Evidence for Question 4: Strategies/Trials for COMPOSITION						
Method	Story Starters	Webbing/Concept Mapping	Templates for Structure	Outlines	Word Lists	Other: _____
Tried?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Successful?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Based upon data (formal assessment or trial) would the student benefit from access to alternate methods of writing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more data						
Alternate Format Indicated (variations)						
<input type="checkbox"/> Adult/peer scribe <input type="checkbox"/> Word Processor/Keyboarding <input type="checkbox"/> Word Prediction Software/Device <input type="checkbox"/> Speech-to-text <input type="checkbox"/> Oral answers <input type="checkbox"/> Dictation/Voice Recorder <input type="checkbox"/> Other: _____						
Data to support decision: _____						
<b>Question 5: OTHER AREAS:</b>						
<b>Based on Academic and IEP Goals and Tasks Required, are there any OTHER areas that are difficult or impossible for the student?</b>						
<input type="checkbox"/> Organization Skills <input type="checkbox"/> Math <input type="checkbox"/> Hearing/Listening <input type="checkbox"/> Communication <input type="checkbox"/> Seating/Positioning/Mobility <input type="checkbox"/> Self-Care/Living Skills <input type="checkbox"/> Recreation <input type="checkbox"/> Pre-Vocational/Vocational <input type="checkbox"/> Other _____						
Evidence for Question 5: _____						
List Area marked above with a specific task that is difficult or impossible for the student: _____						
<b>WHAT HAVE YOU TRIED? (Include standard classroom tools, accommodations, modifications, strategies, assistive technology tools)</b>						
Has anything that has been tried provided the student with independence or success? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need more data						
Describe successes: _____						
<b>Question 6: Do other barriers exist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
Evidence for Question 6: _____						
<b>Other Barriers</b>						
Identify any barriers other than the print-based format that prevent student access to instructional materials.						
<input type="checkbox"/> Lack of instruction <input type="checkbox"/> Inadequate pre-requisite skills <input type="checkbox"/> Behaviors <input type="checkbox"/> Other: _____						
<b>Question 6: If you have indicated that you NEED MORE DATA to make a decision, which method will be used?</b>						
<input type="checkbox"/> Trial with data collection <input type="checkbox"/> Assessment (list specific assessment tool)						
Who: _____						
Next Steps/Resources/Notes: _____						

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<b>Question 7: Does the educational team require additional supports?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
<p><b>Additional Supports Needed:</b></p> <input type="checkbox"/> Determining if student would benefit from AT. <input type="checkbox"/> Matching potential AT tool to identified student need <input type="checkbox"/> Training with a specific tool/software _____ <input type="checkbox"/> How to document on IEP _____ <input type="checkbox"/> Other _____	Who:

Evaluation Planning Notes:

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