WATI Assistive Technology Consideration Guide

Student's Name _____ School _____

1. What task is it that we want this student to do, that they are unable to do at a level that reflects their skills/abilities (writing, reading, communicating, seeing, hearing)? Document by checking each relevant task below. Please leave blank any tasks that 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, o software) that could be used to address this task? (If none are known, review WATI'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.

Task	A. If currently completes task with special strategies and / or accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
☐ Motor Aspects of Writing			
☐ Computer Access			
☐ Composing Written Material			
☐ Communication			
☐ Reading			
☐ Organization			

Task	A. If currently completes task with special strategies and / or accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
☐ Math			
☐ Recreation and Leisure			
☐ Activities of Daily Living (ADLs)			
☐ Mobility			
☐ Positioning and Seating			
☐ Vision			
☐ 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: _____