

ST. BERNARD PARISH SCHOOL BOARD
Assistive Technology Consideration Checklist

Form Completed By: _____

Date Completed: _____

Student's Name: _____

¹Directions: Use this form to consider the need for assistive technology (AT). If a child requires AT, document AT needs on the IEP.

Part I. Identify any area that is keeping the student from accomplishing IEP goals that reflect his/her abilities, or identify any area where the student is already using At.			Was 1 or more area identified?
<input type="checkbox"/> A. Motor Aspects of Writing	<input type="checkbox"/> F. Learning/Studying	<input type="checkbox"/> K. Environmental Control	<input type="checkbox"/> Yes – Go to Part II. <input type="checkbox"/> No – Consideration is complete.
<input type="checkbox"/> B. Computer Access	<input type="checkbox"/> G. Math	<input type="checkbox"/> L. Positioning and Seating	
<input type="checkbox"/> C. Composing Written Material	<input type="checkbox"/> H. Recreation	<input type="checkbox"/> M. Vision	
<input type="checkbox"/> D. Communication	<input type="checkbox"/> I. Activities of Daily Living	<input type="checkbox"/> N. Hearing	
<input type="checkbox"/> E. Reading	<input type="checkbox"/> J. Mobility	<input type="checkbox"/> O. Other:	
Part II: List the area(s) identified in Part I. Specify the Task(s) the student is unable to do and the environment(s) where that task takes place.	Briefly list or describe any special strategies, accommodations or technology already being used.		Is the student able to complete tasks at his/her ability with any special strategies, accommodations, or tech. already being used?
			<input type="checkbox"/> Yes – Current strategies are adequate. Consideration is complete. <input type="checkbox"/> No – Go to part III.
Part III. Select one of the following and proceed as described.			
<input type="checkbox"/> AT is required. The IEP team knows the nature and extent of the AT devices/services needed and will address AT in the student's IEP. <input type="checkbox"/> AT may be required. The IEP team determines that additional information is needed and will conduct additional AT screening by _____ (date) Record this statement on the IEP.			

¹ Adapted from Wisconsin Assistive Technology Initiative (WATI), Miami –Dade County Assistive Technology Procedures, Georgia Project for Assistive Technology, Oregon Technology Access Program and St. Charles Parish Public Schools Consideration Forms.