

Assistive Technology Consideration Guide

Student: _____ Grade: _____ School: _____
Date: _____ Participants: _____

Part I - Does the student have IEP goals that require/may require assistive technology solutions in any of these instructional areas? Check each relevant instructional area.

- | | | |
|--|--|---|
| <input type="checkbox"/> Writing | <input type="checkbox"/> Listening | <input type="checkbox"/> Computer Access |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Oral Communication | <input type="checkbox"/> Environmental Controls |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Math | <input type="checkbox"/> Recreation, Leisure and Adaptive Play | |
| <input type="checkbox"/> Study/Organizational Skills | <input type="checkbox"/> Positioning, Seating, and Mobility | |

Was one or more area identified?

- No – There were no areas identified. - **Consideration is complete**
 Yes - Areas were identified - **Go to Part II**

Part II - Accessible Instructional Materials

- Does the student benefit from accessible versions of printed educational materials? Yes No
- Does the student benefit from alternate reading supports (e.g., read aloud, text-to-speech, large print, braille, accessible text)? Yes No

If the team answered yes to either question, the student may benefit from accessible instructional material (AIM). The student may access AIM-VA materials after a division-appointed competent authority confirms the student as having a *Print Disability* due to one of the following: Low Vision/Blindness, Physical Disabilities, or other Disabilities.

[Superintendent's Memo #055-18](#)

Go to Part III

Part III – Complete the following chart for each area identified above.

Instructional area and/or task that is difficult for the student	Briefly list strategies, accommodations, or assistive technology currently being used in general education, special education, community, work, and home settings.

Is the student able to complete tasks at his/her ability with any special strategies, accommodations or assistive technology already being used?

- Yes – Current strategies are adequate and documented in student’s IEP. **Consideration is complete.**
- No – There have been changes in the student’s functional or academic performance, or current strategies are **NOT** adequate and could require new assistive technology or a change in current AT (devices or services) provided – **Go to Part IV**

Part IV – Complete the following section.

Describe AT devices or services to be tried or modified	Responsible person(s)/provider(s)	Trials completed by when:

Complete this section following trial(s):

Was trial(s) successful? (Yes/No) Describe action(s) to be taken	Responsible person(s)/providers(s)	By when:

All assistive technology (devices and services), including trials, needs to be documented.