

## Step 1 – AT Consideration

The [Big East Educational Cooperative Assistive Technology Consideration Checklist](https://www.okabletech.org/wp-content/uploads/2019/08/19BEEC-AT-consideration-guide.pdf) (https://www.okabletech.org/wp-content/uploads/2019/08/19BEEC-AT-consideration-guide.pdf) is intended to be used by an IEP team as documentation of the assistive technology (AT) consideration process—during development, review, and revision of any IEP. This documentation will help teams:

- determine if a student would benefit from the use of AT
- ensure the provision of a Free and Appropriate Public Education (FAPE)

Each area of concern/domain includes a sampling of common devices typically used to address that area. The samples are not provided as an exhaustive list and may not include the most appropriate device for a particular student.

Once the checklist is completed by the IEP team, note any domain(s) marked, “May benefit from the use of AT in this area.” Next, the IEP team will complete the identified sections of the [Wisconsin Assistive Technology Initiative \(WATI\) Student Information Guides](http://www.wati.org/free-publications/wati-student-information-guide-process-forms) (http://www.wati.org/free-publications/wati-student-information-guide-process-forms) (Step 2 – AT Assessment).

### Example

If, through this consideration process, the IEP team determines the student would benefit from the use of AT in the following areas:

- Composing Written Material
- Reading

The IEP team will complete the following WATI Student Information Guides:

- Section 5 – Composing Written Material
- Section 6 – Reading

If no domains are marked, “May benefit from the use of AT in this area,” it is recommended to include this completed checklist as documentation that the AT consideration process has occurred and no AT is needed at this time.

**Note:** *Adapt/Modify/Create your own resources/forms for documentation as determined appropriate by the team/district. If using existing resources/forms with a citation, please maintain all citations. Contact Oklahoma ABLE Tech for assistance at [okabletech.org](http://okabletech.org).*

# Big East Educational Cooperative Assistive Technology Consideration Checklist

This checklist is intended to be used by an Admissions and Release Committee (ARC) to determine whether or not a student may benefit from the use of Assistive Technology (AT). This form can be used during the referral process, or during the Admissions and Release Committee meeting to develop an Individualized Education Plan. Each area of concern includes a sampling of common devices typically used to address that area. The samples are not provided as an exhaustive list and may not include the most appropriate device for a particular student.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Domains related to the Student's IEP	Area of Concern			
<p><b>Physical:</b> Vision, hearing, health, motor abilities, speech mechanism</p>	<input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:  <p><b>Vision</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Magnification devices/CCTV</li> <li>• Large print/audio books</li> <li>• Distance viewing devices/monocular</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Screen reader/text reader</li> <li>• Screen magnification/accessibility options</li> <li>• Lightbox/materials</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Alternate keyboard/enlarged keys</li> <li>• Braille materials/translation/notetaker</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Magnification devices/CCTV</li> <li>• Large print/audio books</li> <li>• Distance viewing devices/monocular</li> </ul>	<ul style="list-style-type: none"> <li>• Screen reader/text reader</li> <li>• Screen magnification/accessibility options</li> <li>• Lightbox/materials</li> </ul>	<ul style="list-style-type: none"> <li>• Alternate keyboard/enlarged keys</li> <li>• Braille materials/translation/notetaker</li> </ul>
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<p><b>Communication:</b> Speech sound production and use, receptive and expressive language, voice, fluency, augmentative and alternative communication.</p>	<input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Communication board with pictures/words/objects</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Eye gaze frame</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Voice output device (switches, etc.)</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Communication board with pictures/words/objects</li> </ul>	<ul style="list-style-type: none"> <li>• Eye gaze frame</li> </ul>	<ul style="list-style-type: none"> <li>• Voice output device (switches, etc.)</li> </ul>
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<p><b>Cognitive:</b> An appraisal of aptitude and mental processes by which an individual applies knowledge, thinks and solves problems.</p>	<input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Print or picture schedule</li> <li>• Organization Tools (color coded folders, PDAs, software, etc.)</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Highlight text</li> <li>• Recorded material</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Task prompter</li> <li>• Single word/hand-held scanners</li> <li>• Educational Software</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Print or picture schedule</li> <li>• Organization Tools (color coded folders, PDAs, software, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Highlight text</li> <li>• Recorded material</li> </ul>	<ul style="list-style-type: none"> <li>• Task prompter</li> <li>• Single word/hand-held scanners</li> <li>• Educational Software</li> </ul>
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<p><b>Academic Performance:</b> Basic and content reading; Reading comprehension; Mathematics calculation, reasoning and application; Written expression; Oral expression; Listening comprehension; Learning preference; learning style, strategies; Effect of the disability on acquisition, development, mastery and applications of academic skills.</p>	<p><input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:</p> <p><b>Reading</b></p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> <li>Predictable books</li> <li>Changes in text size, spacing, color, background</li> <li>Book adapted for page turning</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Use of pictures/symbols/objects with text</li> <li>Talking electronic device to speak challenging words</li> <li>Reading Pen (scanners)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Scanner with Optical Character Recognition and talking word processor</li> <li>Alternate Format Books (digital, audio, tactile, objects, etc.)</li> </ul> </td> </tr> </table> <p><input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:</p> <p><b>Math</b></p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> <li>Abacus/Math Line</li> <li>Enlarged worksheets</li> <li>Alternatives for answering, explaining, or giving examples</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Tactile/voice output measuring devices</li> <li>Talking watches/clocks</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Adapted Calculator</li> <li>Graphing Calculator Software</li> <li>Math Software</li> </ul> </td> </tr> </table> <p><input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:</p> <p><b>Composing Written Material</b></p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> <li>Word cards/book/wall</li> <li>Dictionary/thesaurus (electronic or manual)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Writing templates</li> <li>Word processor with/without adaptive features</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Word prediction/abbreviation expansion</li> <li>Voice recognition software</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>Predictable books</li> <li>Changes in text size, spacing, color, background</li> <li>Book adapted for page turning</li> </ul>	<ul style="list-style-type: none"> <li>Use of pictures/symbols/objects with text</li> <li>Talking electronic device to speak challenging words</li> <li>Reading Pen (scanners)</li> </ul>	<ul style="list-style-type: none"> <li>Scanner with Optical Character Recognition and talking word processor</li> <li>Alternate Format Books (digital, audio, tactile, objects, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Abacus/Math Line</li> <li>Enlarged worksheets</li> <li>Alternatives for answering, explaining, or giving examples</li> </ul>	<ul style="list-style-type: none"> <li>Tactile/voice output measuring devices</li> <li>Talking watches/clocks</li> </ul>	<ul style="list-style-type: none"> <li>Adapted Calculator</li> <li>Graphing Calculator Software</li> <li>Math Software</li> </ul>	<ul style="list-style-type: none"> <li>Word cards/book/wall</li> <li>Dictionary/thesaurus (electronic or manual)</li> </ul>	<ul style="list-style-type: none"> <li>Writing templates</li> <li>Word processor with/without adaptive features</li> </ul>	<ul style="list-style-type: none"> <li>Word prediction/abbreviation expansion</li> <li>Voice recognition software</li> </ul>
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<p><b>Vocational Functioning:</b> General work behaviors; Following directions; Working independently or with job supports; Job preferences or interests; Dexterity; Abilities; Interpersonal relationships and socialization; Related work skills.</p>	<p><input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:</p> <p>Any Item from the other categories that may enable an individual to perform or train for a vocational task with a greater degree of independence may be categorized here.</p>									
<p><b>Recreation / Leisure Functioning:</b> Free time, maintenance of physical fitness, use of generic community recreation facilities and resources and degree of social involvement.</p>	<p><input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:</p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> <li>Toys adapted with Velcro, magnets, handles, switches, etc.</li> <li>Adaptive sporting equipment</li> <li>Modified utensils</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Arm support for drawing/painting</li> <li>Electronic aids to operate media (TV, VCR, DVD, CD, etc.)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Art software</li> <li>Computer games, and adaptations</li> <li>Other software</li> <li>Adapted playground equipment</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>Toys adapted with Velcro, magnets, handles, switches, etc.</li> <li>Adaptive sporting equipment</li> <li>Modified utensils</li> </ul>	<ul style="list-style-type: none"> <li>Arm support for drawing/painting</li> <li>Electronic aids to operate media (TV, VCR, DVD, CD, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Art software</li> <li>Computer games, and adaptations</li> <li>Other software</li> <li>Adapted playground equipment</li> </ul>						
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<p><b>Environmental Functioning:</b> Relationship with family; Relationship with peers; Family's dominant language; Cultural influences; Expectations of the parents for the child or youth in the home, school, and community environments; Services received in the community; Economic influences.</p>	<p><input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:</p> <p><b>Activities of Daily Living (ADLs)</b></p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> <li>Nonslip materials/adaptive grips</li> <li>Universal cuff/strap to hold items in hand</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Adaptive eating/drinking utensils</li> <li>Adaptive Personal Care Devices</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Adaptive cooking equipment</li> <li>Color, tactile coded items</li> </ul> </td> </tr> </table> <p><input type="checkbox"/> Functioning independently with standard classroom tools <input type="checkbox"/> May benefit from the use of AT in this area:</p> <p><b>Environmental Control</b></p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> <li>Light switch extensions</li> <li>Switch/interface for devices</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Infrared/RF control of devices</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Environmental control through augmentative device</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>Nonslip materials/adaptive grips</li> <li>Universal cuff/strap to hold items in hand</li> </ul>	<ul style="list-style-type: none"> <li>Adaptive eating/drinking utensils</li> <li>Adaptive Personal Care Devices</li> </ul>	<ul style="list-style-type: none"> <li>Adaptive cooking equipment</li> <li>Color, tactile coded items</li> </ul>	<ul style="list-style-type: none"> <li>Light switch extensions</li> <li>Switch/interface for devices</li> </ul>	<ul style="list-style-type: none"> <li>Infrared/RF control of devices</li> </ul>	<ul style="list-style-type: none"> <li>Environmental control through augmentative device</li> </ul>			
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- As a result of this screening it has been determined that this student is functioning independently with the standard classroom tools. **No assistive technology is required.**
- As a result of this screening it has been determined that this student **will require the use of assistive technology, as determined by the Admissions and Release Committee.**
- As a result of this screening it has been determined that this student **may require a comprehensive assistive technology evaluation as determined by the Admissions and Release Committee.**

I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as a parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.

Parent(s)/Student\* \_\_\_\_\_  
\*(if age 18 or older or younger if appropriate)



## Referral/Question Identification Guide

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Persons Completing Guide \_\_\_\_\_

Date \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Student's Primary Language \_\_\_\_\_ Family's Primary Language \_\_\_\_\_

### Disability (Check all that apply.)

- Speech/Language
- Cognitive Disability
- Traumatic Brain Injury
- Emotional/Behavioral Disability
- Orthopedic Impairment – Type \_\_\_\_\_
- Significant Developmental Delay
- Other Health Impairment
- Autism
- Specific Learning Disability
- Hearing Impairment
- Vision Impairment

### Current Age Group

- Birth to Three
- Middle School
- Early Childhood
- Secondary
- Elementary

### Classroom Setting

- Regular Education Classroom
- Home
- Resource Room
- Other \_\_\_\_\_
- Self-contained

### Current Service Providers

- Occupational Therapy
- Other(s) \_\_\_\_\_
- Physical Therapy
- Speech Language

### Medical Considerations (Check all that apply.)

- History of seizures
- Has degenerative medical condition
- Has multiple health problems
- Has frequent ear infections
- Has allergies to \_\_\_\_\_
- Currently taking medication for \_\_\_\_\_
- Other – Describe briefly \_\_\_\_\_
- Fatigues easily
- Has frequent pain
- Has frequent upper respiratory infections
- Has digestive problems

Other Issues of Concern \_\_\_\_\_

## Chapter 1 - Assistive Technology Assessment



### Assistive Technology Currently Used (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> None                            | <input type="checkbox"/> Low Tech Writing Aids             |
| <input type="checkbox"/> Manual Communication Board      | <input type="checkbox"/> Augmentative Communication System |
| <input type="checkbox"/> Low Tech Vision Aids            | <input type="checkbox"/> Amplification System              |
| <input type="checkbox"/> Environmental Control Unit/EADL | <input type="checkbox"/> Computer – Type (platform)_____   |
| <input type="checkbox"/> Manual or Power Wheelchair      | <input type="checkbox"/> Word Prediction                   |
| <input type="checkbox"/> Voice Recognition               |  |
| <input type="checkbox"/> Adaptive Input - Describe_____  |  |
| <input type="checkbox"/> Adaptive Output - Describe_____ |  |
| <input type="checkbox"/> Other_____                      |  |

### Assistive Technology Tried

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work.)

Assistive Technology

Number and Dates of Trial(s)

Outcome

Assistive Technology

Number and Dates of Trial(s)

Outcome

Assistive Technology

Number and Dates of Trial(s)

Outcome

### REFERRAL QUESTION

What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? \_\_\_\_\_

**Based on the referral question, select the sections of the Student Information Guide to be completed.** (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Section 1 Seating, Positioning and Mobility | <input type="checkbox"/> Section 7 Mathematics            |
| <input type="checkbox"/> Section 2 Communication                     | <input type="checkbox"/> Section 8 Organization           |
| <input type="checkbox"/> Section 3 Computer Access                   | <input type="checkbox"/> Section 9 Recreation and Leisure |
| <input type="checkbox"/> Section 4 Motor Aspects of Writing          | <input type="checkbox"/> Section 10 Vision                |
| <input type="checkbox"/> Section 5 Composition of Written Material   | <input type="checkbox"/> Section 11 Hearing               |
| <input type="checkbox"/> Section 6 Reading                           | <input type="checkbox"/> Section 12 General               |