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) 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) (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.*

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
Physical: Vision, hearing, health, motor abilities, speech mechanism	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Vision** • Magnification devices/CCTV • Large print/audio books • Distance viewing devices/ monocular • Screen reader/text reader • Screen magnification/ accessibility options • Lightbox/materials • Alternate keyboard/enlarged keys • Braille materials/translation/ notetaker
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Orientation & Mobility** • Pre-cane devices • Signaling devices • Tactile boundaries • Directionality devices
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Hearing** • Pen and paper • Computer/portable word processor • Signaling device • Closed captioning • Real time captioning • Computer aided notetaking • Flash alert signal on computer • Personal amplification system/hearing aid • FM or loop system • Infrared system
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Seating and Positioning/Mobility** • Non-slip surface on chair • Bolster, cushions, foot blocks • Grab bars and rails • Canes, crutches, walker • Supports, seatbelts, harnesses • Adjustable tables, desks, equipment mounts, etc. • Adapted/alternate chair • Sidelyer/Stander • Gait training devices • Mobility devices/wheelchairs
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Mechanics of Writing** • Adapted pencils/pens/grips • Adapted paper (raised line, bold line, colored), templates • Slant-board • Prewritten words/phrases • Word processor/ Alphasmart, laptop, etc. • Word prediction/abbreviation expansion • Voice recognition software
	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Computer Access** • Win/Mac accessibility options • Alternate/adapted keyboard/ Keyguards, etc. • Arm support • Pointing options/Trackball, joystick, etc. • Accessibility Switch/Alternative Input • Voice recognition software
Communication: Speech sound production and use, receptive and expressive language, voice, fluency, augmentative and alternative communication.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: • Communication board with pictures/words/objects • Eye gaze frame • Voice output device (switches, etc.)
Cognitive: An appraisal of aptitude and mental processes by which an individual applies knowledge, thinks and solves problems.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: • Print or picture schedule • Organization Tools (color coded folders, PDAs, software, etc.) • Highlight text • Recorded material • Task prompter • Single word/hand-held scanners • Educational Software

Academic Performance: 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.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Reading** • Predictable books • Changes in text size, spacing, color, background • Book adapted for page turning • Use of pictures/symbols/objects with text • Talking electronic device to speak challenging words • Reading Pen (scanners) • Scanner with Optical Character Recognition and talking word processor • Alternate Format Books (digital, audio, tactile, objects, etc.) ☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Math** • Abacus/Math Line • Enlarged worksheets • Alternatives for answering, explaining, or giving examples • Tactile/voice output measuring devices • Talking watches/clocks • Adapted Calculator • Graphing Calculator Software • Math Software ☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Composing Written Material** • Word cards/book/wall • Dictionary/thesaurus (electronic or manual) • Writing templates • Word processor with/without adaptive features • Word prediction/abbreviation expansion • Voice recognition software
Vocational Functioning: General work behaviors; Following directions; Working independently or with job supports; Job preferences or interests; Dexterity; Abilities; Interpersonal relationships and socialization; Related work skills.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: 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.
Recreation / Leisure Functioning: Free time, maintenance of physical fitness, use of generic community recreation facilities and resources and degree of social involvement.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: • Toys adapted with Velcro, magnets, handles, switches, etc. • Adaptive sporting equipment • Modified utensils • Arm support for drawing/painting • Electronic aids to operate media (TV, VCR, DVD, CD, etc.) • Art software • Computer games, and adaptions • Other software • Adapted playground equipment
Environmental Functioning: 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.	☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Activities of Daily Living (ADLs)** • Nonslip materials/adaptive grips • Universal cuff/strap to hold items in hand • Adaptive eating/drinking utensils • Adaptive Personal Care Devices • Adaptive cooking equipment • Color, tactile coded items ☐ Functioning independently with standard classroom tools ☐ May benefit from the use of AT in this area: **Environmental Control** • Light switch extensions • Switch/interface for devices • Infrared/RF control of devices • Environmental control through augmentative device

☐ 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
- ❒ Significant Developmental Delay
- ❒ Specific Learning Disability
- ❒ Cognitive Disability
- ❒ Other Health Impairment
- ❒ Hearing Impairment
- ❒ Traumatic Brain Injury
- ❒ Autism
- ❒ Vision Impairment
- ❒ Emotional/Behavioral Disability
- ❒ Orthopedic Impairment – Type_____

Current Age Group

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

Classroom Setting

- ❒ Regular Education Classroom
- ❒ Resource Room
- ❒ Self-contained
- ❒ Home
- ❒ Other_____

Current Service Providers

- ❒ Occupational Therapy
- ❒ Physical Therapy
- ❒ Speech Language
- ❒ Other(s)_____

Medical Considerations (Check all that apply.)

- ❒ History of seizures
- ❒ Fatigues easily
- ❒ Has degenerative medical condition
- ❒ Has frequent pain
- ❒ Has multiple health problems
- ❒ Has frequent upper respiratory infections
- ❒ Has frequent ear infections
- ❒ Has digestive problems
- ❒ Has allergies to_____
- ❒ Currently taking medication for_____
- ❒ Other – Describe briefly_____

_____

Other Issues of Concern_____

Assistive Technology Currently Used (Check all that apply.)

- ❒ None
- ❒ Manual Communication Board
- ❒ Low Tech Vision Aids
- ❒ Environmental Control Unit/EADL
- ❒ Manual or Power Wheelchair
- ❒ Voice Recognition
- ❒ Low Tech Writing Aids
- ❒ Augmentative Communication System
- ❒ Amplification System
- ❒ Computer – Type (platform)_____
- ❒ Word Prediction
- ❒ Adaptive Input - Describe_____
- ❒ Adaptive Output - Describe_____
- ❒ 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.)

- ❒ Section 1 Seating, Positioning and Mobility
- ❒ Section 2 Communication
- ❒ Section 3 Computer Access
- ❒ Section 4 Motor Aspects of Writing
- ❒ Section 5 Composition of Written Material
- ❒ Section 6 Reading
- ❒ Section 7 Mathematics
- ❒ Section 8 Organization
- ❒ Section 9 Recreation and Leisure
- ❒ Section 10 Vision
- ❒ Section 11 Hearing
- ❒ Section 12 General