**Sweetwater County School District #1**

**Assistive Technology Consideration**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Child** | **Teacher of Record** | **DOB** | **Grade** | **School Year** | **Date** |
|  |  |  |  |  |  |

This request is for: **\***

1. [ ]  Assistance determining what AT is needed (AT Team Consult/Evaluation)

2. [ ]  The team needs access to resources, materials, and/or training not available at your current site

Area of Need:

Relates to a Goal or accommodation in the attached IEP: Describe

[ ]  Resources/Materials needed:

[ ]

[ ]  Training

[ ]

[ ]  Other:

Required Items:

[ ]  A copy of the student’s IEP dated       is attached

[ ]  A copy of the most recent IEP progress updates is attached (if applicable)

[ ]  A copy of the student’s grades are attached (if applicable)

[ ]  Trial Data (if applicable)

[ ]  Additional Information:

Signatures of Team Members that participated in the completion of this form:

|  |  |  |
| --- | --- | --- |
|       |  |       |
|       |  |       |
|       |  |       |
|       |  |       |

Which IEP Team member should the AT Team contact for additional information regarding this student (primary person requesting AT)?

***\*If the team has access to resources, materials, and/or training needed to provide appropriate AT to the student, this form is not needed. Mark “Yes” to the Assistive Technology question in the Consideration of Special Factors section of the IEP and document appropriately in the student’s Present Levels of Academic Achievement and Functional Performance (PLAAFP), and accommodations/modifications.***

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**Assistive Technology Consideration page 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Child** | **Teacher of Record** | **DOB** | **Grade** | **School Year** | **Date** |
|  |  |  |  |  |  |

1. Given the student’s current accommodations/modifications, is the student progressing toward their current goals/objectives?

 Yes No

2. Given the student’s current accommodations/modifications, is the student able to access their general education curriculum or if applicable, their current modified curriculum.

 Yes No

3. Does the student currently have AT that meets their needs?

 Yes No

4. Are there area(s) of this student’s performance the team wants to consider (new or further) AT?

[ ]  Communication [ ]  Spelling

[ ]  Handwriting (Legibility) [ ]  Reading

[ ]  Written Expression

[ ]  Other Academic Subjects (describe)

[ ]  Organization (describe)

[ ]  Participating in Inclusive Setting (describe)

[ ]  Accessing Print Materials

[ ]  Access to Educational Materials due to physical disability:

 [ ]  Toys

[ ]  Computer

[ ]  Books

[ ]  Other (describe)