

Student's Name: _____ Program: _____

Team Members Present: _____ Date: _____

Assistive Technology Consideration Guide

Tasks	Rationale "Why does he/she need the tool?"	Current Assistive Technology Tools	Additional Assistive Technology Tools to be implemented.
<input type="checkbox"/> Fine Motor			
<input type="checkbox"/> Computer Access			
<input type="checkbox"/> Communication			
<input type="checkbox"/> Reading			

Student's Name: _____ Program: _____

Team Members Present: _____ Date: _____

Tasks	Rationale "Why does he/she need the tool?"	Current Assistive Technology Tools	Additional Assistive Technology Tools to be tried.
<input type="checkbox"/> Math			
<input type="checkbox"/> Daily Living			
<input type="checkbox"/> Mobility/Gross Motor			
<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing			