

Arkansas Assistive Technology Consideration Form



Student: _____ School: _____ Date: _____

Completed by (include name and position):

Name	Position	Name	Position

Directions for completing this Consideration Process Guide: The [Arkansas Assistive Technology Consideration Guide](#) is a companion document that will assist IEP teams in completing this form. Please note, each column within the aforementioned Guide contains general examples for each area but is not considered all inclusive.

1. Using the student’s present levels of academic achievement and functional performance, in which general area(s) does the student experience difficulty completing instructional tasks?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Writing/Written Composition | <input type="checkbox"/> Spelling | <input type="checkbox"/> Reading | <input type="checkbox"/> Math |
| <input type="checkbox"/> Study/Organizational Skills | <input type="checkbox"/> Hearing/Listening | <input type="checkbox"/> Oral Communication/Language | <input type="checkbox"/> Seating / Positioning / Mobility |
| <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> Recreation and Leisure | <input type="checkbox"/> Pre-vocational and Vocational | <input type="checkbox"/> _____ |
| <input type="checkbox"/> No areas are identified. No further consideration is required, proceed to Consideration Outcomes. | | | |

2. **Column A:** List each instructional task identified above in column A, one per row. Check the location(s) where the student needs to complete the task.
3. Complete columns B-D on each row until it is determined that the student successfully completes the identified task, prior to completing Column E.
 - Column B:** List the standard classroom material **currently used** by the student to complete the task.
 - Column C:** List the accommodations, modifications, and/or strategies **currently used** by the student to complete the task.
 - Column D:** List the assistive technology solution(s) **currently used** by the student to complete the task.
4. **Column E:** List all instructional areas in which current classroom materials, accommodations, modifications, strategies, and assistive technology has been collaboratively identified to NOT be sufficient for student success.
5. **Consideration Outcomes:** Using the information above, indicate the consideration outcome as determined collaboratively by the IEP Team.

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Consideration Outcomes

- Student successfully accomplishes tasks in **ALL** instructional areas with current accommodations and modifications (Column C). No assistive technology is needed at this time. Using this information gathered, document justification in the IEP. **Process ends here.**
- Student accomplishes tasks in **ALL** instructional areas with currently used assistive technology (Column D). Document AT devices and services in the IEP. **Process ends here.**
- Student is unable to successfully accomplish tasks in **ALL** instructional areas as indicated in Column E. Additional solutions including assistive technology may be needed. Collaboratively use the [SETT Framework](#) to determine AT tools to trial, collect additional data, and/or consult an AT specialist. Document accordingly in the IEP. **Proceed to next steps.**

Next Steps: (select all that apply)

- Collect additional data as needed to inform the IEP Team.
 - If indicated, develop an assistive technology assessment plan. (e.g. DeCoste, UPAR, classroom observation, Sensory Profile, ROM, MMT, Woodcock-Johnson, KTEA, WIAT, AAC Needs Assessment, The Communication Matrix, The AAC Profile, etc...) If indicated, obtain permission to further evaluate the child's needs for assistive technology.
- Use the SETT Framework to collaboratively determine appropriate AT devices and services which would facilitate student's level of independence and performance in the following areas:

- Determine appropriate AT services (e.g. adapting or modifying the AT, technical assistance on its operation or use, or training of student, staff, or family) needed for implementation of AT device.

Resources to support:

[SETT](#)

[AT Implementation Plan: A Tool for Improving Outcomes](#)

[QIAT](#)