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| **WATI Assistive Technology Consideration Guide** |
| Student’s Name School  |
| 1. What task does this student to do, that he or she is unable to do at a level that reflects his or her skills/abilities (writing, reading, communicating, seeing, hearing)? **Check each relevant task** below. Please leave blank any tasks that are not relevant to the student’s IEP.2. Is the student currently using special strategies or accommodations to complete tasks? If yes, **describe in Column A** for each checked task.3. Is there available AT (e.g., devices, tools, software, apps) that could be used to address this task? (If none are known, review WATI’s AT Checklist.) If any AT tools are currently being used, **describe in Column B**.4. Would the use of AT help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, **complete Column C.** |
| **Task** | **A. If uses special strategies and / or accommodations, describe:** | **B. If currently uses AT tools, describe:** | **C. Describe new or additional AT to be tried:** |
| [ ]  Seating, Positioning, or Mobility |       |       |       |
|  [ ] Communication |       |       |       |
| [ ]  Computer and Device Access |       |       |       |
| [ ]  Motor Aspects of Writing |       |       |       |
| [ ]  Composing Written Work |       |       |       |
| [ ]  Reading |       |       |       |

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| **Task** | **A. If uses special strategies and / or accommodations, describe:** | **B. If currently uses AT tools, describe:** | **C. Describe new or additional AT to be tried:** |
| [ ]  Mathematics |       |       |       |
| [ ]  Organization |       |       |       |
| [ ]  Recreation  and Leisure |       |       |       |
| [ ]  Vision |       |       |       |
| [ ]  Hearing |       |       |       |
| [ ]  Other |       |       |       |
| 5. Are there AT services (more specific evaluation of need for AT, adapting or modifying the AT, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation and duration.      |
| Persons Present:       Date:       |