

Harvey County Special Education Cooperative Assistive Technology Consideration Guide

Student's Name _____ School _____ Date _____

1. What task is it that we want this student to do, that s/he is unable to do at a level that reflects his/her skills/abilities (writing, reading, communication, seeing, hearing)?

(You may use the [Assistive Technology Consideration Resource Guide](#) or the [Assistive Technology Checklist](#) to help fill out this form)

Task only check if the student is unable to do	Is the student currently able to complete tasks with special strategies/accommodations? If yes, describe.	If currently completes task with assistive technology tools, describe.	Describe new or additional assistive technology to be tried.
<input type="checkbox"/> Motor aspects of writing			
<input type="checkbox"/> Composing written material			
<input type="checkbox"/> Math			
<input type="checkbox"/> Learning/ Studying			

Task only check if the student is unable to do	Is the student currently able to complete tasks with special strategies/accommodations?	If currently completes task with assistive technology	Describe new or additional assistive technology to be tried.
<input type="checkbox"/> Reading			
<input type="checkbox"/> Communication			
<input type="checkbox"/> Activities of daily living			
<input type="checkbox"/> Recreation and Leisure			
<input type="checkbox"/> Mobility			
<input type="checkbox"/> Positioning And Seating			
<input type="checkbox"/> Computer access			
<input type="checkbox"/> Vision			
<input type="checkbox"/> Hearing			

