

## DIRECTIONS

**WHY?** The Individuals with Disabilities Education Act (IDEA, P. L. 105-17 requires that assistive technology be **considered** for every student who has an Individualized Education Plan (IEP).

**WHEN?** The **Consideration Guide** can be used during a scheduled meeting to systematically consider the need for assistive technology. At this early stage it can help determine whether assistive technology is needed to ensure that students are educated in the least restrictive environment.

**WHO?** The IEP Team should complete Page 1 of this guide when addressing the federal mandate regarding the **Consideration** of assistive technology.

**HOW?**

- Examine the list of functional demands in the first column on page two of the Guide. Refer to definitions at the right if needed.
- In the second column, list demands with which the student continues to experience problems. You can list up to two demands per functional area. Attach an additional sheet if necessary. For **each demand identified**, answer the questions in columns three and four by checking either the "Yes", "No", or "Unsure" sub-column.
- After group discussion, if referral is required, check the box indicating a referral is required at the bottom of page two.
- Note date referral is sent to the Regional Programs office at the bottom of page two.

**WHAT NEXT?** This form should remain in the student's file as a record of **consideration** and as important information for future service providers.

## DEFINITIONS

Problems in **EXISTENCE** are associated with the functions needed to sustain life. Solutions may include adapted utensils, dressing aids, adapted toilet seats, toilet training, and occupational therapy services.

Problems in **COMMUNICATION** are associated with the functions needed to receive, internalize and express information, and to interact socially. Solutions may include, hearing amplifiers, captioned video, speech aids, sign language training, magnifiers, picture boards, writing and drawing aids, pointers, alternative input and output devices for computers, social skills training and speech/language pathology services.

Problems in **BODY SUPPORT, PROTECTION & POSITIONING** are associated with the functions needed to stabilize, support, or protect a portion of the body. Solutions may include prone standers, furniture adaptation, support harnesses, stabilizers, slings, headgear, and physical therapy services.

Problems in **TRAVEL & MOBILITY** are associated with the functions needed to move horizontally or vertically. Solutions may include: wheelchairs, scooters, hoists, cycles, ambulators, walkers, crutches, canes, and orientation and mobility training services.

Problems in **ENVIRONMENTAL INTERACTION** are associated with the functions needed to perform activities across environments. Solutions may include the use of switches to control equipment, remote control devices, adapted appliances, ramps, automatic door openers, modified furniture, driving aids and rehabilitation engineering services.

Problems in **EDUCATION AND TRANSITION** are associated with the functions needed to participate in learning activities and to prepare for new school settings or post-school environments. Solutions may include adapted instructional materials, educational software, computer adaptations, community-based instruction, creative arts therapy, assistive technology, and other related services.

Problems in **SPORTS, FITNESS AND RECREATION** are associated with the functions needed to participate in individual or group sports, hobby and craft activities. Solutions may include modified rules and equipment, Special Olympics, adapted aquatics, switch-activated cameras, Braille playing cards, and adapted physical education services.

STUDENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

Functional Areas to Consider	YES	NO
Daily Living Skills		
Communication		
Body Support, Protection & Positioning		
Travel & Mobility		
Environmental Interaction		
Education & Transition		
Sports, Fitness & Recreation		

AT \_\_\_\_\_ is \_\_\_\_\_ is not needed. (If YES, complete the full Assistive Technology Consideration Guide on Page Two.)

<b>Student Name:</b>	<b>DOB:</b>	<b>Date:</b>
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COLUMN ONE	COLUMN TWO	COLUMN THREE			COLUMN FOUR		
<b>FUNCTIONAL AREAS</b>	Demands with which student continues to experience problems (list up to 2 per functional area)	Has AT been used to address this problem?			IF YES, is the AT meeting the needs?		
		Y	N	U	Y	N	U
<b>DAILY LIVING SKILLS</b>  Eating; grooming; dressing; elimination; hygiene...							
<b>COMMUNICATION</b>  Oral and written expression; visual and auditory reception; social interaction ...							
<b>BODY SUPPORT, PROTECTION AND POSITIONING</b>  Standing; sitting; alignment; stabilizing; preventing injuries ...							
<b>TRAVEL AND MOBILITY</b>  Crawling; walking; using stairs; lateral & vertical transfers; navigating ...							
<b>ENVIRONMENTAL INTERACTION</b>  Operating equipment; accessing facilities ...							
<b>EDUCATION AND TRANSITION</b>  Assessment; learning; creative & performing arts; preparing for new environments							
<b>SPORTS, FITNESS, AND RECREATION</b>  Individual and group play; leisure activities; sports; exercise; games; hobbies ...							

**DIRECTIONS ON PAGE 1**      **Key:**    **Y = YES**            **N = NO**            **U = UNSURE**

<input type="checkbox"/> <b>Further information/assessment is needed.</b> <b>Please make referral to CORP for an Assistive Technology Evaluation.</b>	<b>Referral Sent:</b> _____
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