

**Killeen Independent School District
Assistive Technology Consideration Guide**

Student: _____ School: _____ Date: _____ Initial ____ Annual ____ 3 Yr ____

Part 1: Does the student have IEP goals or objectives in any of these areas which the student is unable to do at a level that reflects his/her abilities? Check only the areas that are relevant to the student's disabilities. List each relevant area below in the AT Consideration Record in Part 2.

	Not a Concern	Addressed Below		Not a Concern	Addressed Below
a. Activities of Daily Living (ADLs)			h. Communication (Oral/Augmentative)		
b. Environmental Control			i. Math/Problem solving		
c. Positioning & seating			j. Writing		
d. Mobility			k. Reading		
e. Hearing/Listening			l. Learning/Studying		
f. Vision			m. Recreation & leisure		
g. Computer access			n. Prevocational/Vocational		

_____ Assistive technology has been considered. Student independently accomplishes IEP goals and objectives in all instructional areas at a level that reflects his/her abilities using standard classroom tools. No Assistive Technology is needed at this time.

Part 2: AT Consideration Record

Instructional or Access Areas of Concern (from above) AND Task to be performed	Student's Customary Environment AND Barriers to success	Is student able to do the task with standard classroom tools?	Is student able to effectively complete the task with solutions currently in place? Please list.		List changes to modifications, strategies, or new assistive technology to be tried.
			Accommodations/ Modifications	Assistive Technology Solutions	
Area: Task:	Environment: Barriers:				
Area: Task:	Environment: Barriers:				

Assistive Technology Consideration Outcomes:

- _____ Assistive technology has been considered. Student independently accomplishes tasks in all instructional areas using standard classroom tools and/or with current Accommodations and Modifications or additional Accommodations and/or Modifications will be tried. No Assistive Technology is needed at this time.
- _____ Assistive Technology has been considered. Student accomplishes tasks in all instructional areas with currently available Assistive Technology. Assistive Technology is required and will continue to be provided. (Specified above)
- _____ Student does not accomplish tasks in all instructional access areas. Additional solutions including Assistive Technology may be required.
- _____ Assistive Technology devices/services are of potential benefit to the student and will be provided for a trial period. Details of the trial period have been documented in the IEP.
- _____ Assistive Technology devices/services have been recommended in an evaluation. AT equipment and/or services are needed and documented in the IEP. AT equipment to be tried is available on campus or may be checked out from the related service provider making the recommendation.
- _____ The ARD Committee is unable to make a decision about Assistive Technology equipment or services and is recommending a Level 2 Assistive Technology Assessment. The AT Evaluation Referral Form has been completed with parent participation and will be sent to the District Assistive Technology Team Leader/Specialist along with other required forms. The District AT Team Leader will schedule a Level 2 Assistive Technology Assessment after receiving the completed and signed forms.

List AT devices and services to be provided. Include those to be tried or added as well as referrals.	Responsible Parties	Initiation	Duration

