

**Assistive Technology Consideration/Screening**

**Student:** \_\_\_\_\_ **ID #** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Room #:** \_\_\_\_\_ **Lunch Time:** \_\_\_\_\_ **Resource Time:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_ **Contact e-mail:** \_\_\_\_\_

Definition: Assistive Technology Solutions are those that increase, maintain, or improve functional capabilities of individuals with disabilities.

- In column 1 label the area of concern: i.e. written composition, writing legibility, reading, spelling, math, access, communication, organization.
- In column 2 for each area of concern, describe what the student needs to do that he/she is unable to do at a level that reflects his/her skills/abilities.

<b>1. Area of Concern</b>	<b>2. State the problem with detail on what the student can not do for each area of concern.</b>	<b>3. Assistive technology solutions currently used. Describe.</b>	<b>4. List AT solution you would like to try with this student (refer to the AT Tool Kit / AT Wheel / LoTTIE kit)</b>