

## **RESOURCE CONSIDERATION GUIDE**

Student Name:	School:		Date:
Section 1. Identify the area(s) of stud	ent need that Assistive Technolog	y may be able to address:	Were one or more areas identified?
<ul> <li>Reading</li> <li>Writing</li> <li>Communication</li> <li>Learning/Studying</li> <li>Organization</li> <li>Recreation and Leisure</li> </ul>	<ul> <li>Math</li> <li>Computer Access</li> <li>Activities of Daily Living</li> <li>Mobility</li> <li>Eating</li> <li>Seating/Positioning/Mobility</li> </ul>	<ul> <li>Vision</li> <li>Hearing</li> <li>Environmental Controls</li> <li>Transition</li> <li>Other:</li> </ul>	<ul> <li>Yes - Continue to Section 2</li> <li>No - Consideration complete</li> </ul>
Section 2. A. List the area(s) of need identified above. What tasks are the student unable to complete?	B. Briefly list or describe any accommodations, strategies, or technology already being used by the student.		C. Can the student complete these tasks with Tier 1 interventions, accommodations, or strategies currently in place?
			<ul> <li>Yes – Current strategies are effective and/or new Tier 1 intervention(s) will be tried. Consideration is complete.</li> <li>No – Student requires more support or tools. Continue to Section 3</li> </ul>
Section 3. AT is required. Continue w			
	al information is needed to decide on the a	ppropriate services or devices for this stud	O document) and address AT needs in the IEP. dent. Additional team members and/or further
Section 4. Plan: What is the action plan n			n with the plan?
Action Plan Item (e.g. open REED, gather more info, invite other team members, request assistance, etc.)			r completion