

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?
 Reading Writing Communication Learning/Studying Organization Recreation and Leisure 	 Math Computer Access Activities of Daily Living Mobility Eating Seating/Positioning/Mobility 	 Vision Hearing Environmental Controls Transition Other: 	 Yes - Continue to Section 2 No - Consideration complete
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?
			 Yes – Current strategies are effective and/or new Tier 1 intervention(s) will be tried. Consideration is complete. No – Student requires more support or tools. Continue to Section 3
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