

Georgia Project for Assistive Technology

Assistive Technology Consideration Process Guide

Student: _____ School: _____ Date: _____

The GPAT Assistive Technology Consideration Resource Guide is a companion document that will assist IEP teams in completing this form. Please refer to the Resource Guide for examples of instructional tasks and possible solutions to document within this Consideration Process Guide. Each column contains general examples for each area but is not considered all inclusive.

Directions for completing this Consideration Process Guide:

1. Using the student's present levels of performance, in which general area(s) does the student experience difficulty completing instructional tasks?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Writing/Written Composition | <input type="checkbox"/> Spelling | <input type="checkbox"/> Reading | <input type="checkbox"/> Math |
| <input type="checkbox"/> Study/Organizational Skills | <input type="checkbox"/> Hearing/Listening | <input type="checkbox"/> Oral Communication/Language | <input type="checkbox"/> Seating / Positioning / Mobility |
| <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> Recreation and Leisure | <input type="checkbox"/> Pre-vocational and Vocational | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> No areas are identified. No further consideration is required. | | | |

2. **Column A:** List one area with one instructional task per row, such as Writing/Copying notes from board. Check the location(s) where the student needs to complete the task.

Complete columns B-E on each row until it is determined that the student completes the task independently, then stop.

3. **Column B:** List the standard classroom material currently used by the student to complete the task.

4. **Column C:** List the accommodations, modifications and/or strategies currently used by the student to complete the task.

5. **Column D:** List the assistive technology solution(s) currently used by the student to complete the task.

6. **Column E:** List other possible solutions the IEP team has identified (accommodations, modifications, strategies, AT devices and/or services).

A. Area and Instructional Task(s)	B. Standard Classroom Materials	C. Accommodations/ Modifications/Strategies	D. Assistive Technology Solutions	E. Other Possible Solutions (Accommodations, Strategies, Assistive Technology Devices and/or Services)
<input type="checkbox"/> School <input type="checkbox"/> Home/Community	If not independent, continue to C →	If not independent, continue to D →	If not independent, continue to E →	
<input type="checkbox"/> School <input type="checkbox"/> Home/Community	If not independent, continue to C →	If not independent, continue to D →	If not independent, continue to E →	
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Consideration Outcomes:

☐ **No, assistive technology is not required. The student independently accomplishes instructional tasks in all general areas using:**

☐ **Classroom Materials**

☐ **Accommodations**

☐ **Modifications**

☐ **Yes, assistive technology (devices and/or services) is required.**

☐ **AT is required and the IEP team knows the nature and extent of the AT devices and services needed.**

☐ **IEP Team needs additional information (i.e., observation, trial use, consult with specialist, evaluation)**

Completed by (include name and position):

Name	Position	Name	Position