

*Jefferson Parish Public School System*  
**Assistive Technology Consideration Checklist**  
**Instructional Technology Consideration Checklist**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Directions: Use this form to consider the need for assistive/instructional technology (AT/IT). Document the outcome on the IEP/IAP/ABIT record.

<b>Part I. Identify any area that is keeping the student from accomplishing goals, which reflect his/her abilities, or identify any area where the student is already using AT/IT.</b> →		<b>Was 1 or more area identified? ↓</b>
<input type="checkbox"/> A. <u>Motor Aspects of Writing</u> <input type="checkbox"/> B. <u>Computer Access</u> <input type="checkbox"/> C. <u>Composing Written Material</u> <input type="checkbox"/> D. <u>Communication</u> <input type="checkbox"/> E. <u>Reading</u>	<input type="checkbox"/> F. <u>Learning/Studying</u> <input type="checkbox"/> G. <u>Math</u> <input type="checkbox"/> H. <u>Recreation</u> <input type="checkbox"/> I. <u>Activities of Daily Living</u> <input type="checkbox"/> J. <u>Mobility</u>	<input type="checkbox"/> K. <u>Environmental Control</u> <input type="checkbox"/> L. <u>Positioning and Seating</u> <input type="checkbox"/> M. <u>Vision</u> <input type="checkbox"/> N. <u>Hearing</u> <input type="checkbox"/> O. <u>Vocational</u> <input type="checkbox"/> P. Other: _____
<b>Part II. List the area(s) identified in Part I. Specify the task(s) the student is unable to do and the environment(s) where that task takes place.</b> →	<b>Briefly list or describe any special strategies, accommodations or technology already being used.</b> →	<b>Is the student able to complete tasks at his/her ability with or without any special strategies, accommodations or technology already being used?</b>
		<input type="checkbox"/> Yes - Go to Part II. <input type="checkbox"/> No – Consideration is complete. The student does not require AT/IT at this time. Document this result on the IEP/IAP/ABIT record.
		<input type="checkbox"/> Yes - Current strategies are adequate. Consideration is complete. The student does not require AT/IT at this time. Document this result on the IEP/IAP/ABIT record.
		<input type="checkbox"/> Yes - The student’s current use of AT/IT is adequate. Consideration is complete. Document current use of AT/IT on the IEP/IAP/ABIT record.
		<input type="checkbox"/> No – Go to Part III.
<b>Part III. Select one of the following and proceed as described.</b>		
<input type="checkbox"/> AT is required. The nature and extent of the AT devices/services needed are known and AT will be addressed in the student’s IEP. <input type="checkbox"/> IT is required. The nature and extent of the IT devices/services needed are known and IT will be addressed in the student’s IAP/ABIT record. <input type="checkbox"/> AT/IT may be required. The IEP/IAP/ABIT team determines that additional information is needed and will conduct additional AT/IT screening. (Record this statement on the IEP/IAP/ABIT record.) <b>Go to Assistive Technology Screening Form.</b>		
Comments:		
Form completed by: (please print)		

Adapted from Wisconsin Assistive Technology Initiative (WATI), Miami-Dade County Assistive Technology Procedures, Georgia Project for Assistive Technology, Oregon Technology Access Program and St. Charles Parish Public Schools Consideration forms.

**Email completed Checklist and Assistive Technology Screening Forms to [Suzanne.Nugent@jppss.k12.la.us](mailto:jppss.k12.la.us)**