

# Assistive Technology Consideration Worksheet

Student Name:

Date:

Team Members Present:

## Area(s) of Need

Area	Describe the Need	Current Strategies/Supports	AT Consideration	AT Tools/Devices Tried or Proposed	Next Steps
Communication					
Writing					
Reading					
Learning/Studying					
Physical Access					
Vision					
Hearing					
Other					

## Summary/Other Considerations

Action Plan/Recommendations: