

**ASSISTIVE TECHNOLOGY INTERVENTION GUIDE K-21**

The goal is to enable the student to benefit with the least intrusive system available.

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Teacher/Case Manager: \_\_\_\_\_ Date Initiated: \_\_\_\_\_ Dates Reviewed: \_\_\_\_\_

	1. What difficulties is the student experiencing in the school environment for which Assistive Technology intervention is needed?	2. What Assistive Technology tools has the student already used to address these concerns? (Complete and attach checklist)	3. Are there additional Assistive Technology tools available in the building that should be tried?	4. Is further consultation needed to determine what Assistive Technology devices and services should be considered?	
Written Language					Yes/No
Reading					Yes/No
Spelling					Yes/No
Math					Yes/No
Study Strategies/ Organizations					Yes/No
Taking Exams					Yes/No
Communication					Yes/No
Computer Access					Yes/No
Social/Recreation/ Leisure					Yes/No
Activities of Daily Living					Yes/No
Vocational					Yes/No

Integration Specialist's Signature and Date: \_\_\_\_\_ Principal Signature and Date: \_\_\_\_\_

Date Forwarded to Special Services [Please attach current IEP and most recent FIE (eval)]: \_\_\_\_\_ Recommendation of SS Supervisors: \_\_\_\_\_

Date Received by AT Team Leader: \_\_\_\_\_ AT Team Leader Signature \_\_\_\_\_