

OCALI Consideration for Assistive Technology Checklist

Student Name _____ Date _____

Check an area in which there is concern about the student functioning as independently as possible. (If no concern, indicate "no" in the Special Considerations section of the IEP)

___ Academic

___ reading ___ writing ___ math ___ learning/studying

___ Communication

___ understanding language ___ using language

___ speaking clearly

___ Access

___ computer access ___ mobility

___ seating & positioning ___ environmental control

___ Activities of Daily Living

___ play ___ recreation/leisure ___ self-care

___ vocational

___ Social Behavior

___ following routines and rules ___ making transitions

___ staying on-task

___ Vision

___ Hearing

___ Other _____

A. What specific task in the area identified above do we want this student to perform that s/he is unable to do because of his/her disability?

B. What current special strategies, accommodations or assistive technologies have been tried to enable the student to complete this task? How well have they worked? (Include in the Present Levels section of IEP)

C. Are there continuing barriers when the student attempts this task? If so, describe. (Include in the Present Levels section of IEP)

D. Are there new or additional assistive technologies to be tried to address continuing barriers? If so, describe. (Document in Services section of IEP)

E. Is there a need for further investigation and/or assessment to determine assistive technology solutions? (Describe this plan and document in Services section of IEP)