
Appendix 8:

WATI Assistive Technology Consideration Guide



WATI Assistive Technology Consideration Guide

Student's Name _____

School _____

1. What task is it that we want this student to do, that s/he is unable to do at a level that reflects his/her skills/abilities (writing, reading, communicating, seeing, hearing)? Document by checking each relevant task below. Please leave blank any tasks that are not relevant to the student's IEP.
2. Is the student currently able to complete tasks with special strategies or accommodations? If yes, describe in Column A for each checked task.
3. Is there available assistive technology (either devices, tools, hardware, or software) that could be used to address this task? (If none are known, review WATI's AT Checklist.) If any assistive technology tools are currently being used (or were tried in the past), describe in Column B.
4. Would the use of assistive technology help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, complete Column C.

Task	A. If currently completes task with special strategies / accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
<input checked="" type="checkbox"/> Motor Aspects of Writing			
<input checked="" type="checkbox"/> Computer Access			
<input checked="" type="checkbox"/> Composing Written Material			
<input checked="" type="checkbox"/> Communication			
<input checked="" type="checkbox"/> Reading			
<input checked="" type="checkbox"/> Learning/ Studying			

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Task	A. If currently completes task with special strategies /accommodations, describe.	B. If currently completes task with assistive technology tools, describe.	C. Describe new or additional assistive technology to be tried.
<input checked="" type="checkbox"/> Math			
<input checked="" type="checkbox"/> Recreation and Leisure			
<input checked="" type="checkbox"/> Activities of Daily Living (ADLs)			
<input checked="" type="checkbox"/> Mobility			
<input checked="" type="checkbox"/> Environmental Control			
<input checked="" type="checkbox"/> Positioning and Seating			
<input checked="" type="checkbox"/> Vision			
<input checked="" type="checkbox"/> Hearing			
<p>5. Are there assistive technology services (more specific evaluation of need for assistive technology, adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation and duration.</p>			
<p>Persons Present: _____ Date: _____</p>			

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