

ASSISTIVE TECHNOLOGY INTERVENTION GUIDE EARLY CHILDHOOD

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? Yes/No
Communication				____ Yes/No
Cognitive				____ Yes/No
Social/Emotional				____ Yes/No
Adaptive Behavior				____ Yes/No
Motor				____ Yes/No
Program Administrator's Signature:	Date Forwarded to Special Services Supervisor: [Please attach current IEP and most recent MFE (eval)]			
Recommendation of SS Supervisor:				

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Date Received by AT Team Leader:		AT Team Leader Signature:	
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Comments: