Assistive Technology Needs Assessment in IEP

Student Information

Name:

Date of Birth:

Grade:

Date of IEP:

Areas of Need

Area	Present Level of Performance	Assistive Technology Considerations
Reading		
Writing		
Communication		
Mobility		
Other:		

Assistive Technology Devices/Services Considered

Assessment Summary & Team Decision

Recommended Assistive Technology

Device/Service	Purpose	Environment(s)

Next Steps & Action Plan

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Team Members Present

Name	Role	Signature