

Assistive Technology Consideration (IFSP)

Child's Name: _____

Date of Consideration: _____

Is the child making adequate progress on outcomes?

YES

NO

Is the child currently using AT?

Does the Team have enough information to determine AT needs?

NO
AT was considered and not needed at this time

YES
The child is successfully using AT

YES
The team has enough information

NO
The child needs AT but the team needs more information

Document in IFSP:
The team has discussed the child's needs and determined that AT is not needed at this time.

Document in IFSP the need for AT.
The child is currently using AT, and will continue to use AT to help reach the following outcomes:

Document in the IFSP:
The team has discussed the child's needs and determined that AT is needed. The child will use AT to help reach the following IFSP outcomes:

Document in the IFSP:
The team has discussed the child's needs and determined that we need more information in regards to AT. The team will try different technology to determine what will best meet the child's needs. We will try XYZ and meet again with more information.
Complete back of this form

X _____
Case manager initials/date

X _____

X _____

X _____

Assistive Technology Consideration (IFSP)

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Date of Consideration: _____

Current AT being used:

Assistive Technology being used	Are needs being met successfully?

Areas of Need: Consider the routines and activities the child participates in. What support is needed?

Activity	Environment/Routine	Desired Outcome	Features of Tool(s) to Try	Training needs for tool?

Trying Assistive Technology: Document what AT is to be tested or tried, how you will measure progress and the results- child's performance with the device.

Device	Environment	Start Date	End Date	Progress Measurement	Child's performance results

Date of the next meeting to discuss Assistive Technology needs and add specific information to IFSP if successful. _____