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| --- | --- |
| Student’s Name: | Today’s Date: |
| School: | Date of Birth: |
| Classroom Teacher: | Grade:  A.M.  P.M.  N/A |
| Federal Code: | Case Manager: |
| Local Student ID: | Upcoming IEP Meetings: |
| Primary Language(s): | Area(s) of Concern: |

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| --- | --- | --- |
| ***Indicate all services the student currently receives:*** | | |
| Special Education | Physical Therapy | Orientation and Mobility |
| Speech/Language Therapy | Itinerant Hearing | ELL |
| Occupational Therapy | Itinerant Vision | Other: |

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| --- | --- | --- |
| **S**tudent  *Information about the student: strengths, weaknesses, likes, motivators, behaviors.* | | |
| *Student Strengths* | *Student Needs* | *Student Motivators* |
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| Additional Information: | | |

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| **E**nvironments  *List the tools that are currently being used to support academics, including technology currently available.* |
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| **T**asks  *List target/relevant IEP goal(s)* |
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| **T**ools  *What assistive tools could be helpful to address the curriculum?* |
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| --- | --- |
| **Next Steps:** AT Implementation Plan | |
|  | |
| **AT DEVICE:  YES  NO** | **AT SERVICE (AT Consult):  YES  NO** |

|  |  |
| --- | --- |
| **Collaborator Names** | **Position/Title** |
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