|  |  |
| --- | --- |
| 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:  |

|  |
| --- |
| ***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:  |

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

|  |
| --- |
| **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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