

Assistive Technology Assessment: Student, Environment, Tasks and Tools (SETT)

Student: _____ **Grade/Age:** _____ **School Building:** _____ **District** _____

Contact/Case Manager: _____ **E-Mail:** _____ **Date:** _____

Team Participants:(names/titles): _____

AT Consideration: Select the instructional or access areas in which the student is experiencing difficulty completing instructional tasks and/or meeting IEP goals.

- Writing
 Spelling
 Reading
 Math
 Listening
 Communication
 Organizational Skills
 Mobility/Positioning
 Social/Behavioral
 Other _____

STUDENT:	ENVIRONMENT:	TASKS:	TOOLS:
What are the student’s strengths and needs?	Classes and situations where help is needed.	What are the tasks that the student needs to be able to accomplish to meet IEP goals?	(**complete this column last) What AT tools or services will address these tasks?

Trial Period Recommended: No: _____ **Yes:** _____ **If yes, complete Trial Period Plan form on back.**

Assistive Technology Trial Period Plan

Student: _____ **School:** _____

Planning Date: _____ **Grade:** _____

Team participants: names and titles _____

Targeted IEP Goal:

AT on Trial to Accomplish Above Goal	Environments for AT Trial	AT Trial Period	Indicators of Effectiveness (Rate, duration, accuracy, quality, etc. as determined by team prior to trial)	Effectiveness (To be completed at the end of the trial period by designated staff.) How did the performance change? Attach work samples of pre- and post-trial data.