

# Assistive Technology Planning Guide / Extended Assessment Plan

## SETT – Student, Environment, Task, Tools

<b>Student Name:</b>	
<b>School:</b>	
<b>Parent Name(s):</b>	<b>Parent Phone:</b>
<b>Teacher Name:</b>	<b>Teacher Phone:</b>
<b>Casemanager:</b>	<b>CM Phone:</b>

**Part 1 - Date of Assessment Planning:**

**Part 2 - Date of Team Review:**

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### **PART 1 - ASSESSMENT PLANNING – Date:**

**Team Members Present:**

### **STUDENT – Abilities and Difficulties Related to Identified Tasks:**

<b>Tasks:</b>	<b>Abilities and Difficulties</b>
Medical	•
Fine Motor	•
Gross Motor	•
Receptive Communication	•
Expressive Communication	•
Reading	•
Writing	•
Math	•
Vision	•
Hearing	•
Cognition	•
Behavior	•
Attention	•
Other	•

### **ENVIRONMENTAL CONSIDERATIONS**

**– What Is Current Environment Like?**

<b>Place/Item:</b>	<b>Description (Including Concerns):</b>
Classroom Setup:	•
Access to Technology:	•
Home:	•

**- What has been done in the past to meet assistive technology needs?**

<b>Equipment or Modification</b>	<b>Used where?</b>	<b>Used when?</b>	<b>Currently in use?</b>	<b>If discontinued, why?</b>

**TASKS – What Does the Student Need to Be Able to Do?**

Task Area:	Task Identification:
	•

**TOOLS – What Specific Devices and Services May Help the Student Accomplish These Tasks?**

Task:	Proposed Tools / Strategies	Accepted/Rejected
1.	•	•
2.	•	•
	•	•
	•	•
	•	•

**IMPLEMENTATION PLAN**

Device/Service/ strategy	Initiate Trial (date)	Length of Trial	Is training needed?	Who will provide training and who will receive it?	Who will take data?

**OVERALL GOAL FOR ASSISTIVE TECHNOLOGY USE**

Goal for extended trials:
How will we know if the trial is successful?:
What level of achievement is reasonable to expect during the trial period?:
How will we know if the trial is not working? (What criteria will we use to stop?):

**PART 2 - ASSESSMENT PLANNING – Date:**

**Team Members Present:**

**Extended Assessment Summary of Devices/Services**

(to be completed at end of assessment)

<b>How did the student's performance change when using the devices/services?</b>
<b>How did the student like using the devices/services?</b>
<b>What are the advantages of using the devices/services?</b>
<b>How long can a student be expected to use the devices/services?</b>
<b>Extended Assessment Recommendation:</b>