

# Assistive Technology Planning Guide / Extended Assessment Plan

## SETT – Student, Environment, Task, Tools

Student Name:		Parent Phone:	
School:		Teacher Phone:	
Parent Name(s):		CM Phone:	
Teacher Name:			
Casemanager:			

Part 1 - Date of Assessment Planning:  
 Part 2 - Date of Team Review:

---

**PART 1 - ASSESSMENT PLANNING – Date:**  
**Team Members Present:**

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

Tasks:	Abilities and Difficulties
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?

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

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

Equipment or Modification	Used where?	Used when?	Currently in use?	If discontinued, why?

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

<b>Task Area:</b>	<b>Task Identification:</b>
	•

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

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

**IMPLEMENTATION PLAN**

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

**OVERALL GOAL FOR ASSISTIVE TECHNOLOGY USE**

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

**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>