

**Assistive Technology Pre-Assessment Worksheet – South Eastern Special Education**



SOUTH EASTERN SPECIAL EDUCATION

**STUDENT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**In what area is the student struggling (please check all that apply):**

- Fine motor related to computer access       Motor aspects of writing       Composing written material
- Communication       Reading       Learning and studying       Math       Recreation and leisure
- Seating and positioning       Mobility       Vision       Hearing

**What is the student unable to do that the IEP team would like him/her to be able to do?**

**Where does the student struggle with the task(s) that you have listed above?**

home     all classes     specific class: \_\_\_\_\_

**Does the student currently use any assistive technology?**     No     Yes (explain: \_\_\_\_\_)

**What assistive technology has been tried previously?**

**For questions regarding the information listed on this form, the assistive technology evaluator may contact:** \_\_\_\_\_

name and phone number

**ATTACH TO YELLOW SCREENING REFERRAL AND DOMAIN GRID FROM PREMEETING.**