

ASSISTIVE TECHNOLOGY DECISION DOCUMENTATION

Today's Date: _____

Student: _____ **DOB:** _____

MA Billable: YES NO

Name of Device: _____

Vendor and Contact: _____

Estimated Cost: _____

Assistive Technology Consideration and need documented in IEP:

- YES
- NO

Where in IEP is it documented?

Briefly describe how the IEP team decided on assistive technology needs and specific device:

Assistive Technology will increase independence in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> Recreation and Leisure |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Hearing/Listening | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Math | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Writing |

Return this form with a copy of the student's IEP to your district's business manager
