**WATI Assistive Technology Decision Making Guide**

**Area of Concern** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Problem Identification**

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| **Student’s Abilities/Difficulties** | **Environmental Considerations** | **Tasks** |
| * Writing/use of hands * Communication * Reading/academics * Mobility * Vision * Hearing * Behavior * Attention * Organization * Sensory strengths/needs * Other | * Classroom * Playground * Lunch room * Home, etc.   In each:   * Technology equipment available * Room arrangement, lighting * Sound * Other sensory aspects * Activities that take place | Examples:   * Produce legible written material * Produce understandable speech * Read text * Complete math problems * Participate in recreation/leisure * Move independently in the school environment |
| **Narrowing the Focus** |
| Specific task identified for solution generation |
| **Solution Generation**  **Tools & Strategies** | **Solution Selection**  **Tools & Strategies** | **Implementation Plan** |
| Brainstorming Only  No Decision  Review AT Checklist | Discuss & Select Idea from  Solution Generation | AT Trials/Services Needed:  Date  Length  Person Responsible |
| **Follow-Up Plan** |
| Who & When  Set specific date |

**Important:** This is not a form to be filled in. It is intended that you use this as a guide. Each topic should be written in large print where everyone can see it, (e.g., projected or written on a flip chart or board). Information should then be transferred to paper for distribution, file, and future reference.