**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 OnlyNo DecisionReview AT Checklist | Discuss & Select Idea fromSolution Generation | AT Trials/Services Needed:DateLengthPerson Responsible |
| **Follow-Up Plan** |
|  Who & WhenSet 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.