

**Child's Initials:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Diagnosis, Medical Condition, or Developmental Concern:**

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<b>Dates of AT Consideration:</b>	<b>Results:</b>	<b>Specific Areas to be Assessed:</b>	<b>Disciplines Present:</b>
Initial:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		

<b>Assistive Technology (AT) Category</b>	<b>AT Devices: Currently Used</b>	<b>AT Devices: Used for Assessment</b>	<b>AT Devices: Extended Trial</b>	<b>AT Devices: Ordered</b>
<p><b>1. Vision:</b></p> <p>Aids or devices to facilitate the enhancement or interpretation of visual information.</p> <p>Can the infant/toddler see and attend to visual stimulation/information (faces, lights, toys, people moving) in his/her environment?</p> <p>Initial Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p>	<p><input type="checkbox"/> Mini-Lite Box</p> <p><input type="checkbox"/> Mini-Lite Transparent overlays</p> <p><input type="checkbox"/> Plexiglass spinner and spinner patterns</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><input type="checkbox"/> Mini-Lite Box</p> <p><input type="checkbox"/> Mini-Lite Transparent overlays</p> <p><input type="checkbox"/> Plexiglass spinner and spinner patterns</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><input type="checkbox"/> Mini-Lite Box</p> <p><input type="checkbox"/> Mini-Lite Transparent overlays</p> <p><input type="checkbox"/> Plexiglass spinner and spinner patterns</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><input type="checkbox"/> Mini-Lite Box</p> <p><input type="checkbox"/> Mini-Lite Transparent overlays</p> <p><input type="checkbox"/> Plexiglass spinner and spinner patterns</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p><b>2. Assistive Listening:</b></p> <p>Aids or devices to facilitate the enhancement or interpretation of auditory information.</p> <p>Can the infant/toddler hear and respond to sounds (voices, door bell, TV, airplane, dog barking) in the environment?</p> <p>Initial Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p>	<p><input type="checkbox"/> _____</p>	<p><input type="checkbox"/> _____</p>	<p><input type="checkbox"/> _____</p>	<p><input type="checkbox"/> _____</p>

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<p><b>3. Self-care:</b></p> <p>Devices to assist with eating, bathing, dressing, and toileting. Is the infant/toddler able to manage daily self-care and daily living activities?</p> <ul style="list-style-type: none"> <li>• Holds own bottle (7 mos)</li> <li>• Begins finger feeding (8 mos)</li> <li>• Sits &amp; plays w/toys in bath (8 mos)</li> <li>• Drinks from cup (12 mos)</li> <li>• Takes off simple clothes (1.5 yrs)</li> <li>• Uses utensils 50% of meal (2 yrs)</li> </ul> <p>Initial Date: _____ Yes/No                      Review Date: _____ Yes/No                      Review Date: _____ Yes/No                      Review Date: _____ Yes/No                      Review Date: _____ Yes/No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____
<p><b>4. Positioning:</b></p> <p>Supports needed to maintain body or joint alignment. Can the infant/toddler _____ on typical surfaces?</p> <ul style="list-style-type: none"> <li>• Lie at birth</li> <li>• Sit (6-8 mos)</li> <li>• Stand (9-11 mos)</li> </ul> <p>Initial Date: _____ Yes/No                      Review Date: _____ Yes/No                      Review Date: _____ Yes/No                      Review Date: _____ Yes/No                      Review Date: _____ Yes/No</p>	<input type="checkbox"/> Versaform 22X34 <input type="checkbox"/> Vacuum Pump <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Versaform 22X34 <input type="checkbox"/> Vacuum Pump <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Versaform 22X34 <input type="checkbox"/> Vacuum Pump <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Versaform 22X34 <input type="checkbox"/> Vacuum Pump <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

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<p><b>5. Mobility:</b></p> <p>Equipment to promote independent or assisted movement.</p> <p>Is the infant/toddler able to independently move about all areas of the home/community?</p> <ul style="list-style-type: none"> <li>• Roll (8 mos)</li> <li>• Crawl (9-11 mos)</li> <li>• Walking (9-18 mos)</li> </ul> <p>Initial Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____
<p><b>6. Communication:</b></p> <p>Strategies and/or technology for communication with others.</p> <p>Can the infant/toddler let wants/needs be known in all situations with all people?</p> <ul style="list-style-type: none"> <li>• Cries/vocalizes (birth-12 mos)</li> <li>• Uses 1-3 words (12-15 mos)</li> <li>• Uses 15-20 words (18-24 mos)</li> <li>• Uses 50+ words, 2-3 word phrases (24-32 mos)</li> </ul> <p>Initial Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p>	<input type="checkbox"/> Picture Symbols (Boardmaker) <input type="checkbox"/> BigMack - red <input type="checkbox"/> Every Move Counts Book & Video <input type="checkbox"/> 7-Level Communicator <input type="checkbox"/> VoicePal 8K <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Picture Symbols (Boardmaker) <input type="checkbox"/> BigMack - red <input type="checkbox"/> Every Move Counts Book & Video <input type="checkbox"/> 7-Level Communicator <input type="checkbox"/> VoicePal 8K <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Picture Symbols (Boardmaker) <input type="checkbox"/> BigMack - red <input type="checkbox"/> Every Move Counts Book & Video <input type="checkbox"/> 7-Level Communicator <input type="checkbox"/> VoicePal 8K <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Picture Symbols (Boardmaker) <input type="checkbox"/> BigMack - red <input type="checkbox"/> Every Move Counts Book & Video <input type="checkbox"/> 7-Level Communicator <input type="checkbox"/> VoicePal 8K <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

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<p><b>7. Early Reading:</b></p> <p>Aids or devices to promote the development of reading.</p> <p>Can the infant/toddler participate in reading activities?</p> <ul style="list-style-type: none"> <li>• Hold book/see pictures (6 mos)</li> <li>• Look/point at pictures (16 mos)</li> <li>• Turn pages (1.5 yrs)</li> <li>• Listen to stories/repeat phrases within the book (2-2.5 yrs)</li> <li>• View book on own (2.5-3 yrs)</li> </ul> <p>Initial Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____
<p><b>8. Early Writing:</b></p> <p>Aids or devices to promote the development of writing.</p> <p>Can the infant/toddler let wants/needs be known participate in writing activities?</p> <ul style="list-style-type: none"> <li>• Grasp crayon (11 mos)</li> <li>• Color/paint (18 mos)</li> <li>• Draw lines (2+ yrs)</li> </ul> <p>Initial Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p> <p>Review Date: _____ Yes/No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____

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<p><b>9. Early Math:</b></p> <p>Aids or devices to promote the development of math skills. Can the infant/toddler participate in early math activities?</p> <ul style="list-style-type: none"> <li>• Hold/play with manipulatives – stack blocks (12+ mos)</li> <li>• Nest cups (12-18 mos)</li> <li>• Push Duplos together/pull apart (1.5-2 yrs)</li> <li>• String beads (2 yrs)</li> <li>• Pretend play with dishes, spoons, cups (2+ yrs)</li> </ul> <p>Initial Date: _____ Yes/No Review Date: _____ Yes/No Review Date: _____ Yes/No Review Date: _____ Yes/No Review Date: _____ Yes/No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____
<p><b>10. Computer Access:</b></p> <p>Programs or devices to allow a child to use a computer for play or learning. Can the infant/toddler use a computer (move the mouse/touch screen and keys) for play or learning?</p> <ul style="list-style-type: none"> <li>• If available/allowed (2.5+ yrs)</li> </ul> <p>Initial Date: _____ Yes/No Review Date: _____ Yes/No Review Date: _____ Yes/No Review Date: _____ Yes/No Review Date: _____ Yes/No</p>	<input type="checkbox"/> Switch Interface Pro 5.0 <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Switch Interface Pro 5.0 <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Switch Interface Pro 5.0 <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Switch Interface Pro 5.0 <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

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<p><b>11. Play:</b> Technology to promote play opportunities and experiences alone or with others. Can the infant/toddler participate in play and leisure activities?  <ul style="list-style-type: none"> <li>• Grasp/shake rattle (5-8 mos)</li> <li>• Push buttons on toys (9-12 mos)</li> <li>• Stacks (12-18 mos)</li> <li>• Explores/likes variety of toys (9+ mos)</li> <li>• Interactive ball play (12 mos)</li> <li>• Pretend play (2 yrs)</li> <li>• Enjoy circle games &amp; story time (2.5+ yrs)</li> </ul> </p> <p><b>12. Environmental Control:</b> Equipment that provides a way to assist the child to independently control appliances and fixtures. Can the infant/toddler independently control appliances and fixtures regularly available in the environment?  <ul style="list-style-type: none"> <li>• Turn TV on/off (16 mos)</li> <li>• Turn lights on/off (16 mos)</li> <li>• Open drawers/doors (2 yrs)</li> </ul> </p> <p style="text-align: right;">Play    <u>EC</u></p> <p>Initial Date: _____ Y/N Y/N                      Review Date: _____ Y/N Y/N</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p style="text-align: center;"><b>Switches</b></p> <input type="checkbox"/> JellyBean Switch <input type="checkbox"/> Specs Switch <input type="checkbox"/> Big Red Switch <input type="checkbox"/> Wobble Switch on Base <input type="checkbox"/> Pal Pad Switch (small) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p style="text-align: center;"><b>Switches</b></p> <input type="checkbox"/> JellyBean Switch <input type="checkbox"/> Specs Switch <input type="checkbox"/> Big Red Switch <input type="checkbox"/> Wobble Switch on Base <input type="checkbox"/> Pal Pad Switch (small) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p style="text-align: center;"><b>Switches</b></p> <input type="checkbox"/> JellyBean Switch <input type="checkbox"/> Specs Switch <input type="checkbox"/> Big Red Switch <input type="checkbox"/> Wobble Switch on Base <input type="checkbox"/> Pal Pad Switch (small) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
		<p style="text-align: center;"><b>Switch Accessories</b></p> <input type="checkbox"/> Dual Switch-Latch timer <input type="checkbox"/> PowerLink 3 <input type="checkbox"/> Battery adapter A/AA <input type="checkbox"/> Battery adapter C/D <input type="checkbox"/> Notching File <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p style="text-align: center;"><b>Switch Accessories</b></p> <input type="checkbox"/> Dual Switch-Latch timer <input type="checkbox"/> PowerLink 3 <input type="checkbox"/> Battery adapter A/AA <input type="checkbox"/> Battery adapter C/D <input type="checkbox"/> Notching File <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p style="text-align: center;"><b>Switch Accessories</b></p> <input type="checkbox"/> Dual Switch-Latch timer <input type="checkbox"/> PowerLink 3 <input type="checkbox"/> Battery adapter A/AA <input type="checkbox"/> Battery adapter C/D <input type="checkbox"/> Notching File <input type="checkbox"/> _____ <input type="checkbox"/> _____
		<p style="text-align: center;"><b>Switch Activated Devices</b></p> <input type="checkbox"/> Tape Recorder <input type="checkbox"/> Small fan <input type="checkbox"/> Bouncing Butterfly <input type="checkbox"/> Vibrating Pillow <input type="checkbox"/> Rainforest Waterfall <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p style="text-align: center;"><b>Switch Activated Devices</b></p> <input type="checkbox"/> Tape Recorder <input type="checkbox"/> Small fan <input type="checkbox"/> Bouncing Butterfly <input type="checkbox"/> Vibrating Pillow <input type="checkbox"/> Rainforest Waterfall <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p style="text-align: center;"><b>Switch Activated Devices</b></p> <input type="checkbox"/> Tape Recorder <input type="checkbox"/> Small fan <input type="checkbox"/> Bouncing Butterfly <input type="checkbox"/> Vibrating Pillow <input type="checkbox"/> Rainforest Waterfall <input type="checkbox"/> _____ <input type="checkbox"/> _____

Date:	Comments: