Student: School:

Student ID: Primary Exceptionality Secondary Exceptionality

**Check the area(s) the student currently has difficulty in and receives special education services.**

Oral Communication Aids to Daily Living Recreation & Leisure

Pre-Vocational Computer Access Seating, Positioning, Mobility

Functional Reading Functional Writing Functional Math

|  |  |  |  |
| --- | --- | --- | --- |
| A. Instructional Tasks | B. Completes Tasks with Accommodations/ Modifications and/or Assistive Technology Solutions Currently in Place | | C. Assistive Technology Trials |
| IEP Accommodations/ Modifications | Current Assistive Technology Solutions |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Implementation Plan**

**Expected Outcome:**  Independence Accuracy Frequency Spontaneity Quantity

**Data Collected:** Interview Work Samples Observation Checklist Report Card

|  |  |  |
| --- | --- | --- |
| Access/ Tool(s) | Team Member/  Task & Responsibility | Date(s) |
|  |  | Begin:  End: |
|  |  | Begin:  End: |
|  |  | Begin:  End: |