Assistive Technology Consideration: Student, Environment, Tasks and Tools (SETT)

Student:_____   School:_____   Grade:_____

Team Participants (names and titles):

Case Manager:_____   Phone:_____   Date:_____

IEP Goal area being addressed:
OR
Needed to access/progress in what general education area:

STUDENT: What are the student's strengths and needs?	ENVIRONMENT: Classes and situations where help is needed?	TASKS: What are the tasks that the student needs to be able to accomplish to meet IEP goals and/or make progress in the general curriculum?	TOOLS: Are AT items or services required to address these tasks? If yes, what features would the item or service need to have?

Trial Recommended? No ☐ Yes ☐ If yes, complete a request for AT Trial Form
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