

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

Student:

School:

Grade:

Team participants: names and titles

Phone Number:

Case Manager:

Date:

School Administrator:

Special Ed Cluster Supervisor:

<p>STUDENT: What are the student's strengths and needs?</p>	<p>ENVIRONMENT: Classes and situations where help is needed?</p>	<p>TASKS: What are the tasks that the student needs to be able to accomplish to meet IEP goals?</p>	<p>TOOLS: What AT or services will address these tasks?</p>

Trial Period recommended? No _____ Yes _____ If yes, complete and attach Trial Period Plan form.