

Accessible Technology Assessment: 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:

IEP Goal area being addressed:

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?	TOOLS: What AT or services will address these tasks?

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