

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

School: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Team participants: \_\_\_\_\_

Student: \_\_\_\_\_ Case Manager: \_\_\_\_\_

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?
<b>What we know</b>				
<b>What we need to know</b>				

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