

3. Is the student currently or has the student previously utilized assistive technology to accomplish this task? Please be specific about assistive technology that has been tried and the outcomes of that assistive technology usage.
 - a. What type of training has the staff received on how to utilize the assistive technology for this student? What type of training has the student and family members received?
 - b. What is the comfort level of the staff, student and family members with using assistive technology?
4. Does the student use a computer? If yes, please describe the types of programs being used and the student's level of computer competence.
5. What assistive technology tools (devices/software) are currently available in the district? Is the staff involved with this student familiar with these technologies?

Additional Comments:

Thank you!

Submit this form to Assistive Technology Team, EASTCONN, 10 Commerce Drive, Columbia CT 06237, or fax to: 860-228-3206.

Please include:

- **the most current IEP**
- **relevant evaluation reports**
- **signed permission to assess and release of information forms**