

Assistive Technology Performance Area Checklist for Parents

Child's Name: _____ **Completed By:** _____ **Date:** _____

This checklist can help you prepare for your child's IEP meeting and assist in considering if your child may need assistive technology or other types of accommodations to support his/her learning. The performance areas listed below can assist you in identifying areas where your child is experiencing success as well as areas where your child is having difficulty. Simply place a checkmark in the areas that you feel apply to your child and use the notes section to identify specific tasks or items that you want to discussed the IEP meeting.

Subject	Performance Area	Area of Strength	Area of Concern	Task of Concern	NOTES: Please list specific tasks that your child excels at or may be having difficulty with:
	Calculation: Does your child have a hard time handling math "manipulatives", or understanding basic calculation concepts?				
	Reading: Does your child read at a lower level than his/her peers or struggle with the written word?				
	Spelling: Does your child spell at a lower level than his/her peers or experience difficulties with spelling strategies?				

Information Gathering Worksheet cont'd

Subject	Performance Area	Area of Strength	Area of Concern	Task of Concern	NOTES: Please list specific tasks that your child excels at or may be having difficulty with:
	<p>Compose Written Material: Does your child have difficulty composing written material in the classroom and/or at home?</p>				
	<p>Mechanics of Writing: Does your child have difficulty producing legible written work in the classroom and/or at home?</p>				
	<p>Computer Access: Does your child have difficulty accessing or controlling the computer through a standard keyboard or mouse?</p>				

Information Gathering Worksheet cont'd

Subject	Performance Area	Area of Strength	Area of Concern	Task of Concern	NOTES: Please list specific tasks that your child excels at or may be having difficulty with:
	<p>Study and Organizational Skills: Does your child have difficulty mastering and applying good study and organizational skills?</p>				
	<p>Communication: Does your child have difficulty communicating verbally or through the written word?</p>				
	<p>Vision: Does your child have difficulty seeing standard size print or print contrast combinations? Does the student have difficulties with vision?</p>				

Information Gathering Worksheet cont'd

Subject	Performance Area	Area of Strength	Area of Concern	Task of Concern	NOTES: Please list specific tasks that your child excels at or may be having difficulty with:
	<p>Hearing: Does your child have difficulty with hearing in the classroom and/or any other educational environment?</p>				
	<p>Listening and Attending: Does your child have a difficult time with focusing and attending to written or spoken directions, questions and/or instruction?</p>				
	<p>Behavior: Does your child have challenging behavior that interferes with his/her education and/or the education of others?</p>				

Information Gathering Worksheet cont'd

Subject	Performance Area	Area of Strength	Area of Concern	Task of Concern	NOTES: Please list specific tasks that your child excels at or may be having difficulty with:
	<p>Seating, Positioning and Mobility: Does your child have difficulty moving around or transition within the school environment because of poor positioning or mobility?</p>				
	<p>Activities of Daily Living: Does your child have difficulty performing basic self-care tasks?</p>				
	<p>Recreation and Leisure: Does your child have difficulty participating in recreational and extracurricular activities?</p>				
	<p>Transition to Adult life: Does or your child have difficulty adjusting to adult life related to a job, post-secondary education and/or a living environment?</p>				