



TITLE:

Summary of Assistive Technology Assessment

Provide a brief description of the daily activities and routines requiring adaptation and/or modification, as identified in the child's IFSP.

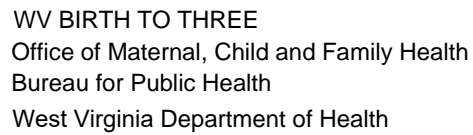
Provide a brief description of the adaptations and/or modifications tried as part of the assessment process to achieve enhanced participation in the daily activities or routines. If these strategies have not been successful, explain why.

Please specify the device(s) or adaptation(s) being requested. Include measurements (or size) and pertinent accessories

What are the specific features of the device(s) or adaptation(s) which meet the unique participation needs of the child?

Refer to the WV Birth to Three Service Definition for Assistive Technology services covered under IDEA and WVBTT.
When an item is not covered under the Service Definition for Assistive Technology, the IFSP team should link the family to other resources.

PARENT AND TEAM SIGNATURES ARE REQUIRED ON NEXT PAGE



Date:

As a member of this child's assistive technology assessment team, I am in agreement that the above recommended adaptations, modifications, or assistive technology devices are appropriate and the most cost-effective choice to enhance the child's participation within the daily activities and routines.

ATF - 2