Infinitec Assistive Technology Coalition: Student Current Performance

Infinitec Southwest * 7550 W. 183rd St. * Tinley Park, Il. 60477 * Heather Miller Schwarz * Phone (815) 370-3710* Fax (708) 570-3366

Student Name: _____ School: _____ Date: _____
Please confer with team members (parents, services providers, teachers, etc.) to complete this form.
Please highlight the student's strengths and challenges: _____
_____
_____

Please review the student's IEP goals and consider his/her daily activities to determine the primary areas of concern. Consider areas such as: writing, spelling, reading, math, study skills, communication, activities of daily living, recreation and leisure, pre-vocational/vocational activities, seating and positioning, and mobility. ***Please circle one area of concern that is the greatest priority at this time.****

What are the primary areas of concern for this student? (List one concern per box.)	During what time of the day (what class/activity) does this concern impede learning?	What time of the day does this take place?	What are the specific tasks that the student is expected to do during this time?	What has been tried during this time to assist the student in doing the task?	Other Comments
Example: Communication - asking/answering questions in class	e.g., social studies	e.g., 9:30 AM	e.g., ask questions for clarification, answer questions asked in class	e.g., teacher asks yes/no questions, have student point to response	e.g., can't ask questions at this time, pointing works OK, but seems she has more to say, items to point at not always available

PLEASE WRITE ONE SPECIFIC QUESTION YOU WOULD LIKE THE COLLABORATION TO ADDRESS*
(this information is needed prior to scheduling the collaboration):

List any specific pieces of assistive technology that the team would like to consider: _____
List team/role (include parent) members contributing to this report: _____
Phone: _____ Preferred time of day for call: _____
Please attach the student's daily schedule, a video of your student, and copy of the student's current IEP.*