Assistive Technology Data Collection Form

Student: _____   School Building: _____

Date: _____   Observer/Title: _____

Task: i.e., writing spelling sentences, copying math problems, reading textbook section, etc.	Environment: i.e, group work, independent, classroom, at desk, with book or supports, timed, etc.	Tools or Strategy: i.e., pencil grip, colored paper, book on cd, read to student, etc.	Outcome: what happened?

Please send completed Data Collection Form and Assistive Technology Consideration Worksheet to the MOISD Assistive Technology Coordinator