

Assistive Technology Follow-up Report

Student: _____

Current date: _____

Date of Assistive Technology evaluation: _____

Evaluation performed by: _____

Current School: _____

Equipment student is currently using: (needs to be checked in at the end of the school year): _____

Suggestions from AT evaluation:

IEP goals to be met by AT:

IEP teams response to recommendations/action taken by IEP team:

Current Student Status (academic status, AT use, student feedback):
