App Consideration Form

Student Name: __________________________ Grade: __________________________

Subject(s): ______________________________________________________________

A.T. Evaluation: Date: ______ Yes: _____ No: _____

Recommendations: __________________________________________________________

Tasks/skills to be considered: _____________________________________________

I.E.P. Goals/Obj. addressed: ______________________________________________

Exact Name of App: _______________________________________________________

Features of App: __________________________________________________________

Features needed by student: ________________________________________________

Wireless needed? __________________________________________________________

Subjects where student can use app: _________________________________________

Student will submit work to teacher: via email _____ wireless printer _____

iCloud Storage_____ School sharing account: __________

Who will program/personalize AAC app? _____________________________________

What data needs to be collected? ___________________________________________

Who will collect the data? _________________________________________________

Alternative options when device is not available: ______________________________

Timeline for next meeting date to evaluate app: _______________________________
Committee members: ______________________________________________________

Other Discussion: