

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: