

Name:	Date:
My Current Teacher or Case Manager:	School:

My Strengths:

What are some challenges that assistive technology helps me with?

MY TOOLS & STRATEGIES

Tool or Strategy:	What sort of tasks do I use it for?	Where & when do I usually use it?	Can I use it independently?

Where do I get help or training if I need it?

What I'd like my next teacher to know about my assistive technology: