ATSelect Record Form

Student		School	
Age		Grade	
Date		Review Date	

Section 1: Environment

What device is the student using?

_____

Where does the student work?

☐ Classroom   ☐ Library   ☐ Home   ☐ Other:_____

Environmental Concerns?

☐ Internet Access   ☐ Access to Power   ☐ Non-Digital Formats
☐ Access to Device   ☐ Noise   ☐ Physical Accessibility
☐ Other: ☐ Other: ☐ Other:

Section 2: Student

Strengths:
Weaknesses:

Section 3: Selecting the Technology

Academic Skills to be supported	Assistive Technology Tool	Specific Assistive Technology Product
1)		
2)		
3)		