

**Project TTAP: Technology Team Assessment Process  
Information Compiled from the IEP**

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Date \_\_\_\_\_ ID# \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_  
years, months

Scheduled date of assessment \_\_\_\_\_

Team member completing this form \_\_\_\_\_

The Core assessment team members should review the child's IEP prior to the technology assessment and complete the following, continuing on the back if necessary.

**What is the child's school/program placement?**

**What is the child's disability?**

**What type of related services have been initiated by the school/program?**

**What is the child's present performance level?**

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**What areas have been identified for goal development?**

**What technology materials are currently being used with the child?**

**If technology is being used, describe how it is assisting the child to achieve short-term objectives:**

**If technology is not being used, how can it be integrated to achieve developmental goals?  
List the hardware and software that may be needed to assist the child.**