

**Student Name**

**1. Difficulties the Student has Learning New Material or Studying** *Check all that apply*

- |  |   |
|--|---|
| <input type="checkbox"/> Remembering assignments                   | <input type="checkbox"/> Organizing information/notes               |
| <input type="checkbox"/> Remembering steps of tasks or assignments | <input type="checkbox"/> Organizing materials for a report or paper |
| <input type="checkbox"/> Finding place in textbooks                | <input type="checkbox"/> Turning in assignments                     |
| <input type="checkbox"/> Taking notes during lectures              | <input type="checkbox"/> Reviewing notes from lectures              |
| <input type="checkbox"/> Other <i>Specify</i>                      |   |

**2. Assistive Technology Tried** *Check all that apply*

- Print or picture schedule
- Low tech aids to find materials (e.g. index tabs, color coded folders)
- Highlighting text (e.g. markers, highlight tape, ruler)
- Recorded material
- Voice output reminders for assignments, steps of task, etc.
- Electronic organizers
- Pagers/electronic reminders
- Hand held scanner to read words or phrases
- Software for manipulation of objects/concept development
- Software for organization of ideas and studying
- Palm computers
- Other *Specify*

**3. Strategies Used**

Describe any adaptations or strategies that have been used to help this student with learning and studying.

**Summary of Student's Abilities and Concerns in the Area of Learning and Studying**