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| --- | --- | --- | --- | --- |
| Area(s) in which functional capabilities are currently of concern (Enter only one on each line. Use additional sheet for more areas of concern.) | **Consider functioning in all customary environments** | | | |
| Identify specific tasks in this area that are difficult or impossible at this time at expected level of performance. | 1. Describe the special strategies, accommodations, and tools that are currently being used to lower barriers to the task. | 1. Are there continuing barriers encountered when the student attempts this task? If so, please describe. | 1. Describe new or additional assistive technology to be tried to address continuing barriers, or indicate a need for further investigation. |
| **PHYSICAL** |  |  |  |  |
| Motor abilities |  |  |  |  |
| **COMMUNCATION** |  |  |  |  |
| speech sound production, |  |  |  |  |
| receptive and expressive language |  |  |  |  |
| Augmentative and alternative communication |  |  |  |  |
| **SOCIAL COMPETENCE** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |