**SETT Framework:**

**Attendees:**

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| --- | --- | --- | --- |
| **STUDENT/SKILLS****What are client’s strengths and needs?** | **ENVIRONMENT****Where does client go? Who and what supports him/her?** | **TASKS****What would we like client to be doing? (Goals)** | **TOOLS****What tools or strategies will support client with his/her goals at home or at school?** |
| Medical Status: Strengths:  Concerns/Challenges:  Likes: Dislikes:  Vision: Hearing: Mobility/Positioning/Gross Motor:  Fine Motor:  Communication:  Academics:  Computer Use:  Telephone:  | Home:  School: Community: Resources/Equipment: ACETS team: | Typical Day:    Goals/New Activities to Target: Priorities:  | Tools Tried in the Past:   Strategies Tried in the Past: New Ideas for Today: Device Features Needed: Mounting:  Plan:   |