**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: |