Considerations for iPad APP selection:

What is the student’s visual impairment? If the student has functional vision, describe it.

What is the student’s hearing level? If the student has functional hearing, describe it.

What is the adult’s (SSA / TA/ Parent etc.) current comfort level with the iDevice?

What is the student’s current level of use / comfort level with the iPad?

Does your child use any adaptations with the iPad – (voice over, zoom, Bluetooth, contrast selection / inverting colours)?

What apps does the student use? Be specific as you can (type, colour, movement, auditory component, activation needs etc.)

Are there similar characteristics within those apps? (e.g. colour, clarity, auditory component)

What is your child’s favorite thing to do with the iPad?

What is your favorite thing to do with the iPad?

How does your child learn something new on the iPad?

When you find a good APP (usually clear, easy to see, etc) look for additional apps by the same developer.