



Assistive Technology Trial/Implementation Plan

Student: _____ School: _____ Date: _____

Team Members Participating: _____

Tools to be used: _____

Goal for Assistive Technology Use (related to IEP goal/objective):

How will we know if the trial is successful?

What are some indicators that would prompt the team to adjust the plan/tool?

Date & location for follow up meeting: _____

Other Notes:

Assistive Technology Trial/Implementation Plan, Cont.

| Support Task | Person Responsible (List name and phone #) | Schedule (List date(s)/days/frequency) | Evidence of Completion (Where will evidence be documented?) |
|---|---|---|--|
| Initial Student Training | | | |
| Ongoing Student Training | | | |
| Daily/Regular Support of Use: | | | |
| Environment & Task 1: | | | |
| Environment & Task 2: | | | |
| Environment & Task 3: | | | |
| Environment & Task 4: | | | |
| Environment & Task 5: | | | |
| Daily/Regular Maintenance Activ. | | | |
| Staff Training (list staff) | | | |
| Communication with Family | | | |
| Parent/Family Training | | | |
| Repairs and Modifications | | | |