

ASSISTIVE TECHNOLOGY IMPLEMENTATION PLAN

Student Name: _____ School: _____

Grade: _____ Teacher: _____

Meeting Date(s): _____

TEAM MEMBERS:

ESE Teacher _____

Gen. Ed Teacher _____

SLP _____

OT _____

PT _____

Parent _____

Other _____

Other _____

GOAL: _____

HOW WILL WE KNOW IF IT IS SUCCESSFUL? _____

HOW WILL WE KNOW IT IS NOT WORKING? _____

AT Implementation Plan - Page 2 Communication

Student Name: _____ **Date:** _____

ENVIRONMENTS

1. Setting/Activity _____

Tasks: _____

Person responsible for vocabulary: _____

Vocabulary: _____

Person responsible for programming/materials: _____

Person responsible for implementation: _____

Other: _____

2. Setting/Activity _____

Tasks: _____

Person responsible for vocabulary: _____

Vocabulary: _____

Person responsible for programming/materials: _____

Person responsible for implementation: _____

Other: _____

3. Setting/Activity _____

Tasks: _____

Person responsible for vocabulary: _____

Vocabulary: _____

Person responsible for programming/materials: _____

Person responsible for implementation: _____

Other: _____

Devices/equipment required: _____

Person responsible for setting up student's equipment: _____

Person responsible for batteries/charging device: _____

Person responsible for calling for support: _____

Who to call if problems with implementation: _____

Who to call if equipment/device is not working: _____

ENVIRONMENTS

1. Setting/Activity _____

Tasks: _____

Materials/Equipment Needed: _____

Person responsible for creating materials: _____

Person responsible for implementation: _____

Other: _____

2. Setting/Activity _____

Tasks: _____

Materials/Equipment Needed: _____

Person responsible for creating materials: _____

Person responsible for implementation: _____

Other: _____

3. Setting/Activity _____

Tasks: _____

Materials/Equipment Needed: _____

Person responsible for creating materials: _____

Person responsible for implementation: _____

Other: _____

Person responsible for setting up student's materials/equipment: _____

Person responsible for calling for support/help: _____

Who to call if problems with implementation: _____

Who to call if equipment/materials are not working: _____

TRAINING NEEDS

Subject of Training: _____

People to Attend: _____

Trainer's Name: _____

Date, Time and Place of Training: _____

Subject of Training: _____

People to Attend: _____

Trainer's Name: _____

Date, Time and Place of Training: _____

Subject of Training: _____

People to Attend: _____

Trainer's Name: _____

Date, Time and Place of Training: _____

Subject of Training: _____

People to Attend: _____

Trainer's Name: _____

Date, Time and Place of Training: _____

AT Implementation Plan Page 4 AT Student Name: _____

ASSISTIVE TECHNOLOGY SUMMARY Date: _____

Materials/Equipment/Software: _____

Task Used For: _____

Access Method (circle one): keyboard alternative keyboard mouse
scanning touch screen eye gaze other: _____

Successful? Y N

Advantages? _____

Disadvantages? _____

Outcome: (Check one)

_____ Continue with these materials/equipment or accommodation

Person responsible for determining funding source: _____

_____ Implement for longer period of time (give teacher/student longer to perfect)

_____ Abandon and try something else

****If abandoning, cross it out on page 2-AT and complete a new section for the same task using a different accommodation.***

Materials/Equipment/Software: _____

Task Used For: _____

Access Method (circle one): keyboard alternative keyboard mouse
scanning touch screen eye gaze other: _____

Successful? Y N

Advantages? _____

Disadvantages? _____

Outcome: (Check one)

_____ Continue with these materials/equipment or accommodation

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****If abandoning, cross it out on page 2-AT and complete a new section for the same task using a different accommodation.***