



# Assistive Technology Implementation Plan

Student Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 District: \_\_\_\_\_

Date: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Completed by: \_\_\_\_\_

Item/Device/Software	Goal of Item/Device/Software
2.	
3.	
4.	
5.	
6.	
7.	

### Item/Device/Software

1. Who will provide the device/software and consumable supplies needed? (batteries, ink cartridges, paper, overlays, etc.) Who purchased it and who owns it? If it is a loan –return date?

#	Device	Who will purchase/rent	Consumables Needed	Who will provide Consumables	Where will the consumables be kept?

2. What environments will the student use the AT device/software and how will it be made available? (move with the child, child will go to the device, on request, etc)

Environments (class, library, lunch, PE, etc)	Responsible Party in that environment	How it will be available?

3. Where will the device be located when the child uses it? When it is not in use where will it be located? Will the device be locked – if so where is the key located?


4. Will the student need the device at home -  Yes  No

If no, will an alternative device be needed? If yes, how will it be transported home?


5. Will adaptations or modifications to the device be needed to help the student access the device? (key - guards, mounting devices, enlarged keys, etc)


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6. Who will be responsible for device repairs? ( school district, parents, insurance, Medicaid, etc)  
 If the device/software breaks – what is the back up plan?


**Student:**

Task	Person Responsible	How Much Training/Schedule	Evidence of Completion
Initial training			
Ongoing training			
Daily/Regular Support of Student Use			
Daily/Regular Maintenance Equipment			
Communication with Family			
Parent/Family Training			
Repairs/Modifications			
Programming Device or Software			

**Student Training:**

1. What will this student use the AT device to do:


2. What specific technology use skills with the student need to learn?


3. How much training does the student require to learn this skill?


4. When will training be provided to the student and by whom?


5. How will the student learn to use the device in customary environments?


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6. What kind of direct supervision and help will the student need in order to use the device in a functional manner?

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**Staff:** Who will train the staff, what staff, how much training do they need and when will it occur?

Item/Device/ Software	Staff to be Trained (person name and title)	Trainer What devices/software	How Much Training (hours/day)	When will it occur-(Date and time)
1.				
2.				
3.				
4.				

**Family:**

1. Which adults in the student's home environment will require training in the use of the device?

Person	Relationship to Student	Telephone/contact number

2. What will the family/care givers need to know about the device and how it works?

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3. Who will provide the training for the family /care givers?

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4. Who should the family/care givers call for technical assistance?

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**Outcomes**

**How will we know if the device or software is successful?**

Device/Software	Success would mean:
1.	
2.	
3.	

**What level of achievement is reasonable to expect with this item/device/software?**

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. Device/Software	.What level of achievement will be expected	How long will the trial be?

**How will we know if the device or software is not working (What criteria will be used to stop)?**

Device/Software	It's not working if ...
1.	
2.	
3.	

## Customary Environments Where Assistive Technology Will be Used

1. Environment \_\_\_\_\_

Task	Person responsible For Implementation	Days to be Used	Times to be Used

2. Environment: \_\_\_\_\_

Task	Person responsible For Implementation	Days to be Used	Times to be Used

:

3. Environment: \_\_\_\_\_

Task	Person responsible For Implementation	Days to be Used	Times to be Used