

Assistive Technology Data Plan

Student

Student Name: _____
Parent Name(s): _____
Parent Phone: _____
Parent Email: _____

Team Members Who will Collect Data

Name _____ Title _____
Phone _____
Email _____

Name _____ Title _____
Phone _____
Email _____

Data To Be Gathered

What change do we hope to see? (i.e. change in quality, frequency, rate etc.)

Device or strategy:

educational strategy *new AT* *accommodation* *modification*

What will be recorded?

Who will record data?

In what environments will performance be tracked?

When will data be collected?

How will results be reported?