

**A**ssistive **T**echnology **I**mplementation **P**lan

|  |
| --- |
| **STUDENT INFORMATION** |
| Student Name | Grade | Date of Birth |
| XXXXXXXX | 8 | XXXXXXX |
| School | Date | AT Plan Review Date |
| XXXXXXXX | 7/11/13 | 7/11/13 |

|  |
| --- |
| **POINT OF CONTACT**  (Individual assigned to keep the Implementation Plan updated) |
| Mrs. Brown | AT Specialist |  |

|  |
| --- |
| **EQUIPMENT** |
| **EQUIPMENT AND SOFTWARE TO BE USED** | **STATUS (**e.g., owned by school, will purchase, will borrow, etc…) |
| Portable Daisy Reader | Owned by school |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **EQUIPMENT TASKS** |
| **TASK** (e.g., order/procure AT, load software, adapt/customize devices/software, set upat home/school, maintain/repair, etc.) | **PERSON RESPONSIBLE** | **DATE DUE** |
| Load Software | Ms. Brown | 7/13/13 |
| Set up device at school | Ms. Pritchett | 7/13/13 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **IMPLEMENTATION TEAM** |
| **NAME** (List all individuals who will implement the AT with the student.) | **ROLE (**e.g., administrator, teacher, family member, service provider, etc…) |
| Ms. Brown | AT Specialist |
| XXXXXX | Parent |
| Ms. Brooks | General Ed. Teacher |
| Ms. Pritchett | Administrator |
|  |  |
|  |  |

|  |
| --- |
| **TRAINING** |
| **TRAINING NEED** | **TRAINEES** | **TRAINER** | **DATES & TIMES** | **FOLLOW UP / ALONG PLAN** |
| Overview of software features | XXX, Ms. Brooks, XXX | Ms. Brown | 7/13/13 at 4:oopm | 8/1/13; follow up as required |
| Ongoing Support | XXX | Ms. Brown | Daily | Based on assignments |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **CLASSROOM IMPLEMENTATION** |
| **IEP GOAL** | **CURRICULUM/DOMAIN (**e.g., math, science, PE, art, etc…) | **PERSON(S) RESPONSIBLE** | **AT NEEDED TO ACCOMPLISH GOAL** (List specific AT and customized settings if appropriate) |
| Read Independently at grade level | All subject areas | All teachers | Portable Daisy Reader |
| Read for understanding and comprehension | All subject areas | All teachers | Portable Daisy Reader |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **HOME IMPLEMENTATION** |
| **IEP GOAL** | **CURRICULUM/DOMAIN (**e.g., math, science, PE, art, etc…) | **PERSON(S) RESPONSIBLE** | **AT NEEDED TO ACCOMPLISH GOAL** (List specific AT and customized settings if appropriate) |
| Read Independently at grade level | All subject areas | Student/Mother | Portable Daisy Reader |
| Read for understanding and comprehension | All Subject Areas | Student/Mother | Portable Daisy Reader |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **MONITORING/EVALUATION** |
| **GOAL** | **INSTRUCTIONAL STRATEGY** (How will you teach student to use equipment and/or how to achieve goals.) | **RECORDING SYSTEM & FREQUENCY (**e.g., task analysis recording system;score + or - on data recording sheet) | **PERSONS RESPONSIBLE FOR IMPLEMENTATION / DATA COLLECTION** |
| Read Independently at grade level | Model-lead- test | Progress Monitoring | General/Sp. Ed classroom |
| Read for understanding and comprehension | Model-lead-test | Progress Monitoring | General/Sp. Ed classroom |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**WATI Assistive Technology Consideration Guide**

1. What task is it that we want this student to do, that they are unable to do at a level that reflects their skills/abilities (writing, reading, communicating, seeing, hearing)? Document by checking each relevant task below. Please leave blank any tasks that are not relevant to the student’s IEP.
2. Is the student currently able to complete tasks with special strategies or accommodations? If yes, describe in Column A for each checked task.
3. Is there available assistive technology (either devices, tools, hardware, o software) that could be used to address this task? (If none are known, review WATI’s AT Checklist.) If any assistive technology tools are currently being used (or were tried in the past), describe in Column B.
4. Would the use of assistive technology help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, complete Column C.

Top of Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **A. If currently completes task with special strategies and / or accommodations, describe.** | **B. If currently completes task with assistive technology tools, describe.** | **C. Describe new or additional assistive technology to be tried.** |
|  Motor Aspects of Writing |  |  |  |
|  Computer Access |  |  |  |
|  Composing Written Material |  |  |  |
|  Communication |  |  |  |
|  Reading | * The student has test questions and assignment questions read to him
* Underline key words in questions and readings
* Extra time to complete readings and assignments
 | * Portable Daisy Reader
 | * Text reader for classroom computers
* scanner
 |
|  Organization |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **A. If currently completes task with special strategies and / or accommodations, describe.** | **B. If currently completes task with assistive technology tools, describe.** | **C. Describe new or additional assistive technology to be tried.** |
|  Math |  |  |  |
|  Recreation and Leisure |  |  |  |
|  Activities of Daily Living (ADLs) |  |  |  |
|  Mobility |  |  |  |
|  Positioning and Seating |  |  |  |
|  Vision |  |  |  |
|  Hearing |  |  |  |
| 5. Are there assistive technology services (more specific evaluation of need for assistive technology, adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation and duration. |

*Assessing Students’ Needs for Assistive Technology (2009)*

Top of Form

Bottom of Form

*Assessing Students’ Needs for Assistive Technology (2009)*