

ASSISTIVE TECHNOLOGY IMPLEMENTATION PLAN

STUDENT INFORMATION					
Student name:				DOB:	
School:				Plan date:	
IMPLEMENTATION TEAM					
NAME (all individuals responsible for implementation)		ROLE (e.g., tead administrator, etc.		ther, family member, student, service provider,)	
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EQUIPMENT	DE 110==				
EQUIPMENT OR SOFTWARE TO BE USED		STATUS (e.g., owned by school, on loan, etc.)		an, etc.)	TRIAL DATES
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FOLIIDMENT TASKS					
TASK (e.g., order or loan AT, load software, adapt/customize,		PERSON(S) RESPONSIBLE		DATE DUE	
set-up, maintain/repair, etc.)					
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TRAINING					
TRAINING NEEDED (list device/software training is needed for) TRAINEES			TRAINER		DATES & TIMES
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DEVICE IMPLEMENTATION						
GOAL	PERSON RESPONSIBLE/	CURRICULUM/DOMAIN	AT DEVICE			
	LOCATION OF USE (home, school)	(e.g. math, science, art, daily living)	(List device needed to accomplish goal)			

MONITORING AND EVALUATION					
GOAL	DEVICE INSTRUCTION (e.g., how will student be taught to use or implement device?)	PERSON(S) RESPONSIBLE	DATA TRACKING (e.g., task analysis, data recording sheets)		