

Assistive Technology Implementation Plan

STUDENT INFORMATION			
Student Name	Grade	Date of Birth	
School	Date	AT Plan Review Date	

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Research Institute				
IMPLEMENTATION TEAM	·			
NAME (List all individuals who will implement the AT with the student.)	ROLE (e.g., administrator, teacher, family member, service provider, student, etc.)			
EQUIPMENT				
EQUIPMENT & SOFTWARE TO BE USED	STATUS (e.g., owned by school, will purchase, will borrow from district library, etc.)			

EQUIPMENT TASKS			
TASK (e.g., order/procure AT, load software, adapt/customize devices/software, set up at home/school, maintain/repair, etc.)	PERSON(S) RESPONSIBLE	DATE DUE	

TRAINING				
TRAINING NEED	TRAINEES	TRAINER	DATES & TIMES	FOLLOW UP/ALONG PLAN

CLASSROOM IMPLEMENTATION			
IEP GOAL	CURRICULUM/DOMAIN (e.g., math, science, PE, art, etc.)	PERSON(S) RESPONSIBLE	AT NEEDED TO ACCOMPLISH THE GOAL (List specific AT and customized settings if appropriate.)

HOME IMPLEMENTATION			
IEP GOAL	CURRICULUM/DOMAIN (e.g., reading, daily living, etc.)	PERSON(S) RESPONSIBLE	AT NEEDED TO ACCOMPLISH THE GOAL (List specific AT and customized settings if appropriate.)

MONITORING/EVALUATION			
GOAL	INSTRUCTIONAL STRATEGY (How you will teach student to use equipment and/or how to achieve goals.)	RECORDING SYSTEM & FREQUENCY (e.g., task analysis recording system; score "+" or "-" on the data recording sheet)	PERSONS RESPONSIBLE FOR IMPLEMENTATION/DATA COLLECTION