

ASSISTIVE TECHNOLOGY IMPLEMENTATION PLAN



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

POINT OF CONTACT (Individual assigned to keep the Implementation Plan updated)

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

IMPLEMENTATION TEAM				
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	INSTRUCTION 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 the data recording sheet.)	PERSON RESPONSIBLE FOR IMPLEMENTATION/DATA COLLECTION