

Assistive Technology Implementation Plan

Student's Name:	Age:	Meeting Date:				
School/Agency: Grade/placement:						
Date for next Implementation plan	update Tri	ial Use Guide Attached Yes ☐ No☐				
	IEP Team Members					
Role	Printed Name	Signatures				
Section 1 de la company de la		A mass disculpages				
van die mane in kuris I be		Share the Say Man and a				
	AT Device Information					
Device Name:						
Application Name & Version (if app	olicable):					
Owner of Device:		and the state of the section of				
Identification Number (Model, Seri	al, or Agency Tag):					
AT Service Infor	mation Part 1: Maintena	nce and Support				
** : A A Support Required (Calibration Charging Panair Penlaging Patteries						

Maintenance and Support Required (Calibration, Charging, Repair, Replacing Batteries, Mounting, Programing, TroubleShooting, Customizing...etc)

reison(s) responsible for	r each maintenance and support need:
acker 15 milystem	
Method to contact persor	n(s) responsible for each maintenance and support need:
Contingency plan if pers immediate assistance (m	on(s) responsible for maintenance and support cannot provide any include low tech backups for high tech tools):
	ansported between environments throughout the day (May include ria, recess, hallways, and home):
AT Service In	formation Part 2: AT training for family, staff, and student
What IFP goals or criteri	a for trials are connected to successful device use in order to r functional success (List Instructional Plan # and/or entire goal)
	skills for the device to be successfully integrated by staff and/or

What are the necessary skills for the device to be successfully used by the student:
Will device/software impact how the student turns-in and receives assignments through print or digital mediums in any of their classes? If so, what skills or processes will be required for both students and staff:
Person(s) responsible for training family and/or staff members on proper device use and support:

AT devices and services training and documentation log							
Person(s) to be trained	Specific Training Required	Location of Training	Training Duration	Date Completed			
6							

	Staff Support Required					
AT Action Plan	Application of AT					
	Task Requiring AT			0		
	Time/Location					