



## ASSISTIVE TECHNOLOGY IMPLEMENTATION PLAN

STUDENT INFORMATION		
Student Name	Grade	Date of Birth
School	Date	IEP Review Date

CONTACT PERSON Who is responsible for updating Implementation Plan

IMPLEMENTATION TEAM	
NAME (List ALL individuals who will implement AT)	ROLE: (e.g. family, administrator, student, etc?)

EQUIPMENT	
EQUIPMENT & SOFTWARE TO BE USED	STATUS (owned by school, on loan etc)

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

TRAINING				
TRAINING NEED	TRAINEES	TRAINER	WHEN	FOLLOW UP

CLASSROOM IMPLEMENTATION			
IEP GOAL	CURRICULUM/DOMAIN (e.g. math, science LA etc)	PERSON (S) RESPONSIBLE	AT NEEDED FOR THIS GOAL

MONITORING/EVALUATION			
GOAL	INSTRUCTIONAL STRATEGY (How you will teach student to use equipment and/or achieve goals)	RECORDING SYSTEM & FREQUENCY (How data will be collected)	PERSON (S) RESPONSIBLE