# Assistive Technology Implementation Plan

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| **Student:** |  |  | **Date:** |  |
| **School:** |  |  | **Grade:** |  |
| **Case Manager:** |  |  |  |  |

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| --- | --- |
| **AT Device or Tool #1** |  |
| When is it Needed |  |
| How is it accessed? |  |
| Who is responsible? |  |

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| **AT Device or Tool #2** |  |
| When is it Needed |  |
| How is it accessed? |  |
| Who is responsible? |  |

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| **Student’s Perception of the Technology:** |

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| **Plan Revisions - Consider using the SETT form to reconsider needs** | |
| When moving to a new classroom | Consider changes is tasks and environment. Perhaps new subjects or expectations will necessitate a need for new supports. |
| When moving to a new school | Ensure that the IEP indicates clearly what is needed so that the new school is able to procure necessary devices. |
| When AT needs change | If the student is no longer using the identified AT, be sure to reconsider needs and update the IEP |

Implementation Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Procedural Checks:*  🗖 Training provided as needed to responsible staff members  🗖 Implementation Plan filed in student’s folder  🗖 A.T. Devices and Services appropriately documented on the IEP |