

Assistive Technology Trial Use Summary

Student's Name: _____ Age: _____ Date Completed: _____

Person(s) Completing Summary: _____

Task Being Addressed During Trial _____

Criteria for Success _____

AT Tried	Dates Used	Criteria Met?	Comments (e.g. advantages, disadvantages, preferences, performance)

Recommendations for IEP: _____

Source: WATI - Wisconsin Assistive Technology Initiative