



WATI Assistive Technology Trial Use Summary

AT to be tried: _____

Contact Person(s): _____

School/Agency Phone: _____

Persons Completing _____ Address: _____

Guide: Parent(s) Name: _____

Parent(s) Address: _____ Phone: _____

Goal for AT use: _____

Acquisition

Source(s)	Person Responsible	Date(s) Available	Date Received	Date Returned

Person primarily responsible to learn to operate this AT: _____

Training

Person(s) to be trained	Training Required	Date Begun	Date Completed



Management/Support

Location(s)	Support to be provided (e.g. set up, trouble shoot, recharge, program, etc.)	Person Responsible

Student Use

Date	Time Used	Location	Task(s)	Outcome(s)



WATI 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: _____
