

Assistive Technology (AT) Implementation Organizer

Student Name: _____ Date of Plan: _____
 Student Age: _____ Grade/Placement: _____
 Birthdate: _____ Date of IEP: _____
 School: _____ District: _____

Team Members

Include IEP Team Members including staff and family who will need to receive training.

| Name | Title | Phone | Email |
|---------------------|-------|-------|-------|
| Coordinator: | | | |
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Overall Goals for AT Use

Goals for the assistive technology:

| Item/Device/Software | IEP Goal to Be Addressed Using the Item/Device/Software |
|----------------------|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Item/Device/Software

- Who will provide the device/software and consumable supplies needed? (batteries, ink cartridges, paper, overlays, etc.) Who purchased it and who owns it? If it is a loan – return date?

| Device Name | Purchase or rent/borrow | Who will purchase/rent | Consumables Needed | Who Provides Consumables |
|-------------|-------------------------|------------------------|--------------------|--------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

Bowser, G., & Reed, P. (2012). Educational Tech Points; Implementation Tools Folder; Edited by Oklahoma ABLE Tech

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2. What environments will the student use the AT device/software and how will it be made available? (e.g., move with the child, child will go to the device, on request, etc)

| Environments (class, library, lunch, PE, etc) | Responsible Party in that environment | Where in the environment will the AT be kept? |
|--|---------------------------------------|---|
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| | | |

3. When it is not in use where will it be located? Will the device be locked – if so where is the key located?

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4. Will the student need the device at home - Yes No

If no, will an alternative device be needed? If yes, how will it be transported home?

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5. Will adaptations or modifications to the device be needed to help the student access it? (e.g., Keyguards for communication devices/keyboards, tablets, mounting devices, enlarged keys, etc)

| Adaptations Needed | Who will help with the adaptations needed? |
|--------------------|--|
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| | |

6. Who will be responsible for device repairs? (e.g., school district, parents, insurance, Medicaid, etc)

If the device/software breaks – what is the back up plan?

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7. Has the district purchased a maintenance agreement? If yes, where is it located? Who is the contact person?

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Support/Training

Student: Who should be called if technical assistance is needed? _____

- What will this student use the AT device to do?
- What specific skills will the student need to learn?

| Device Name | Operational Skills (Ex. operating and accessing a device) | Functional Skills (Ex. writing, comprehension, expressive language) | Strategic Skills (Ex. deciding when to use a device) | Social Skills (Ex. using the device with others) |
|-------------|--|--|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

- How much training does the student require to learn these skills?
- When will training be provided to the student and by whom?
- How will the student learn to use the device in customary environments?
- What kind of supervision/help will the student need to use the device for tasks related to the curriculum? Who will provide it and how often?

| Device Name | Task | Person Responsible | Amount of Training | When will it Occur? | Completion Notes |
|-------------|---------------------------|--------------------|--------------------|---------------------|------------------|
| 1. | Operation/Specific Tasks | | | | |
| | Daily Support/Maintenance | | | | |
| | Programming/Repairs | | | | |
| 2. | Operation/Specific Tasks | | | | |
| | Daily Support/Maintenance | | | | |
| | Programming/Repairs | | | | |
| 3. | Operation/Specific Tasks | | | | |
| | Daily Support/Maintenance | | | | |
| | Programming/Repairs | | | | |
| 4. | Operation/Specific Tasks | | | | |
| | Daily Support/Maintenance | | | | |
| | Programming/Repairs | | | | |

Assistive Technology (AT) Implementation Organizer

Support/Training

Staff: Who should be called if technical assistance is needed? _____

| Device Name | Staff to Be Trained | Trainer | Amount of Training | When will it Occur? | Completion Notes |
|-------------|---------------------|---------|--------------------|---------------------|------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

Family: Who should be called if technical assistance is needed? _____

| Device Name | Person Needing Training/ Relationship to Student | Trainer | Amount of Training | When will it Occur? | Completion Notes |
|-------------|---|---------|--------------------|---------------------|------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

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Using AT in Customary Environments

| Device Name | Environment(s) | Task (Functional Skill) | Baseline Data | Days/Times to Use | Projected Outcome (Measurable) |
|-------------|----------------|-------------------------|---------------|-------------------|--------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Outcomes

A. How will we know if the device or software is successful?

| Device Name | Success would mean: |
|-------------|---------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

B. What level of achievement is reasonable to expect with this item/device/software?

| Device Name | What level of achievement will be expected? | How long to achieve it? |
|-------------|---|-------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

C. How will we know if the device or software is not working? What criteria will be used to stop?

| Device Name | It's not working if ... | Stop using AT if ... |
|-------------|-------------------------|----------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

D. Has the implementation plan been recorded in the IEP? - Yes No