

**A**ssistive **T**echnology **I**mplementation **P**lan

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| **STUDENT INFORMATION** | | |
| Student Name | Grade | Date of Birth |
| Camren G. | 5 | --/--/-- |
| School | Date | AT Plan Review Date |
| Thomas County Middle School | 3/1/16 | 4/1/16 |

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| **POINT OF CONTACT**  (Individual assigned to keep the Implementation Plan updated) | | |
| C. Bryant |  |  |

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| **EQUIPMENT** | |
| **EQUIPMENT AND SOFTWARE TO BE USED** | **STATUS (**e.g., owned by school, will purchase, will borrow, etc…) |
| Digital recorder | Owned by the school system |
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| **EQUIPMENT TASKS** | | |
| **TASK** (e.g., order/procure AT, load software, adapt/customize devices/software, set up  at home/school, maintain/repair, etc.) | **PERSON RESPONSIBLE** | **DATE DUE** |
| Set up at school | J. Myhre | 3/15/16 |
| Monthly check | J. Myhre | 4/15/16 |
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| **IMPLEMENTATION TEAM** | |
| **NAME** (List all individuals who will implement the AT with the student.) | **ROLE (**e.g., administrator, teacher, family member, service provider, etc…) |
| C Bryant | Special Education Teacher (case manager) |
| B Clapper | Special Education Teacher |
| G Trotter | General Education Teacher |
| E Hotchkiss | General Education Teacher |
| T Graham | Father |
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| **TRAINING** | | | | |
| **TRAINING NEED** | **TRAINEES** | **TRAINER** | **DATES & TIMES** | **FOLLOW UP / ALONG PLAN** |
| Initial training on use | Student, teachers | J. Myhre (assistive technology coordinator) | 3/15/16 @ 11:30 | \*Teachers are able to email Mr. Myhre with any questions and concerns. |
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| **CLASSROOM IMPLEMENTATION** | | | |
| **IEP GOAL** | **CURRICULUM/DOMAIN (**e.g., math, science, PE, art, etc…) | **PERSON(S) RESPONSIBLE** | **AT NEEDED TO ACCOMPLISH GOAL** (List specific AT and customized settings if appropriate) |
| C. will take notes from the board with 90% accuracy to help with weekly quizzes | General Education | All teachers | Digital recorder |
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| **HOME IMPLEMENTATION** | | | |
| **IEP GOAL** | **CURRICULUM/DOMAIN (**e.g., math, science, PE, art, etc…) | **PERSON(S) RESPONSIBLE** | **AT NEEDED TO ACCOMPLISH GOAL** (List specific AT and customized settings if appropriate) |
| N/A |  |  |  |
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| **MONITORING/EVALUATION** | | | |
| **GOAL** | **INSTRUCTIONAL STRATEGY** (How will you teach student to use equipment and/or how to achieve goals.) | **RECORDING SYSTEM & FREQUENCY (**e.g., task analysis recording system;score + or - on data recording sheet) | **PERSONS RESPONSIBLE FOR IMPLEMENTATION / DATA COLLECTION** |
| C. will take notes from the board with 90% accuracy to help with weekly quizzes | Monitor using recorder and allow C. time to “try it out” | Weekly check of C’s weekly notes and check of weekly quiz grades | E. Hotchkiss & C. Bryant |
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**WATI Assistive Technology Consideration Guide**

1. What task is it that we want this student to do, that they are unable to do at a level that reflects their skills/abilities (writing, reading, communicating, seeing, hearing)? Document by checking each relevant task below. Please leave blank any tasks that are not relevant to the student’s IEP.
2. Is the student currently able to complete tasks with special strategies or accommodations? If yes, describe in Column A for each checked task.
3. Is there available assistive technology (either devices, tools, hardware, o software) that could be used to address this task? (If none are known, review WATI’s AT Checklist.) If any assistive technology tools are currently being used (or were tried in the past), describe in Column B.
4. Would the use of assistive technology help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, complete Column C.

Top of Form

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| **Task** | **A. If currently completes task with special strategies and / or accommodations, describe.** | **B. If currently completes task with assistive technology tools, describe.** | **C. Describe new or additional assistive technology to be tried.** |
| Motor Aspects of Writing |  |  |  |
| Computer Access |  |  |  |
| Composing Written Material | Currently, C.G. receives extra time, repeated instructions/ read alouds, and printouts to copy notes from. | C.G. does not currently use any AT tools. Perhaps, a digital recording device will help C achieve his goals better. | A digital recording device will help C.G. listen to instruction instead of focusing on writing down the words, He will also be able to go back and listen to instruction again. |
| Communication |  |  |  |
| Reading |  |  |  |
| Organization |  |  |  |

*Assessing Students’ Needs for Assistive Technology (2009)*

Top of Form

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| **Task** | **A. If currently completes task with special strategies and / or accommodations, describe.** | **B. If currently completes task with assistive technology tools, describe.** | **C. Describe new or additional assistive technology to be tried.** |
| Math |  |  |  |
| Recreation and Leisure |  |  |  |
| Activities of Daily Living (ADLs) |  |  |  |
| Mobility |  |  |  |
| Positioning and Seating |  |  |  |
| Vision |  |  |  |
| Hearing |  |  |  |
| 5. Are there assistive technology services (more specific evaluation of need for assistive technology, adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation and duration.  Yes, teachers and C.G. will need to be trained on how to most effectively use the digital recorder. How will this help him? How will he use it in daily classes and at home to review notes? | | | |

Bottom of Form

*Assessing Students’ Needs for Assistive Technology (2009)*