

Assistive Technology (AT) Implementation Organizer

Student Code: _____ Date of Plan: _____
 Student Age: _____ Grade/Placement: _____
 Date of IEP: _____ School: _____

When submitting this form to Oklahoma ABLE Tech for a device loan extension, please avoid using student identifiable information. You may submit via fax: 405-744-2487 or email: abletech@okstate.edu.

Team Members

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

***Please indicate the borrower - if a device-loan has been obtained from ABLE Tech.**

Name	Title	Phone	Email
Coordinator:			

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

1. What is the funding source the team will be using to acquire the device/software?

2. Who will be contacting the funding source to acquire the device/software?

3. Once purchased who owns the device/software?

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Item/Device/Software, Continued

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

4. 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?

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

6. 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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Item/Device/Software, Continued

7. 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?

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?

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

Additional Notes

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Student Support/Training

- Who should be called if technical assistance is needed?
- What specific skills will the student need to learn?
- What will this student use the AT device to do?

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

- 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				

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Staff Support/Training:

- 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.					

Family Support/Training:

- 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.					

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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