

WATI Assistive Technology Trial Use Guide

AT to be tried: _____

Student's Name: _____ DOB: _____ Age: __ Meeting Date: _____

School/Agency: _____ Grade/Placement: _____

Contact Person(s): _____

School/Agency Phone: _____ Address: _____

Persons Completing Guide: _____

Parent(s) Name: _____ Phone: _____

Parent(s) Address: _____

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: _____
