

**ABLE Tech  
Handout 7**

**WATI Assistive Technology Trial Use Guide**

<b>AT to be tried:</b> _____
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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_