

# Assistive Technology Implementation Organizer

Student Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 District: \_\_\_\_\_

Date: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Completed by: \_\_\_\_\_

Mother's Name:	Father's Name:
Home Address:	Home Phone:
City/State;	Email:
Student Age:	Grade/Placement:
IEP Date:	Medicaid #:
IEP Disability Code:	Medical Diagnosis
School:	School Address:
School Phone:	

## Team Members

Name	Title	Phone	Email
Coordinator:			

## Overall Goals for Assistive Technology Use

**Goals** for the assistive technology:

Item/Device/Software	Goal of Item/Device/Software
1.	
2.	
3.	
4.	
5.	

## Item/Device/Software

1. 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	Who will purchase/rent	Consumables Needed	Who will provide Consumables	Where will they be kept?

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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	How it will be available?

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


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?


5. Will adaptations or modifications to the device be needed to help the student access it? (e.g., key-guards, mounting devices, enlarged keys, etc)


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?


## Support/Training: Student

Task	Person Responsible	Amount/Schedule	Evidence of Completion
Initial training			
Ongoing training			
Daily/Regular Support of Student Use			
Daily/Regular Maintenance of Equipment			
Communication with Family			
Parent/Family Training			
Repairs/Modifications			
Programming Device or Software			

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## Student Training:

1. What will this student use the AT device to do:


3. What specific skills will the student need to learn?


3. How much training does the student require to learn this skill?


4. When will training be provided to the student and by whom?


5. How will the student learn to use the device in customary environments?


6. What kind of direct supervision and help will the student need in order to use the device for meaningful tasks related to the curriculum? Who will provide it? How often?


**Staff:** Who will train the staff, what staff, how much training do they need and when will it occur?

Item/Device/ Software	Staff to be Trained (name and title)	Trainer for each devices/software	Amount of Training (# of hours/days)	When will it occur- (Date and time)
1.				
2.				
3.				

## Family:

1. Which adults in the student's home environment will require training in the use of the device?

Person	Relationship to Student	Telephone/contact number

2. What will the family/care givers need to know about the device and how it works?


3. Who will provide the training for the family /care givers?


4. Who should the family/care givers call for technical assistance?


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## Customary Environments Where Assistive Technology will be Used

1. Environment:

Task	Person responsible For Implementation	Days to be Used	Times to be Used

2. Environment:

Task	Person responsible For Implementation	Days to be Used	Times to be Used

3. Environment:

Task	Person responsible For Implementation	Days to be Used	Times to be Used

### Outcomes

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

Device/Software	Success would mean:
1.	
2.	
3.	

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

Device/Software	What level of achievement will be expected	How long to achieve it?
1.		
2.		
3.		

How will we know if the device or software is not working

Device/Software	It's not working if ...
1.	
2.	
3.	

What criteria will be used to stop?

Device/Software	It's not working if ...
1.	
2.	
3.	