

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

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| **STUDENT INFORMATION** | | |
| Student Name | Grade | Date of Birth |
| Cole McCauley | 10 | 08/17/1996 |
| School | Date | AT Plan Review Date |
| Lambert High School | 08/05/2012 | 08/05/2012 |

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| **POINT OF CONTACT**  (Individual assigned to keep the Implementation Plan updated) | | |
| Tom Bass, Stacy Allen King |  |  |

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| **EQUIPMENT** | |
| **EQUIPMENT AND SOFTWARE TO BE USED** | **STATUS (**e.g., owned by school, will purchase, will borrow, etc…) |
| Laptop | Owned by student |
| iPad | Owned by student |
| Desktop computer (for in-class writing) | Owned by school |
| In-class printer | Owned by school |
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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** |
| none |  |  |
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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…) |
| Angela Burgess | Teacher |
| Debra McCauley | Mother |
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| **TRAINING** | | | | |
| **TRAINING NEED** | **TRAINEES** | **TRAINER** | **DATES & TIMES** | **FOLLOW UP / ALONG PLAN** |
| none |  |  |  |  |
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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) |
| Allow computer for notetaking | All | Cole, classroom teachers | Laptop/tablet |
| Allow computer for handwritten assignments | All | Cole, classroom teachers | Laptop/tablet |
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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) |
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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** |
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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.

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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 | * Student has difficulty focusing on writing while listening * Student has difficulty with remembering to include punctuation and spacing in between words |  |  |
| Computer Access |  | Student already has access to a laptop and a tablet, in addition to classroom desktops |  |
| Composing Written Material |  |  | * Will use a laptop, tablet, or desktop for written assignments * Do not grade handwriting * Allow access to grammar check when not specifically assessing punctuation knowledge * Provide printouts of class notes when possible |
| Communication |  |  |  |
| Reading |  |  |  |
| Organization |  |  |  |

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

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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 |  |  | Provide printouts of class notes to allow student to focus on teacher instruction when taking notes |
| 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.  Student will be allowed to type written assignments and papers, as well as submit projects electronically. Any assignments or projects requiring physical cutting and pasting will be altered for Cole. | | | |

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