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**Assistive Technology Implementation Plan**

Student Name

Date of Birth Team Members

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Plan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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AT to be implemented:

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Desired outcomes of implementation:

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Using the table below, list previous interventions:

What specific skills will the student need to learn in order to use the AT in a functional manner?

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When and where will the initial training be provided to the student?

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After training, will the student require direct supervision to use the AT in a functional manner?

\_\_\_\_Yes

\_\_\_\_No

\_\_\_\_Don’t Know

Do adults require training to support the functional use of the AT? If so, which ones?

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Name of AT

Date(s) Tried

How long was each trial?

Result? What did or did not work and why?