

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

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| **STUDENT INFORMATION** | | |
| Student Name | Grade | Date of Birth |
| Student L | K | April 24, 2010 |
| School | Date | AT Plan Review Date |
| Westside Elementary | 3-1-2016 | February 3, 2016 |

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| **POINT OF CONTACT**  (Individual assigned to keep the Implementation Plan updated) | | |
| Mrs. Sweat | Sped | Teacher |

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| **EQUIPMENT** | |
| **EQUIPMENT AND SOFTWARE TO BE USED** | **STATUS (**e.g., owned by school, will purchase, will borrow, etc…) |
| Slant board | Student has at school (school purchased). |
| Large print materials | School provides materials as needed. |
| Highlighters/Markers | School has for student to use as needed. |
| Touchscreen | School purchased for use at school. |
| Scoop bowl | Student has at school (school purchased). |
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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** |
| Download Read-Write Extension from Google | Mrs. Jones | 03/07/2016 |
| Create Visual schedule | Mrs. Sweat | 03/07/2016 |
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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…) |
| Mrs. Sweat | Special Education Classroom Teacher |
| Mr. Culpepper | Physical Therapist |
| Mrs. White | Occupational Therapist |
| Mrs. Bailey | Vision/Mobility –AT Specialist |
| Mrs. Tyre | Speech Therapist |
| Mrs. Jones | Regular Education Classroom Teacher |

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| **TRAINING** | | | | |
| **TRAINING NEED** | **TRAINEES** | **TRAINER** | **DATES & TIMES** | **FOLLOW UP / ALONG PLAN** |
| Software | Mrs. Sweat | Mrs. Jones | 03/07/16 2:30 | 3/15/16 & ongoing as needed |
| Ongoing Support | Mrs. Jones | Mrs. Sweat | As needed | In the context of reading assignment |
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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) |
| Attending small group instruction in regular ed. | All areas | Sped Teacher/Para  Regular Ed Teacher | Relative Services provided through full-time Para. |
| Correctly grasp pencil | All areas | Sped Teacher/Para  Regular Ed Teacher | Slant board, markers, and large pencils. |
| Use an abacus | Math | Sped Teacher/Para  Regular Ed Teacher | Standard classroom tools |
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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) |
| Complete homework/extra practice. | Math – Moby Max | Mother/Student L | iPad |
| Practice handwriting | All Areas | Mother/Student L | Large/jumbo pencil |
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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** |
| Attending small group instruction in regular ed. | Model-assist-independent | Weekly progress monitoring | Sped Teacher/Para  Regular Ed Teacher |
| Correctly grasping pencil to form letters/numbers | Hand over hand assistances | Weekly progress monitoring | Sped Teacher/Para  Regular Ed Teacher |
| Use an abacus | Modeling-assist practice, hand assist | Weekly progress monitoring | Sped Teacher/Para  Regular Ed Teacher |

**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 | Hand on hand assistance, highlighter | Slant board |  |
| Computer Access | Stand by assistance | Touchscreen Monitor | Redirecting and restating the directions |
| Composing Written Material |  |  |  |
| Communication |  |  |  |
| Reading | Good reader | Reading Stand |  |
| Organization |  |  | Visual Schedule |

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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 | Manipulatives and large print material | Slant | Light board  Abacus |
| Recreation and Leisure |  |  |  |
| Activities of Daily Living (ADLs) |  | Scoop Bowl |  |
| Mobility | Occupational mobility (therapy) |  |  |
| Positioning and Seating |  | Stepping stool | Environmental Cues |
| Vision | Large print materials |  | Light board |
| Hearing |  |  |  |
| 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.  No | | | |

Student L reads on grade level and has no academic weaknesses. Most of his disabilities are physical. His use of AT is for vision and mobility. Student L loves to read, but has problems writing. The student can write with the aid of a slant, jumbo pencils, and hand over hand assistance. Student L also loves using the touch screen computer since he is unable to manipulate the mouse. AT really helps him reach his IEP Goals. Bottom of Form

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