University of Kentucky

NATRI
National Assistive Technology Research Institute

Assistive Technology Implementation Plan

STUDENT INFORMATION

Student Name	Grade	Date of Birth
School	Date	AT Plan Review Date

POINT OF CONTACT (Individual assigned to keep the Implementation Plan updated)

IMPLEMENTATION TEAM

NAME (List **all** individuals who will implement the AT with the student.)	**ROLE** (e.g., administrator, teacher, family member, service provider, student, etc.)

EQUIPMENT

EQUIPMENT & SOFTWARE TO BE USED	**STATUS** (e.g., owned by school, will purchase, will borrow from district library, etc.)

EQUIPMENT TASKS

TASK (e.g., order/procure AT, load software, adapt/customize devices/software, set up at home/school, maintain/repair, etc.)	**PERSON(S) RESPONSIBLE**	**DATE DUE**

TRAINING

TRAINING NEED	TRAINEES	TRAINER	DATES & TIMES	FOLLOW UP/ALONG PLAN

CLASSROOM IMPLEMENTATION

IEP GOAL	CURRICULUM/DOMAIN (e.g., math, science, PE, art, etc.)	PERSON(S) RESPONSIBLE	AT NEEDED TO ACCOMPLISH THE GOAL (List specific AT and customized settings if appropriate.)

HOME IMPLEMENTATION

IEP GOAL	CURRICULUM/DOMAIN (e.g., reading, daily living, etc.)	PERSON(S) RESPONSIBLE	AT NEEDED TO ACCOMPLISH THE GOAL (List specific AT and customized settings if appropriate.)

MONITORING/EVALUATION

GOAL	INSTRUCTIONAL STRATEGY (How you will teach student to use equipment and/or how to achieve goals.)	RECORDING SYSTEM & FREQUENCY (e.g., task analysis recording system; score "+" or "-" on the data recording sheet)	PERSONS RESPONSIBLE FOR IMPLEMENTATION/DATA COLLECTION