



ASSISTIVE TECHNOLOGY IMPLEMENTATION PLAN

STUDENT INFORMATION	
Student name: _____	DOB: _____
School: _____	Plan date: _____

IMPLEMENTATION TEAM	
NAME (all individuals responsible for implementation)	ROLE (e.g., teacher, family member, student, service provider, administrator, etc.)

EQUIPMENT		
EQUIPMENT OR SOFTWARE TO BE USED	STATUS (e.g., owned by school, on loan, etc.)	TRIAL DATES

EQUIPMENT TASKS		
TASK (e.g., order or loan AT, load software, adapt/customize, set-up, maintain/repair, etc.)	PERSON(S) RESPONSIBLE	DATE DUE

TRAINING			
TRAINING NEEDED (list device/software training is needed for)	TRAINEES	TRAINER	DATES & TIMES

