

**Assistive Technology Implementation Plan**

**Student Name:**

**Implementation Plan developed on:**

**The purpose of the following assistive technology is:**

|  |  |
| --- | --- |
| **Assistive Technology:** |  |
| **What are the goals of this assistive technology?** |  |
| **Where is the assistive technology located?** |  |
| **Describe how the student should use the assistive technology:** |  |
| **When should the student use the assistive technology?** |  |
| **Who is responsible for implementation?** |  |
| **Who is responsible for training?** | * When will training be provided to the child?
* How will the student learn to use the device in customary environments?
* What kind of direct supervision and help will the student need in order to use the device in a functional manner?
 |
| **What data will be collected?** |  |
| **Who will be responsible for collecting data?** |  |