Assistive Technology Implementation Plan

Student: ____ Initial Date:___________________
Student #:____ Review Date: _________________
School:____ DOB: ______________________

List Assistive Technology used by student:

Device/Equipment	Frequency of use			Check one						
				School Owned	Personally Owned	District Owned				
	Daily	Weekly	Monthly			ATTeam	Vision	Hearing	OT/PT	Other (list)
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The department the equipment is on loan from must be notified when the student transfers schools, graduates or leaves OCPS.

If the student is using school owned equipment and will be transferring schools at the end of the current school year:

- inform the receiving school by April 1st of the current school year
- notify the department that is responsible for that type of equipment to help ensure availability at the receiving school.

IEP goal(s) and benchmarks related to using assistive technology (example 1a, 2a,b,c):
____
____

Identify tasks student will accomplish using AT	Person(s) Responsible for implementation	Frequency

AT equipment maintenance	Person(s)Responsible
Programming/Troubleshooting/Repair	
Charging the battery	
Backing up the system	
Equipment Custodian	

Additional Training/Support needed for the family/staff or student. ***

Describe training needed	Date To Be Accomplished by	Who needs it	Who will provide it

***If training is required by someone not physically at the school, complete the AT Training Request and send to appropriate department(s).

- It is expected that all AT devices/equipment will be brought to school with the student each day charged and ready to use.
- Any issues/damage to the device will be reported to the appropriate department in a timely manner.
- Discontinuation of any AT will be noted in the IEP team notes, and placed in the student's cum folder. The devices/equipment will be returned to the appropriate department within 10 business days.
- At the IEP meeting a Prop 4 will be signed and returned to the appropriated department.

Signatures: