Assistive Technology Intervention Plan

Student's Name: _____   Date Plan Written: _____

School System: _____   School: _____

Grade Level: _____   Primary Special Education Eligibility: _____   Secondary Eligibility(ies): _____

Teacher's Name: _____   E-mail Address: _____

Area(s) of Difficulty: (What does the student need to be able to do that she or he is unable to do?)	Baseline Data: (What is the current level of functioning?)	Projected Outcome(s): (What do we want the student to be able to do? Include clearly measurable criteria.)

Specify the assistive technology that will be used to accomplish required tasks within relevant instructional activities:

Class-Environment:	Instructional Activity:	Tasks Requiring Assistive Technology Within the Activity:	Assistive Technology Devices:	Additional Supports:

Strategies:	Action Steps (including resources) Required to Achieve Outcomes:	Staff Responsible:	Projected Timelines:	Review Date and Progress:
Implementation				
Provide access to assistive technology in all relevant environments/activities.				
Customize the assistive technology devices to meet student needs.				

Strategies:	Action Steps (including resources) Required to Achieve Outcomes:	Staff Responsible:	Projected Timelines:	Review Date and Progress:
Identify and implement strategies to enhance student success in using the provided assistive technology.				
Provide training for student, school personnel, and family if appropriate.				
Integration				
Integrate use of assistive technology across all educational environments.				
Provide supports for student and staff to enhance full integration of tools.				
Monitor student's use of the assistive technology across all educational environments.				
Modify use of the assistive technology devices and strategies as needed to support student success.				

Impact of this Intervention on Student Achievement: _____

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_____

_____

_____   _____
School Staff   Date Completed

_____
School Staff