Trial Implementation

University of Kentucky Assistive Technology (UKAT) Project

Student Name: **DOB/Age:** **School/District:** **Date:**

***NOTE**: Complete a new form for each new set of trials.

Training:

Who needs training: _____

_____

Type(s) of training required: _____

_____

Who will deliver training: _____

Equipment Management (short term):

Identify who is responsible for setup, integration, & maintenance of equipment: _____

_____

_____

_____

	Implementation	Responsible Team Member	Target Date	Comments
	Determine desired outcomes for student (based on the IEP, *Consideration* tool *& Pre-Assessment Profile*)			
	Determine a trial period for implementation, including start & review date			
	Determine how devices/services will be obtained			
	Determine how & where the trial opportunities will take place (priority environments)			
	Set date for team to review trial results & their impact on implementation			

Student Name: **Date:**

Desired Outcomes of Trial: _____

_____

_____

_____

_____

Date	Time	Initials	Strategy, Technology, Non-Technology Used, & Context (Refer to *Assessment Planning & Data Collection* tool)	Results of Student Performance	Student Perceptions & Basis *O/A/S	
*In column next to student perceptions, indicate if the basis of the student's perceptions: O = Observed, A = Assumed, or S = Stated						

Revised Recommendations Based on Trial Outcomes: _____

_____

_____

_____

_____

Sources for Recommended Device(s) & Service(s) (if applicable): _____

_____

_____

_____

_____

NEXT STEPS: If AT is determined to be appropriate, schedule an IEP meeting to discuss recommendations based on trial data. Plan for AT implementation and monitoring of implementation using the *AT Implementation* tool. If trial AT is not appropriate, implement additional trials with new or modified device(s)/service(s).