

WATI Assistive Technology Trial Use Guide

Student: _____ Age: _____ Placement/Classroom: _____

AT to be trialed: _____ Length of trial: _____

If trial is successful, we expect to see the student be able: _____

Acquisition of AT for Trial:

Source of the AT to be Tried	Person Responsible	Date(s) Available	Date Received	Date Returned

Operation and Training:

Person primarily responsible to operate (or learn to operate) this AT: _____

Others to be trained	Nature/Content of Training Required	Date Begun	Date Completed

Management/Support:

Locations where AT is to be used	Support to be provided (e.g. set up, trouble short, recharge, program, etc.	Person Responsible And Contact Information

Student Data from AT Trial:

Date	Time Used	Location	Task(s)	Outcome(s)