5.1 Assistive Technology Implementation Form

Student:		School:		Date of Plan:
Team Members:			IST (Support Teacher):	
CT (Classroom Teachers):				
P (Parents/Guardians):				
Tech (Technology Specialist:			Comp Tech (Computer Technician):	
Device(s) and Software (i.e., Scanner, Laptop with Kurzwell 3000, Co-writer, Inspiration, etc.):				Review Date:

Support Task	Person(s) Responsible	Schedule – When?	Evidence of Completion (e.g., *student demonstrates steps to IST*)
Initial Student Training			
Ongoing Student Training			
Daily/Regular Support of Student Use			
Regular Maintenance Activities			
Consultation with Staff			
Communication with Family			
Parent/Family Training			
Repairs and Modifications			