

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: _____

School Staff

Date Completed

School Staff