

AT Trial Period Implementation Plan

(Not a required form)

Developed by: NJDOE/OSEP in collaboration with NJDCF/OOE and SPAN/START Project
Funded by: IDEA Part B Funds

Student _____ Date: _____

Trial Period: _____ to _____ Completed By: _____

Performance Area(s): _____

Task(s) of Concern: _____

Assistive Technology Device(s): _____

Directions: This form can assist in the planning of the student’s trial period with assistive technology, as well as track and document the steps of implementation. This form should be completed collaboratively by a team of educational professionals who have been identified as the AT support team (i.e., the IEP team or a team designated by the IEP) for your student. The TRIAL PERIOD PLANNING section should be completed at the onset of the trial period. The TRIAL PERIOD IMPLEMENTATION section should be completed to document each step of implementation. Place a √ to document the completion of each step.

TRIAL PERIOD PLANNING													
	Step	Person Responsible	Date										
<input type="checkbox"/>	Determine WHERE the device(s) will be introduced and used by the student. Subject(s): _____ Location (s): _____												
<input type="checkbox"/>	Determine the specific ACTIVITIES for which the student will use the device and the frequency of occurrence. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; text-align: center;">Activity</td> <td style="width: 40%; text-align: center;">Frequency</td> </tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> <tr><td>_____</td><td></td></tr> </table>	Activity	Frequency	_____		_____		_____		_____			
Activity	Frequency												

<input type="checkbox"/>	Determine levels of performance to be achieved to determine if the device meets the student’s identified needs and skills. <u>Consider</u> Quantity of work completed: _____ Quantity of work in set time: _____ Quality of work completed: _____ Accuracy of work completed: _____ Time on task: _____												
<input type="checkbox"/>	Determine STRATEGIES that will support student’s use of AT. Strategies:												
<input type="checkbox"/>	Establish a reasonable amount of time to determine whether the device meets the student’s identified needs and skills. Trial period start date: _____ Trial period end date: _____ Length of trial period: _____												

TRIAL PERIOD IMPLEMENTATION

	Step	Person Responsible	Date
<input type="checkbox"/>	Provide appropriate training to the student, family and staff. System Operation Training Device(s): _____ Person(s) Trained: _____ Date: _____ Integration into the Educational Environment Training: Persons Trained: _____ Date: _____		
<input type="checkbox"/>	Implement identified devices and services in the student's educational environments.		
<input type="checkbox"/>	Collect data on impact of AT devices and services on student performance using the <i>AT Trial Period Outcomes</i> tool.		
<input type="checkbox"/>	Document student outcome <input type="checkbox"/> AT device(s)/services ARE meeting identified needs & skills <OR> <input type="checkbox"/> AT device(s)/services ARE NOT meeting identified needs and skills <u>further exploration</u> of AT device(s) is necessary		

Scheduled team meetings to review/discuss progress and/or AT refinement:
