

**A**ssistive **T**echnology **I**mplementation **P**lan

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| **STUDENT INFORMATION** |
| Student Name | Grade  | Date of Birth |
| LAST, FIRST NAME | Second | Withheld  |
| School | Date | AT Plan Review Date |
| Oglethorpe County Primary School | 07/14/2015 | 08/21/16 |

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| **POINT OF CONTACT**  (Individual assigned to keep the Implementation Plan updated) |
| Chad DeWolf (for this assignment) |  |  |

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| **EQUIPMENT** |
| **EQUIPMENT AND SOFTWARE TO BE USED** | **STATUS (**e.g., owned by school, will purchase, will borrow, etc…) |
| iPod or any portable music player and headphones | Currently owned by school |
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| **EQUIPMENT TASKS** |
| **TASK** (e.g., order/procure AT, load software, adapt/customize devices/software, set upat home/school, maintain/repair, etc.) | **PERSON RESPONSIBLE** | **DATE DUE** |
| Load parent approved list of music and parent recorded voices as .mp3 files. | Parents said they will handle playlist | Before the beginning of the school year |
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| **IMPLEMENTATION TEAM** |
| **NAME** (List all individuals who will implement the AT with the student.) | **ROLE (**e.g., administrator, teacher, family member, service provider, etc…) |
| Unknown teacher, para-professional and administration | Teacher, para-professional and administration |
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| **TRAINING** |
| **TRAINING NEED** | **TRAINEES** | **TRAINER** | **DATES & TIMES** | **FOLLOW UP / ALONG PLAN** |
| How and when to use mp3 player | Admin, class teachers, parents, and student | School Counselor | Beginning of school – probably a refresher | Teacher will ensure the student can manipulate the playlist independently. |
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| **CLASSROOM IMPLEMENTATION** |
| **IEP GOAL** | **CURRICULUM/DOMAIN (**e.g., math, science, PE, art, etc…) | **PERSON(S) RESPONSIBLE** | **AT NEEDED TO ACCOMPLISH GOAL** (List specific AT and customized settings if appropriate) |
| Playlist will allow student to remain in the classroom to complete work. | English, Math, Science, Social Studies | Classroom teachers | Mp3 player and headphones |
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| **HOME IMPLEMENTATION** |
| **IEP GOAL** | **CURRICULUM/DOMAIN (**e.g., math, science, PE, art, etc…) | **PERSON(S) RESPONSIBLE** | **AT NEEDED TO ACCOMPLISH GOAL** (List specific AT and customized settings if appropriate) |
| Same strategies will occur with parents to limit outbursts and sessions of anger | All | Parents | Mp3 player and headphones |
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| **MONITORING/EVALUATION** |
| **GOAL** | **INSTRUCTIONAL STRATEGY** (How will you teach student to use equipment and/or how to achieve goals.) | **RECORDING SYSTEM & FREQUENCY (**e.g., task analysis recording system;score + or - on data recording sheet) | **PERSONS RESPONSIBLE FOR IMPLEMENTATION / DATA COLLECTION** |
| Use of the mp3 player once per day at most, working towards less frequent usages | Use as a resource once it has been determined that the student will require the AT. Student already knows how to work the AT. | We will track time of day, subject, and other triggers that start the need for the AT. | Classroom teachers and parents at home |
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**WATI Assistive Technology Consideration Guide**

1. What task is it that we want this student to do, that they are unable to do at a level that reflects their skills/abilities (writing, reading, communicating, seeing, hearing)? Document by checking each relevant task below. Please leave blank any tasks that are not relevant to the student’s IEP.
2. Is the student currently able to complete tasks with special strategies or accommodations? If yes, describe in Column A for each checked task.
3. Is there available assistive technology (either devices, tools, hardware, o software) that could be used to address this task? (If none are known, review WATI’s AT Checklist.) If any assistive technology tools are currently being used (or were tried in the past), describe in Column B.
4. Would the use of assistive technology help the student perform this skill more easily or efficiently, in the least restrictive environment, or perform successfully with less personal assistance? If yes, complete Column C.

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| **Task** | **A. If currently completes task with special strategies and / or accommodations, describe.** | **B. If currently completes task with assistive technology tools, describe.** | **C. Describe new or additional assistive technology to be tried.** |
|  **Motor Aspects of Writing** |  |  | Use of mp3 player of music playlist and parent voices for a calm and soothing transition from an outburst or for anger management. |
|  **Computer Access** |  |  | Use of mp3 player of music playlist and parent voices for a calm and soothing transition from an outburst or for anger management. |
|  **Composing Written Material** |  |  | Use of mp3 player of music playlist and parent voices for a calm and soothing transition from an outburst or for anger management. |
|  Communication |  |  |  |
|  **Reading** |  |  | Use of mp3 player of music playlist and parent voices for a calm and soothing transition from an outburst or for anger management. |
|  Organization |  |  |  |

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| **Task** | **A. If currently completes task with special strategies and / or accommodations, describe.** | **B. If currently completes task with assistive technology tools, describe.** | **C. Describe new or additional assistive technology to be tried.** |
|  **Math** |  |  | Use of mp3 player of music playlist and parent voices for a calm and soothing transition from an outburst or for anger management. |
|  Recreation and Leisure |  |  |  |
|  **Activities of Daily Living (ADLs)** |  |  | Use of mp3 player of music playlist and parent voices for a calm and soothing transition from an outburst or for anger management. |
|  Mobility |  |  |  |
|  Positioning and Seating |  |  |  |
|  Vision |  |  |  |
|  Hearing |  |  |  |
| 1. Are there assistive technology services (more specific evaluation of need for assistive technology, adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family) that this student needs? If yes, describe what will be provided, the initiation and duration.

N/A |

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