

Student Name _____ School _____
 Date of Birth _____ Age _____ Date of Plan _____
 Team Members _____

AT to be implemented:

Desired outcomes of implementation:

Using the table below, list previous interventions:

Name of AT	Date(s) Tried	How long was each trial?	Result? What did or did not work and why?

What specific skills will the student need to learn in order to use the AT in a functional manner?

When and where will the initial training be provided to the student?

After training, will the student require direct supervision to use the AT in a functional manner?

Yes
 No
 Don't Know

Do adults require training to support the functional use of the AT? If so, which ones?
