

## Assistive Technology Implementation Plan

School:  
 Student:  
 Case Manager:

Date:  
 Grade:

Status of Technology	Tasks the Technology Supports	Frequency and Location of Use

**Student's Perception of the Technology:**

Building Capacity Within the School		
Training/Support Needed	Staff Responsible	Dates/Times

Transition Issues	
<ul style="list-style-type: none"> <li>▪ To a new classroom</li> </ul>	
<ul style="list-style-type: none"> <li>▪ School to home</li> </ul>	
<ul style="list-style-type: none"> <li>▪ To a new school</li> </ul>	

**Implementation Review Date:** \_\_\_\_\_

*Procedural Checks:*

- Implementation Plan filed in student's folder
- A.T. Devices and Services appropriately documented on the IEP
- Supplementary aids appropriately documented on the IEP