Accessible Technology Trial Period Plan

Student: **School:**

Planning Date: **Grade:**

Team participants: names and titles

Targeted IEP Goal:				
AT on trial to accomplish the above goal	**Environments for the AT trial**	**AT Trial Period**	**Indicators of Effectiveness** (Rate, duration, accuracy, quality, etc. as determined by team prior to trial)	**Effectiveness** (To be completed the end of trial period by designated staff.) How did performance change? Attach work samples or pre-trial and post-trial data sheets.
		Date to begin: End date:		

By agreeing to a trial period, school staff is committing to training as needed, using the tools and strategies as agreed upon, documenting trial period effectiveness within 2 weeks of the conclusion of the trial period, conveying documentation to the family and student folder, and obtaining tools that have demonstrated effectiveness.

Summary and further recommendations:

Staff responsible for follow-up to parent: Date for follow-up completion: