Accessible Technology Trial Period Plan

Student: **School**:

Planning Date: **Grade**:

Team participants:

AT on trial to accomplish the above goal	**Environments for the AT trial**	**Dates**	**Diagnostic Question** *What question are you trying to answer during this trial period? What data will support your answer?*	**Effectiveness** *To be completed at the end of trial period by designated staff. Attach work samples or pre- 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 agreed upon
- Documenting the trial effectiveness within 2 weeks of the trial conclusion
- Conveying the trial results and documentation to the student's family and folder.
- Obtaining the tools that have demonstrated effectiveness.

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