**Accessible Technology Trial Period Plan**

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| **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 tryingto 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.

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