**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: |  |