

## WORKSHOP 3: *Implementation Practice*



Team Members: Names of staff and family members who will need training.

1.	2.
3.	4.
5.	6.

IEP goals to be addressed using the device.

1.
2.
3.

Environments in which student will use the device and how will it be made available?

Environments (class, library, lunch, P.E., etc)	Responsible Party in environment	Where in the environment will the AT be kept?

Will the student need the device at home?

<input type="checkbox"/> Yes - If yes, how will it be transported home?
<input type="checkbox"/> No - If no, will an alternative device be needed?

## STUDENT \_\_\_\_\_

Who should be called if technical assistance is needed? \_\_\_\_\_

What will this student use the AT device to do?

What specific skills will the student need to learn?

Device Name	Operational Skills (Ex. operating and accessing a device)	Functional Skills (Ex. writing, comprehension, expressive language)	Strategic Skills (Ex. deciding when to use a device)	Social Skills (Ex. using the device with others)
1.				
2.				

How much training does the student require to learn these skills?

When will training be provided to the student and by whom?

How will the student learn to use the device in customary environments?

What kind of supervision/help will the student need to use the device for tasks related to the curriculum?

Who will provide it and how often?

Device Name	Task	Person Responsible	Amount of Training	When will training occur	Completion Notes
1.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				
2.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				

## STAFF \_\_\_\_\_

Who should be called if technical assistance is needed? \_\_\_\_\_

Device Name	Staff to be Trained	Trainer	Amount of Training	When will it Occur?	Completion Notes
1.					
2.					

## Support/Training

FAMILY \_\_\_\_\_

Who should be called if technical assistance is needed? \_\_\_\_\_

Device Name	Person Needing Training/ Relationship to Student	Trainer	Amount of Training	When will it Occur?	Completion Notes
1.					
2.					

## Outcomes

A. How will we know if the device or software is successful?

Device Name	Success would mean:
1.	
2.	

B. What level of achievement is reasonable to expect with this item/device/software?

Device Name	What level of achievement will be expected?	How long to achieve it?
1.		
2.		

C. How will we know if the device or software is not helping the student? What criteria will be used to stop?

Device Name	It's not working if...	Stop using AT if...
1.		
2.		