

## Assistive Technology Trial Period Plan

Date of Trial Period Planning: \_\_\_\_\_

### Student Data

Student Name Terry Rose  
Parent Name(s) Betsy and David Rose  
Parent Phone 447-333-44447  
Parent Email betsyrose@singoutloud.org  
Parent Address 7777 107th Avenue  
Roseville, OR, 97416  
Date of Birth 12-20-2000 CA 11.1  
Disability Learning Disability  
IEP Date 12-1-2011  
Medicaid ID# NONE  
Medical Diagnosis NONE  
Social Security # XXX-XX-XXXX  
Grade/Placement 7  
Student # XXX-XXXXXXXX  
School Camas Hill Elementary  
School Address 9000 Upper Camas Road  
Roseville, OR 97489  
School Phone 555-445-9999  
School Fax 555-445-9989

### Team Members

#### AT Extended Assessment Coordinator

Name Penny Cous  
Title Resource Room Teacher  
Phone 555-555-5555  
Email pennyc@rosevilleschools.org

#### Other Team Members

Name Mary Cloyd Title OT  
Phone 555-666-6666  
Email maryc@rosevilleschools.org

Name Beverly Carruth Title teacher  
Phone 555-777-7777  
Email Beverlyc@rosevilleschools.org

Name Kathy Ray Title Principal  
Phone 555-888-8888  
Email kathyray@rosevilleschools.org

## Overall Goal for Device Use

### Goal for Student's Use of the Device:

Improve quality and quantity of Terry's written work.

### How will we know if the trial is successful?

By the end of the trial, all Terry's written assignments will be legible. She may not produce as much while she is learning to use the electronic writing tools, but what she does write will be legible..

### What level of achievement is reasonable to expect during the trial period?

Terry will use electronic writing tools for all assignments of more than two sentences. All written work will be readable. She will be able to write independently using the tools identified.

### How will we know if the trial is not working (What criteria will we use to stop)?

The trial will be ended if Terry is unable to write independently with the electronic writing tools by the end of the second week.

## Customary Environments Where Devices Will Be Used

1. Environment: Resource Room  
Tasks: paragraph practice  
Person responsible for implementation: Penny Cous  
Days to be used: Daily for the first two weeks of the trial period  
Times to be used: 9:00-9:30
2. Environment: sixth grade classroom  
Tasks: spelling sentences  
Person responsible for implementation: Ms Carruth  
Days to be used: Weekly, Tuesday, Wednesday, Thursday,  
Times to be used: 10:00 to 10:30
3. Environment: \_\_\_\_\_  
Tasks: \_\_\_\_\_  
Person responsible for implementation: \_\_\_\_\_  
Days to be used: \_\_\_\_\_  
Times to be used: \_\_\_\_\_

## Specific Devices For Trial

**Device #1** Writer Portable Word Processor  
Date of trial Initiation 9/10/11 Minimum length of trial period 3 weeks  
Device trial review date: 10/30/11  
Source of Device for Trial District AT library  
Contact person for technical assistance for trial Mary Cloyd  
Manufacturer: Writer Learning Inc Manufacturer technical assistance number 555-555-3333  
Comments Mary Cloyd, OT, will provide initial training to Mrs Cous

**Device #2** classroom computer with word processing software  
Date of trial Initiation 10/1/11 Minimum length of trial period 3 weeks  
Device trial review date 10/30/11  
Source of Device for Trial Classroom computer  
Contact person for technical assistance for trial Jim Knapp-IT department  
Manufacturer: NA Technical assistance number Contact IT Department  
Comments: No equipment needed for this trial.

**Device #3** \_\_\_\_\_  
Date of trial Initiation \_\_\_\_\_ Minimum length of trial period \_\_\_\_\_  
Device trial review date \_\_\_\_\_  
Source of Device for Trial \_\_\_\_\_  
Contact person for technical assistance for trial \_\_\_\_\_  
Manufacturer: \_\_\_\_\_ Manufacturer technical assistance number \_\_\_\_\_  
Comments \_\_\_\_\_

**Trial Period Summary**  
(To be completed at the end of the assessment)

- ❑ How did the child's performance change when using the devices?
  
- ❑ How did the student like using each device? Did the student prefer one of the devices?
  
- ❑ What are the advantages of using the devices?
  
- ❑ What are the disadvantages of using the devices?
  
- ❑ How long can the child be expected to use the devices?

**Team Recommendation:**