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_ __

**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 ____________
   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: