

FORM 3: Trial and Follow-Up Plan

WISD Assistive Technology Decision-Making Process

Student: _____ Date: _____ AT Contact Person: _____

AT Team members present: _____

Referral Question: What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? _____

TASKS	WHAT	HOW	WHO	WHEN		FOLLOW UP	
Task-specific Outcome(s) Being Addressed	What AT will you try? How and where will you try it?	How will you: *Acquire the AT *Provide training *Collect data	Who will : *Acquire the AT *Provide training *Collect data	Dates for: *Trial periods *Follow-up meetings		Expected Outcome *Criteria Met? (Show supporting data.)	Next Steps e.g. Recommendation for IEP, other AT to be tried, comments

Refer to AT Guide for Optional Data Collection Tools

Adapted from WATI Assessment Package (2004) and SETT, Joy Zabala (1994)