

### Implementing Trials with Assistive Technology

In order to determine which assistive technology will work effectively for a student, that student must have an opportunity to try the assistive technology. In some cases, a brief trial during a short visit with one of the team members reveals an effective solution. More typically, a longer trial of several days, weeks, or in some cases, months is necessary. Whether the trial is short or long, documenting the student's performance while they try the assistive technology is critical.

Included are two planning tools that can help the team as they prepare for a more extensive trial with one or more assistive technology devices. The Assistive Technology Trial Use Guide is a form that guides the team through a sequence of important questions that must be addressed prior to implementing trial use of assistive technology and after the trial.



## WATI Assistive Technology Trial Use Guide

**AT to be tried:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_ Meeting Date: \_\_\_\_\_

School/Agency: \_\_\_\_\_ Grade/Placement: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

School/Agency Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Persons Completing Guide: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_

**Goal for AT use:** \_\_\_\_\_

**ACQUISITION**

Source(s)	Person Responsible	Date(s) Available	Date Received	Date Returned

Person primarily responsible to learn to operate this AT: \_\_\_\_\_

**Training**

Person(s) to be trained	Training Required	Date Begun	Date Completed



**MANAGEMENT/SUPPORT**

Location(s)	Support to be provided (e.g. set up, trouble shoot, recharge, program, etc.)	Person Responsible

**Student Use**

Date	Time Used	Location	Task(s)	Outcome(s)



## WATI Assistive Technology Trial Use Summary

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Person(s) Completing Summary: \_\_\_\_\_

**Task Being Addressed During Trial** \_\_\_\_\_

**Criteria for Success** \_\_\_\_\_

AT Tried	Dates Used	Criteria Met?	Comments (e.g. advantages, disadvantages, preferences, performance)

**Recommendations for IEP:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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