



Miami-Dade County Public Schools
Division of Special Education
Assistive Technology Implementation Plan K-12
<http://assistivetech.dadeschools.net>

DEVELOPING YOUR ASSISTIVE TECHNOLOGY IMPLEMENTATION PLAN FOR ACCESS AND/OR COMMUNICATION

Select appropriate strategies and tools from the Strategies/Tools Task pages that follow: Consumables are the responsibility of the school.

- Check (✓) and complete task pages relevant to the student's needs
 - o Writing/Composing Strategies/Tools (complete page 3)
 - o Reading Strategies/Tools (complete page 4)
 - o Math Strategies/Tools (complete page 5)
 - o Learning/Study Strategies/Tools (complete page 6)
 - o Communication Strategies/Tools (complete page(s) 7-8)
- Implement the strategies and tools selected for the specific task for a minimum nine weeks
- Complete plan summary (Make additional copies of this page as needed.)
- If AT implementation process is not followed as outlined in District AT procedures (<http://assistivetech.dadeschools.net>), the school will be responsible for purchasing, tracking and maintaining AT equipment documented on student's Individual Educational Plan (IEP).

DETERMINATION OF THE EFFECTIVENESS OF STRATEGIES/TOOLS: (CHECK ONE)

- The tools/techniques were effective to meet the student's access &/or communication needs in the curriculum.**
 Place the Assistive Technology Implementation Plan K-12 (FM-7067), related task pages, and work samples (if appropriate) in the student's cumulative folder. Continue use of strategies/tools that were effective. School site administrator convenes an IEP interim meeting to add goals supported by AT. Note completion of the Assistive Technology Implementation Plan K-12 (FM-7067) in the conference notes section of the IEP.
- Additional strategies/tools needed for trials.** Send a copy of this plan to your *Regional Center Chairperson for Speech & Language Programs* for processing. List additional strategies/tools *needed*:

<i>I have reviewed this form: Signature of School AT Contact</i>		<i>Printed Name/Title School AT Contact</i>			<i>Date</i>	
Date	Student's School	School Address			Mail Code	
Print Student's Name (Last, First)		Student's ID#	<input type="checkbox"/> M <input type="checkbox"/> F	DOB/Age	Grade	Exceptionality (ies)
Medical Diagnosis(es)	Language/ ELL level	Interpreter needed	<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Language Interpreter needed	<input type="checkbox"/> Y <input type="checkbox"/> N	

Referral initiated by:

Recommendations of Curriculum/Program Support Staff:

What academic skill(s) do you want this student to do that he/she cannot do now?

List roles, as related to AT, i.e., data collector, positioning/access, operator, programmer, maintenance of equipment and liaison to regular education.

Title	Print Name	(@dadeschools.net)	Telephone	AT Responsibility
Parent				
AT Contact Person				
Teacher				
SLP				
OT				
PT				
Paraprofessional				
Curriculum/Program Support				
School Administrator				
School Tech Support				

PLAN SUMMARY

Student's Name: _____

(Make additional copies of this page as needed.)

WHAT academic task will the student be doing (from strategies/tools pages)	WHAT tools will the student be doing (from strategies/tools pages)	HOW will the tool be obtained?
		<input type="checkbox"/> already in classroom <input type="checkbox"/> borrow from _____ <input type="checkbox"/> send request to Regional Center Chairperson for Speech & Language Programs for processing <input type="checkbox"/> other: _____

WHERE in the academic **ENVIRONMENT** will this strategy/tool be used (check all that apply)?

<input type="checkbox"/> Language Arts <input type="checkbox"/> Reading <input type="checkbox"/> Science	<input type="checkbox"/> Social Studies <input type="checkbox"/> Math <input type="checkbox"/> General Education	<input type="checkbox"/> Homeroom <input type="checkbox"/> Therapy <input type="checkbox"/> Home	<input type="checkbox"/> Separate Class <input type="checkbox"/> Resource Room
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HOW: Describe specific instructional strategies for the use of this strategy/tool

DOCUMENT results below after an appropriate implementation period

Date: _____

Results: _____

The school support team has implemented strategies/tools as determined by the ATIP K-12 for at least 9 weeks, in alignment with Response to Intervention (RTI).
 The strategies/tools were not adequate to meet the student's access &/or communication needs. Only after conducting additional trials and implementing additional strategies, request an Assistive Technology screening/assessment. Send the following information/documents with your request:

- a copy of the ATIP K-12 (after implementation period, documented dates tried and results)
- a copy of the signed Notice of Intent and Parental/Guardian Consent to Conduct a Screening/Assessment form (FM-6279); on FM-6279 check other; write "Assistive Technology"
- a copy of the latest IEP

Send completed packets to Regional Center Chairperson for Speech & Language Programs for processing.
 Check one:

<input type="checkbox"/> North Regional Center	Mail Code 9571
<input type="checkbox"/> North Central Regional Center	Mail Code 9572
<input type="checkbox"/> South Central Regional Center	Mail Code 9573
<input type="checkbox"/> South Regional Center	Mail Code 9574
<input type="checkbox"/> Other _____	

Incomplete Assistive Technology Implementation Plan K-12 packets will be returned to the school site administrator.

ATIP K-12 and strategies reviewed and monitored by:

School LEA or AP or SPED Chair: _____	_____	_____	_____
	Print name/Signature	Title	Date

Received at Regional Center by: _____

_____	_____	_____	_____
	Print name/Signature	Title	Date

Received/Reviewed by RSAT: _____

(Region Support for Assistive Technology)	_____	_____	_____
	Print name/Signature	Title	Date

WRITING/COMPOSING Strategies and Tools

Student's Name: _____

- Select student activity that describes student's difficulty
- Select task relevant to the student's need
- Select strategies/tools for the specific task and implement
- Check the strategies/tools tried already (✓), circle those that will be tried (○)

- Indicate dates tried and which were most effective for this student
- If not effective, try another tool/technique in the list
- Complete plan summary (Page 2 of this packet)
- Attach work samples/data collection/notes

STUDENT	TASK (suggested)	STRATEGIES/TOOLS (Check the strategies/tools tried already (✓), circle those that will be tried (○))	DATES TRIED / WHICH WAS MOST HELPFUL
Handwriting is illegible (letter formation, spacing, writing on line, letter size)	<input type="checkbox"/> Complete written assignments <input type="checkbox"/> Other: _____	<input type="checkbox"/> Adapted writing tool/pencil grip <input type="checkbox"/> Adapted paper/handwriting grid <input type="checkbox"/> Slant board/3 ring binder <input type="checkbox"/> Classroom computer/word-processing Keyboard: <input type="checkbox"/> standard <input type="checkbox"/> on-screen <input type="checkbox"/> Intellikeys Mouse: <input type="checkbox"/> standard <input type="checkbox"/> adapted <input type="checkbox"/> trackball <input type="checkbox"/> Other: _____	
Writing is slow and laborious; complains of fatigue and/or pain when writing	<input type="checkbox"/> Complete written assignments <input type="checkbox"/> Other: _____	<input type="checkbox"/> Shortened assignments <input type="checkbox"/> Oral responses <input type="checkbox"/> Classroom computer/word-processing <input type="checkbox"/> Other: _____	
Reluctant or refuses to write; easily frustrated when writing	<input type="checkbox"/> Complete written assignments <input type="checkbox"/> Other: _____	<input type="checkbox"/> Oral responses for assignments and tests <input type="checkbox"/> Break assignments into short segments with separate time lines <input type="checkbox"/> Graphic organizers <input type="checkbox"/> Provide a model of the writing assignment/project <input type="checkbox"/> Auto correct options and grammar check in word processor <input type="checkbox"/> Other: _____	
Difficulty copying from the board and/or writing from dictation	<input type="checkbox"/> Take notes <input type="checkbox"/> Other: _____	<input type="checkbox"/> Preferential seating <input type="checkbox"/> Notes to minimize writing during lesson <input type="checkbox"/> Copy of notes <input type="checkbox"/> Provide visual model <input type="checkbox"/> Use highlighters to focus on specific conventions <input type="checkbox"/> Peer editing <input type="checkbox"/> Other: _____	
Uses excessive pressure when writing	<input type="checkbox"/> Complete written assignments <input type="checkbox"/> Other: _____	<input type="checkbox"/> Provide a softer surface (extra paper, notebook) <input type="checkbox"/> Mechanical pencil (facilitates lighter pressure) <input type="checkbox"/> Gum/non-abrasive erasers <input type="checkbox"/> Other: _____	
Difficulty with spelling	<input type="checkbox"/> Complete written assignments <input type="checkbox"/> Other: _____	<input type="checkbox"/> Word wall <input type="checkbox"/> Book of high frequency words; vocabulary kept in notebook <input type="checkbox"/> Electronics speller/dictionary <input type="checkbox"/> Word prediction software <input type="checkbox"/> Other: _____	

READING Strategies and Tools

Student's Name: _____

- Select student activity that describes student's difficulty
- Select task relevant to the student's need
- Select strategies/tools for the specific task and implement
- Check the strategies/tools tried already (✓), circle those that will be tried (○)

- Indicate dates tried and which were most effective for this student
- If not effective, try another tool/technique in the list
- Complete plan summary (Page 2 of this packet)
- Attach work samples/data collection/notes

STUDENT	TASK (suggested)	STRATEGIES/TOOLS (Check the strategies/tools tried already (✓), circle those that will be tried (○))	DATES TRIED / WHICH WAS MOST HELPFUL
Unable to hold reading materials open	<input type="checkbox"/> Read text books, worksheets <input type="checkbox"/> Other: _____	<input type="checkbox"/> Book holder <input type="checkbox"/> Page holder <input type="checkbox"/> Other: _____	
Difficulty seeing text (visual letters reversed, too small, etc.)	<input type="checkbox"/> Read textbooks, worksheets, chalkboard, computer <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enlarge print on copy machine or computer <input type="checkbox"/> Reduce number of items on page <input type="checkbox"/> Magnify bar/text <input type="checkbox"/> Highlight text <input type="checkbox"/> Reading guide/colored transparencies <input type="checkbox"/> Screen reader <input type="checkbox"/> Other: _____	
Difficulty reading on a flat (horizontal) surface	<input type="checkbox"/> Read silently, read in groups, seat work <input type="checkbox"/> Other: _____	<input type="checkbox"/> Slanted surface (3 ring loose leaf binder, slant board) <input type="checkbox"/> Page holder to see paper vertically <input type="checkbox"/> Screen reader <input type="checkbox"/> Other: _____	
Loses place while reading (tracking)	<input type="checkbox"/> Read textbooks, chalkboard, worksheets (all reading assignments) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Isolate text <input type="checkbox"/> Magnify text <input type="checkbox"/> Highlight text <input type="checkbox"/> Reading guide <input type="checkbox"/> Screen reader <input type="checkbox"/> Other: _____	
Difficulty comprehending reading content	<input type="checkbox"/> Read text <input type="checkbox"/> Understand test-taking directions <input type="checkbox"/> Follow written directions <input type="checkbox"/> Comprehend vocabulary <input type="checkbox"/> Other: _____	<input type="checkbox"/> Reduce distracting stimuli <input type="checkbox"/> Vary presentation methods <input type="checkbox"/> Highlight full page of text <input type="checkbox"/> Tape record reading material <input type="checkbox"/> Provide outline of reading material <input type="checkbox"/> Highlight important information prior to reading <input type="checkbox"/> Provide picture/visual support <input type="checkbox"/> Paraphrase <input type="checkbox"/> Graphic organizers/story mapping <input type="checkbox"/> Electronic speller/dictionary <input type="checkbox"/> Screen reader <input type="checkbox"/> Other: _____	

MATH Strategies and Tools

- Select student activity that describes student's difficulty
- Select task relevant to the student's need
- Select strategies/tools for the specific task and implement
- Check the strategies/tools tried already (), circle those that will be tried ()

Student's Name: _____

- Indicate dates tried and which were most effective for this student
- If not effective, try another tool/technique in the list
- Complete plan summary (Page 2 of this packet)
- Attach work samples/data collection/notes

STUDENT	TASK (suggested)	STRATEGIES/TOOLS (Check the strategies/tools tried already (<input checked="" type="checkbox"/>), circle those that will be tried (<input type="checkbox"/>)	DATES TRIED / WHICH WAS MOST HELPFUL
Difficulty with calculations	<input type="checkbox"/> Complete assignments with calculations <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fold paper to show one problem at a time <input type="checkbox"/> Multiplication table <input type="checkbox"/> Manipulatives <input type="checkbox"/> Number line <input type="checkbox"/> Calculator <input type="checkbox"/> Talking calculator <input type="checkbox"/> Coin-u-lator <input type="checkbox"/> Other: _____	
Difficulty keeping rows and columns aligned when writing calculations	<input type="checkbox"/> Complete assignments with calculations <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lined paper turned sideways for columns <input type="checkbox"/> Graph paper <input type="checkbox"/> Math grids <input type="checkbox"/> Math pad <input type="checkbox"/> Other: _____	
Difficulty with operations	<input type="checkbox"/> Complete assignments with operations <input type="checkbox"/> Other: _____	<input type="checkbox"/> Circle or highlight operation using highlighter <input type="checkbox"/> Erasable highlighter <input type="checkbox"/> Highlighter tape <input type="checkbox"/> Other: _____	
Difficulty with measurements	<input type="checkbox"/> Complete assignments with measurements <input type="checkbox"/> Other: _____	<input type="checkbox"/> Magnifying ruler <input type="checkbox"/> Ruler <input type="checkbox"/> Measuring tape <input type="checkbox"/> Other: _____	

LEARNING Strategies and Tools

Student's Name: _____

- Select student activity that describes student's difficulty
- Select task relevant to the student's need
- Select strategies/tools for the specific task and implement
- Check the strategies/tools tried already (), circle those that will be tried ()

- Indicate dates tried and which were most effective for this student
- If not effective, try another tool/technique in the list
- Complete plan summary (Page 2 of this packet)
- Attach work samples/data collection/notes

STUDENT	TASK (suggested)	STRATEGIES/TOOLS (Check the strategies/tools tried already (<input checked="" type="checkbox"/>), circle those that will be tried (<input type="checkbox"/>)	DATES TRIED / WHICH WAS MOST HELPFUL
Difficulty with transitions and class preparation	<input type="checkbox"/> Follow daily routine <input type="checkbox"/> Other: _____	<input type="checkbox"/> Visual schedule <input type="checkbox"/> Materials checklists <input type="checkbox"/> Other: _____	
Incomplete assignments or homework	<input type="checkbox"/> Complete assignments <input type="checkbox"/> Complete homework <input type="checkbox"/> Turn in assignments <input type="checkbox"/> Other: _____	<input type="checkbox"/> Visual schedule/mini schedule <input type="checkbox"/> Written instructions <input type="checkbox"/> Color-coded folders <input type="checkbox"/> Materials checklist <input type="checkbox"/> Assignment lists <input type="checkbox"/> Time/task chart <input type="checkbox"/> Schedule appointment for work review <input type="checkbox"/> Establish routines <input type="checkbox"/> Other: _____	
Difficulty following instructions	<input type="checkbox"/> Follow classroom instructions/ directions <input type="checkbox"/> Other: _____	<input type="checkbox"/> Highlight directions <input type="checkbox"/> Place color filter over directions <input type="checkbox"/> Copies of instructional notes <input type="checkbox"/> Other: _____	
Disorganized and/or inattentive	<input type="checkbox"/> Complete assignments <input type="checkbox"/> Gather materials for lesson <input type="checkbox"/> Store materials <input type="checkbox"/> Attend to instruction <input type="checkbox"/> Other: _____	<input type="checkbox"/> Seat change <input type="checkbox"/> Skeleton outline to fill in <input type="checkbox"/> Materials checklists <input type="checkbox"/> Desk organizers <input type="checkbox"/> Scheduled breaks <input type="checkbox"/> Organizer labels <input type="checkbox"/> Graphic organizers <input type="checkbox"/> Other: _____	
Difficulty participating in class discussions	<input type="checkbox"/> Answer questions on content of instruction <input type="checkbox"/> Comment during classroom discussion <input type="checkbox"/> Other: _____	<input type="checkbox"/> Copies of instructional notes <input type="checkbox"/> Seat change <input type="checkbox"/> Graphic organizers <input type="checkbox"/> Highlighted notes <input type="checkbox"/> Other: _____	

COMMUNICATION Strategies and Tools

Student's Name: _____

- Select student activity that describes student's difficulty
- Select task relevant to the student's need
- Select strategies/tools for the specific task and implement
- Check the strategies/tools tried already (✓), circle those that will be tried (○)

- Indicate dates tried and which were most effective for this student
- If not effective, try another tool/technique in the list
- Complete plan summary (Page 2 of this packet)
- Attach work samples/data collection/notes

STUDENT	TASK (suggested)	STRATEGIES/TOOLS (Check the strategies/tools tried already (✓), circle those that will be tried (○))	DATES TRIED / WHICH WAS MOST HELPFUL
Needs assistance to participate in classroom activities - limited communication or joint attention or compliance	<ul style="list-style-type: none"> <input type="checkbox"/> Sustain attention/remain on task <input type="checkbox"/> Follow simple directions <input type="checkbox"/> Greet others <input type="checkbox"/> Call others <input type="checkbox"/> Sing part of a song <input type="checkbox"/> Name objects/actions in art, music, reading, math, social studies, science, etc. activity <input type="checkbox"/> Count <input type="checkbox"/> Name attributes-color, size, shape, etc. <input type="checkbox"/> Regulate behavior of others <input type="checkbox"/> ("leave me alone", "my turn") <input type="checkbox"/> Ask a question <input type="checkbox"/> Signal a turn <input type="checkbox"/> Indicate need for a break <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Aided language stimulation used by adults/peers in classroom <input type="checkbox"/> Computer activities that require cause-effect, exploration with words and pictures <input type="checkbox"/> Object boards (specify number of objects and selection method) <input type="checkbox"/> Picture communication boards (specify number of pictures, selection method) <input type="checkbox"/> Picture communication system <input type="checkbox"/> Behavioral symbols used with verbal direction, physical redirection, gesture <input type="checkbox"/> Behavioral symbols used without verbal direction or eye contact, followed by physical redirection initially and faded to proximity and gesture <input type="checkbox"/> Individual pictures on ring (carry on belt, necklace) <input type="checkbox"/> Word cards, sentence strips (for readers) - (specify) <input type="checkbox"/> Single message Speech Generation Device (SGD) for repetitive lines in songs/stories; greetings; ask a question - 'what's that?' etc.) <input type="checkbox"/> Randomized SGD (greetings; getting attention; directing a game such as 'Simon Says,' 'Red Light; Green Light'; giving suggestions for verses to a song; phonological awareness activities, etc.) <input type="checkbox"/> Sequenced message SGD (saying rhymes; reading a story page by page; routine social interactions; following/giving directions, etc.) <input type="checkbox"/> Multi-message SGD (naming objects or actions in activity or book; making simple comments; directing others; recalling directions to complete a task independently, asking questions, etc.) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Important strategy for all - begin to encourage student to seek out communication aid on their own 	

COMMUNICATION Strategies and Tools

Student's Name: _____

- Select student activity that describes student's difficulty
- Select task relevant to the student's need
- Select strategies/tools for the specific task and implement
- Check the strategies/tools tried already (✓), circle those that will be tried (○)

- Indicate dates tried and which were most effective for this student
- If not effective, try another tool/technique in the list
- Complete plan summary (Page 2 of this packet)
- Attach work samples/data collection/notes

STUDENT	TASK (suggested)	STRATEGIES/TOOLS (Check the strategies/tools tried already (✓), circle those that will be tried (○))	DATES TRIED / WHICH WAS MOST HELPFUL
<p>Able to participate - needs to communicate specific information in structured activities (reading, math, social studies, science, computer class, art, music, social settings) and unstructured activities (lunch, sports, breaks, study hall)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Request needed item in structured activity <input type="checkbox"/> Give an idea/message <input type="checkbox"/> Ask questions <input type="checkbox"/> Answer questions <input type="checkbox"/> Describe a picture <input type="checkbox"/> Re-tell a story <input type="checkbox"/> Sing a song <input type="checkbox"/> Play a game <input type="checkbox"/> Assist in writing a story <input type="checkbox"/> Use social comments to maintain interaction <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Aided language stimulation used by adults/peers in classroom <input type="checkbox"/> Picture communication system <input type="checkbox"/> Picture/word boards - (specify # of pictures: 4, 8, 16, 20, 32, etc.) <input type="checkbox"/> Picture/word book organized by category or subject <input type="checkbox"/> Word/sentence book organized by topic (i.e., "Things I might say in _____") <input type="checkbox"/> Sequenced message SGD (Can We Chat - Caroline Musselwhite strategy booklet available for loan) <input type="checkbox"/> Multi-level, multi-message SGD (16, 20, 32, 36) <input type="checkbox"/> Intellitools computer-based activities <input type="checkbox"/> Other: _____ <input type="checkbox"/> *Student should be taught to retrieve, carry, operate communication aid independently. Describe what they will do: _____ 	
<p>Able to request things needed, beginning to sequence messages using scripted language and/or generated language</p> <p>Needs to develop flexibility and independence in language use across environments</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Talk about something they have done <input type="checkbox"/> Converse with adult or peer about a specific topic <input type="checkbox"/> Engage an adult or peer in conversation <input type="checkbox"/> Answer and ask questions in class, in school environment, at home <input type="checkbox"/> Talk about stories, activities <input type="checkbox"/> Tell about themselves <input type="checkbox"/> Ask about others and respond with social comments <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Picture communication system <input type="checkbox"/> Picture/word boards or books (include all types of language) <input type="checkbox"/> Phrase/sentence books <input type="checkbox"/> Multi-level, multi-message SGD (32, 36, 40+), i.e. Go Talk 20, Tech Speak 32, etc. <input type="checkbox"/> Dynamic screen SGD (Dynavox, SpringBoard Lite, Tango, etc.) <input type="checkbox"/> Other: _____ <input type="checkbox"/> *Student should be taught to care for communication aid independently. Describe what they will do: _____ 	

***Selection methods may be: Eye Gaze, Direct Select, Picture Exchange, partner Assisted Scanning, and Scanning