



Miami-Dade County Public Schools
Department of Exceptional Student Education

Assistive Technology Technical Assistance Record

<http://assistivetech.dadeschools.net>



Date: _____ Student Name: _____ Student ID: _____ School: _____

Focus of Technical Assistance Provided: Individual Classroom Program

Signatures: Local Assistive Technology Specialist (LATS): _____

Assistive Technology Contact (ATC): _____

Curriculum Support Specialist (CSS): _____

Teacher/Staff: _____

Focus of Technical Assistance Provided: Individual Classroom Program

MEETING	PURPOSE	AREAS ADDRESSED	SETTING
<input type="checkbox"/> ESE Teacher	<input type="checkbox"/> ATIP/Assessment Support	<input type="checkbox"/> Writing/composing	<input type="checkbox"/> Resource Room
<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Deliver/ Pick up materials	<input type="checkbox"/> Reading	<input type="checkbox"/> IND Self Contained/Academy
<input type="checkbox"/> General Education Teacher	<input type="checkbox"/> Training	<input type="checkbox"/> Math	<input type="checkbox"/> ASD Self /Academy
<input type="checkbox"/> Curriculum Support Specialist	<input type="checkbox"/> Classroom Observation	<input type="checkbox"/> Communication	<input type="checkbox"/> OI Self Contained
<input type="checkbox"/> Administrator(s)	<input type="checkbox"/> Check Records	<input type="checkbox"/> Social/Behavioral	<input type="checkbox"/> General Education
<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Classroom Set-up	<input type="checkbox"/> Organization/Learning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Staff Meeting (Sign-In Sheets)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Inclusion <input type="checkbox"/> Co-Teaching <input type="checkbox"/> Collaboration <input type="checkbox"/> Consultation
<input type="checkbox"/> Workshop (Sign-In Sheets)			
<input type="checkbox"/> Other _____			

Recommendations/ Suggestions / Comments:
