



Miami-Dade County Public Schools
Office of Exceptional Student Education
Assistive Technology Assessment and Implementation Plan K-12

AT Website: <http://assistivetech.dadeschools.net>
 AT Web Links: <http://www.skloog.com/user/AssistiveTech>
 AT TAP: <https://info.fldoe.org/docushare/dsweb/Get/Document-6801/dps-2013-65.pdf>
 AIM TAP: <https://info.fldoe.org/docushare/dsweb/Get/Document-5764/dps-2010-70.pdf>



REQUIRED: FM 7641 - Signed Notice of Intent and Parental/Guardian Consent to Conduct An Assistive Technology Assessment

Date of Signed FM 7641

60 School Day Completion Date for AT Assessment*:

For detailed information on the ATIP process, view a tutorial, "Assistive Technology Assessment and Implementation K-12" at: <http://assistivetech.dadeschools.net>.

Student's Name (Last, First)	Student's ID #	<input type="checkbox"/> M <input type="checkbox"/> F	DOB	Grade
Exceptionality(ies)		Medical Diagnosis(es)		

Assistive Technology is needed to address the following area(s) of need:

- Writing/Composing** **Reading** **Math** **Communication**

1. List the IEP goal(s) that assistive technology will support:

2. What accommodations are currently in place to support the student in meeting the IEP goal(s)?

In the table below, identify the school support team members who will serve as the assessment team.

Title	Name	Email	Telephone
Parent			
School Based Assistive Technology Contact (ATC)			
Teacher			
SLP			
OT			
PT			
Paraprofessional			
School Administrator			
Student			

School Administrator's Signature: _____ **Date:** _____

*60 school days do not include weekends, holidays, teacher planning days. *NO adjustments in due date can be made due to student absences.

Data Collection, Tools & Trials

AREA(S) OF NEED: <input type="checkbox"/> Writing/Composing <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Communication		
FIRST: Describe the student's specific difficulty based on the area(s) of need.		
NEXT: Choose a tool and begin a trial. Some suggested tools are listed below by curriculum area. Items in bold/blue = online information or free downloads/resources available for trial. DURING THE TRIAL PERIOD: collect data that represents the student's work using the AT tool. Examples: <u>work products</u> , <u>classwork</u> , <u>grades</u> , <u>time</u> needed for completion of assignments, <u>percentage</u> of work completed in allotted time, increased <u>number</u> of communication exchanges or increased <u>length/detail</u> of messages communicated, etc.		
Writing/Composing	Pencil grip Adaptive writing tool Lined paper, handwriting grid , raised line paper Slant board / 3-ring binder Desktop computer Laptop Assistance for Writing for Students with Significant Challenges (ELA Claims 2,4)	Keyboard (standard, adapted) Windows on-screen keyboard Word/Text Prediction using on-screen keyboard Dictation / Speech-to-text on a computer Student Portal Typing Tutorial
Reading:	Page magnifier Guided reading strips (Ex.) EZC Readers Computer screen magnifier Digital textbooks in Student Portal Touch-screen monitor Immersive Reader in Microsoft Word Assistance for Reading for Students with Significant Challenges (ELA Claim 1)	Learning Ally Bookshare MyOn in Student Portal Tumblebooks.com Rewordify.com DogoNews.com
Math	Manipulatives Math cue cards Graph paper Number line / Digital number line Number frame / Digital number frame Assistance for Reading for Students with Significant Challenges (Math Claims 1-4)	Graphic organizer Calculator / Talking calculator MathLearningCenter.org Digital textbooks in Student Portal
Communication	Visual supports Social stories Assessment Information Assistance for Reading for Students with Significant Challenges (ELA Claim 3)	Communication books Picture communication symbols, boards Speech generating devices
CONCLUDE the trial period at the end of the <i>60 day timeline</i> OR <i>earlier</i> , when the team has reached a decision.		
NAME SPECIFIC AT TOOL(S) UTILIZED:		
DESCRIBE the student's performance when supported with the tool/s. Attach collected data to this form as needed.		
DECISION (check one):	<input type="checkbox"/> Trial successful, the AT tool supports the student's performance of the task – convene a meeting to document AT on student's IEP or 504 Plan	<input type="checkbox"/> Trial unsuccessful, the AT tool did not support the student's performance of the task - conduct further trial(s)
If you require additional tools, resources, or assistance please visit the assistive technology website: assistivetech.dadeschools.net		



Miami-Dade County Public Schools
Division of Special Education



Assistive Technology Assessment Report

Date of Report: _____	Student's Name: _____	Student ID: _____
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The school team has tried a variety of assistive technology strategies and tools to address the learning needs of this student. The student has shown a need for continued use of assistive technology. Thus, the following recommendations are being made. Information from this report should be used to develop a quality IEP and should be updated at least annually.

Tool/Strategy	Task(s) Specifically, what will the student do? (make sure this aligns with IEP goals)	Environment(s) Where will the student use this tool?	Set up, support and maintenance required	Team member responsible	Level of Support Needed (see below)

Levels of Support: 1 Monthly/consultation 2 Weekly/collaboration 3 Extensive/Daily 4 Multiple times throughout each day

Date of Expected Review Meeting (must be at least annually): _____

Date of Review Meeting: _____ Action to be taken: <ul style="list-style-type: none"> <input type="checkbox"/> Continue with designated strategies and tools <input type="checkbox"/> Modify existing strategies and tools: (explain) _____ <input type="checkbox"/> Other (explain): _____
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