

SCRED Assistive Technology Action Planning Worksheet

Student's Name:

Date of Planning Meeting:

Team Members Present:

TOOL FOR TRIAL:

IEP GOAL TARGETED OR ACCOMMODATION:

Environments for trial	People responsible for implementation in each environment	Trial period (dates)	Indicators of Effectiveness (This should be predetermined by team)	Outcomes/Data (How did the AT trial affect performance?)

Responsible for securing device:

Responsible for training: