

Assistive Technology Assessment of Trials



Student:

School:

Date:

Person(s) completing this summary:

Teacher of Record:

Task being addressed:

Criteria for Success:

AT Item	Date Range of Trial	Criteria Met?	Comments: (advantages, disadvantages, preferences, performance, etc.)	Recommendation: (continue, discontinue, extend trial, purchase)

Comments, Additional Recommendations and Actions Needed:

Copies should be given to: Parents, TOR, and purchase decision maker and be uploaded into the student's file in IIEP.