

ASSISTIVE TECHNOLOGY IMPLEMENTATION TRAINING PLAN

STUDENT _____ **DATE** _____

MODIFICATION AND/OR TECHNOLOGY:

Student will use a notetaking device to take notes in classes, make spelling lists and take spelling tests. Student will attach notetaker to computer in media center and download files to computer. Notes will be spell checked, edited and printed by student.

Student may take notetaking device home and complete assignments in the same manner as described above.

TRAINING REQUIREMENTS:

■ **STUDENT:** *Student must learn operation of device. This includes: turning the device on, replacing batteries when necessary, moving between files, attaching to a computer, starting a word processing program on computer, downloading files to computer, spell checking, basic editing, printing from computer, and deleting files from notetaking device.*

■ **FAMILY/CARE GIVER:** *Family member/care giver must be able to support student in the successful completion of steps outlined above.*

■ **STAFF:** *Staff must learn operation of device. This includes: turning the device on, replacing batteries when necessary, moving between files, attaching to computer, starting word processing program on computer, downloading files to computer, spell checking, basic editing, printing from computer, and deleting files from notetaking device.*

TRAINING PLAN:

The Assistive Technology Consultant will train teacher consultant, teacher, family member/care giver and student on above operations of notetaking device. Written directions and manual will be provided and referred to in training sessions. Estimated time required for training: 1 to 2 hours.

Staff and family member/care giver will support student in initial use of device, assisting student when necessary. Estimated staff time during initial use: 1 hour over 3 to 5 days. Staff and family member/care giver will check for successful operation and completion of assignments on a weekly basis once student is proficient in use of device. Estimated staff time: 5 to 10 minutes weekly.

Student will ask for assistance as needed. Student's independent use of device to support accomplishment of specified IEP goals and objectives is the desired outcome of this training.

TRAINING SCHEDULE DATE _____

TRAINING COMPLETED DATE _____

