Assistive Technology Data Plan

Student

Student Name: _____________________________
Parent Name(s): _____________________________
Parent Phone: _____________________________
Parent Email: _____________________________

What change do we hope to see? (i.e. change in quality, frequency, rate etc.)

Device or strategy:
☐ educational strategy ☐ new AT ☐ accommodation ☐ modification

What will be recorded?

Who will record data?

In what environments will performance be tracked?

When will data be collected?

How will results be reported?

Team Members Who will Collect Data

Name________________________Title ___________
Phone ______________________________________
Email _______________________________________

Name________________________Title ___________
Phone ______________________________________
Email _______________________________________