

ASSISTIVE TECHNOLOGY EQUIPMENT TRACKING/TRAINING AND UTILIZATION FORMS

These forms will be completed by District AT Team Members when AT equipment is issued to students. A record of training provided and effectiveness of the equipment will be recorded on the forms.

ASSISTIVE TECHNOLOGY EQUIPMENT TRACKING/TRAINING REPORT

Student: _____ School: _____

Campus Contact: _____ Grade: _____

A. T. Team Member: _____ Date: _____

Technical Equipment Being Used (Please list all components)

Name/Title of Equipment	BISD # / Serial #
_____	_____
_____	_____
_____	_____

List of all locations where equipment is being used

Names/Titles of persons attending training and how they will use equipment with student

Is more training needed for efficient use of this equipment by teacher, student, or other?

Date and time for additional training (if needed)

Training Participants:

_____	_____
_____	_____
_____	_____

ASSISTIVE TECHNOLOGY UTILIZATION OF EQUIPMENT

Student: _____ School: _____

Teacher: _____ Subject _____

From: _____ Date: _____

Assistive Technology has been provided for the student through the Special Services Department. Please indicate below the present use and effectiveness of the equipment during your class or in completing homework assignment for your class. Please return this form in the attached self-addressed envelope through the school mail. Thank you for your prompt attention to this matter.

Assistive Technology: _____

1. The student uses the equipment during class. (Check best descriptor)
_____ daily _____ part of the time _____ rarely _____ never

2. The student uses the equipment at home as evidenced by submitting coursework completed using the equipment:
_____ daily _____ part of the time _____ rarely _____ never

3. If the student is using a word processor or computer, please indicate the type of written work submitted by the student, using this equipment.
_____ Short Answer _____ Paragraphs _____ Long Reports
_____ Note Taking _____ Tests _____ Homework

4. Has the student been able to successfully complete class assignments and course objectives according to the modifications written on the student's Individual Education Plan?

5. If **yes**, did the use of the assistive technology equipment enable the student to successfully complete assignments?

6. If **no**, does the effectiveness of this equipment need additional evaluation?

