

## Training and Implementation Plan

School: \_\_\_\_\_ ATRC Itinerant(s): \_\_\_\_\_

Student Name: \_\_\_\_\_ Classroom #: \_\_\_\_\_

The assistive technology has been set up and is working properly. The following is an action plan for implementation of this equipment.

Equipment and/or Software	When Will It Be Used? Class/Classes	Person(s) Responsible for Implementation	Monitor/Review Dates (Schedule with ATRC Itinerant)

Please also use the AT Data Collection Sheet and/or the AAC Data Collection Sheet.

**We have been trained on all equipment and agree to the implementation plan:**

_____ Signature	_____ Name and Title	_____ Date
_____ Signature	_____ Name and Title	_____ Date
_____ Signature	_____ Name and Title	_____ Date

Please retain a signed copy of this form in the student's file at the school. A signed copy must also be uploaded into SSM (titled as "ATRC Training & Implementation Plan") to acknowledge training and that all parties have agreed to the plan. If you do not have the ability to scan this document, a signed copy can be returned in person or mailed to the Assistive Technology Resource Center – GSR #125.