**DIRECTIONS**

1. In Column **A,** list the area and the tasks the student is required to do but has difficulty with (i.e. reading comprehension, copying notes from the board, staying on task, etc.)
2. In Column **B** list the Accommodations/ Modifications on the student’s IEP. This shows what you are doing to help the student with this task that is above what general ed. peers receive. If the Accommodations/ Modifications help the student with the identified task(s) and makes the student successful then no Assistive Technology is needed.
3. If the student continues to experience difficulty and is not making adequate progress while the Accommodations/ Modifications are being implemented, the IEP Team should consider Assistive Technology. The team should discuss the Environments the student has difficulty in as well as the Tasks. List the possible solutions (Tools) or trials in Column **C**.

**DIRECTIONS FOR COMPLETING IMPLEMENTATION PLAN**

1. After reviewing the checklist and teacher input complete the Implementation Plan.
2. Check choices for Expected Outcomes. Check choices for Data Collection.
3. In the form at the bottom under Access/Tool list the task or device/ program being implemented. Under Team Member/ Task & Responsibility list the Team Member (teacher, paraprofessional, support personnel) and what is expected of them.

**Examples:**

**Academic and Learning Aids**

Access/ Tool(s) Team Member/ Task & Responsibility Dates

|  |  |  |
| --- | --- | --- |
| **Text Reader** | **Co-Teacher/ teach student to use**  **Parapro/ monitor daily use** | **Feb.-Mar. 2014**  **2/10/14-2/9/15** |

**Functional**

Access/ Tool(s) Team Member/ Task & Responsibility Dates

|  |  |  |
| --- | --- | --- |
| **AAC device** | **SLP/ meet with team to select vocabulary**  **Teacher and Para/ program boards**  **OT/ work on eye gaze keyboard**  **Parapro/charge device** | **2x/ month**  **3/2/14-3/1/15**  **Mar.-May 2014**  **Mar.-May 2014** |