School District 8 Kootenay Lake

5.5 Assistive Technology Implementation Form

Student:	School:	Date of Plan:
Team Members:	IST (Inclusion Support Teacher:	
CT (Classroom Teachers):		
P (Parents/Guardians):		
Tech (Technology Specialist:	Comp Tech (Computer Technician):	
Device(s) and Software (i.e., Scanner, Laptop with Kurzwell 3000, Co-writer, Inspiration, etc.):		Review Date:

Task	Person(s) Responsible	Schedule – When?	Evidence of Completion (*e.g., student demonstrates steps to IST*)
Initial Student Training			
Ongoing Student Training			
Daily/Regular Support of Student Use			
Regular Maintenance Activities			
Consultation with Staff			
Communication with Family			
Parent/Family Training			
Repairs and Modifications			