**WATI Assistive Technology Trial Use Summary**

Student       Age       Date Completed

Person(s) Completing Summary

**Task Being Addressed During Trial**

**Criteria for Success**

|  |  |  |  |
| --- | --- | --- | --- |
| **AT Tried** | **Dates Used** | **Criteria Met?** | **Comments (e.g. advantages, disadvantages, preferences, performance)** |
|                           |                           |                           |                           |

**Recommendations for IEP:**