**WATI Assistive Technology Trial Use Guide**

Student:       Age:      \_ Placement/Classroom:

AT to be trialed:       Length of trial:

If trial is successful, we expect to see the student be able:

**Acquisition of AT for Trial:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source of the AT****to be Trialed** | **Person****Responsible** | **Date(s) Available** | **Date Received** | **Date Retuned** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Operation and Training:**

Person primarily responsible to operate (or learn to operate) this AT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Others to** **be trained** | **Nature/Content of** **Training Required** | **Date Begun** | **Date Completed** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Management/Support:**

|  |  |  |
| --- | --- | --- |
| **Locations where AT** **is to be used** | **Support to be provided****(e.g. set up, trouble short, recharge, program, etc.** | **Person Responsible****And Contact Information** |
|       |       |       |
|       |       |       |
|       |       |       |

**Student Data from AT Trial:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time Used** | **Location** | **Task(s)** | **Outcome(s)** |
|       |       |       |       |       |