

**Medford Public Schools  
Assistive Technology Trial Planning Form**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
 D.O.B.: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

<b>Device/Strategy (describe):</b>	
<b>Overall Purpose/Outcome</b> What specific functional/educational problem(s)/task is this device or strategy expected to solve or improve?	
<b>Specific Desired Outcome</b> What is a reasonable level of achievement during this trial period? How will we know if the device or strategy is successful or unsuccessful?	
<b>Course of Action/Plan</b> How, where, when and for how long will this device or strategy be tried? Include start and end date.	
<b>Data Collection</b> What data will be collected to show evidence of success or lack of success with the device or strategy?	
<b>Responsible Person</b> Who will implement this plan?	

[Complete a separate form for each device or strategy being trialed]

**FOLLOW UP PLAN:** What will we do once the trial period is complete? Where will we go from here?

**ADDITIONAL COMMENTS:**