Quality Indicators for Assistive Technology Services

Plan for Evaluation of Effectiveness of AT Use

Student's name: _____ **Grade:** _____ **Date:** _____
School/agency:_____ **Team members present:** _____
_____

The intent of this document is to guide planning about how the use of assistive technology will be evaluated. Completion of this document will help the team to create a shared vision of the process for data collection.

IEP Goal: _____

Step 1: What is the present level of performance (baseline data) on this goal?	Describe:
Step 2: What changes are expected as a result of implementation? (e.g. Student will be able to ____.)	Describe:
Step 3: What aspects will change? ☐ **quality** ☐ **independence** ☐ **quantity/productivity** ☐ **spontaneity** ☐ **frequency** ☐ **duration** ☐ **participation** ☐ _____	Describe:
Step 4: What obstacles may inhibit success? ☐ **physical access** ☐ **skill** ☐ **opportunity** ☐ **attitude** ☐ **instruction/practice** ☐ **medical** ☐ **student preference** ☐ _____	Describe:
Step 5: How will the occurrence of obstacles be reflected in the data?	Describe:
Step 6: What format will be used to collect the data? ☐ **report (self, other)** ☐ **audio/video recording** ☐ **work samples** ☐ **observation** ☐ _____	Describe:

Step 7: What is the data collection plan?
Environment(s): _____
Activity: _____
Frequency: _____
Person(s) responsible:
Data Collection _____
Data Analysis _____
Changes in Response to Analysis _____
Review date(s): _____

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