



Assistive Technology Professional Development and Training Planner

Topic: _____ Date of Training: _____

School/agency: _____ Planning Team Members _____

Audience:	Describe Evidence of Need:
Purpose of training:	Brief Overview of Content:
Level of training: <input type="checkbox"/> Awareness <input type="checkbox"/> Application <input type="checkbox"/> Knowledge <input type="checkbox"/> Mastery	Focus of Training: <input type="checkbox"/> Devices <input type="checkbox"/> Services
Content Learning Objectives:	
Format(s) for Training: <input type="checkbox"/> Face to face <input type="checkbox"/> Online learning module <input type="checkbox"/> Ongoing class <input type="checkbox"/> Blog or Wiki <input type="checkbox"/> Online workshop <input type="checkbox"/> Podcast <input type="checkbox"/> Online credit course <input type="checkbox"/> Video training <input type="checkbox"/> Webinar <input type="checkbox"/> Community of Practice	Describe:
Formats for follow-up <input type="checkbox"/> Coaching <input type="checkbox"/> Social media <input type="checkbox"/> Mentoring <input type="checkbox"/> Professional Learning Community <input type="checkbox"/> Email/phone support	Describe:
Expected Results for Students:	
Evaluation Measures:	
Resources needed: <input type="checkbox"/> Training coordination <input type="checkbox"/> Instructor <input type="checkbox"/> Funding source <input type="checkbox"/> Training site (face to face or electronic) <input type="checkbox"/> Registration, enrollment <input type="checkbox"/> Electronic communications	Describe: