ASSISTIVE TECHNOLOGY TRIAL DOCUMENTATION

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| Name of Child | Teacher of Record | DOB | Grade | School Year | Date |
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| IEP Goal Addressed by AT: |  |
| Target:  |
| Strategy/Technology Used & Context: |  |
| Desired outcomes of Trial: |  |
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| Trial Period: |  |
| Reporter: |  |

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| **Date** | **Did the student use the iPad for\_\_\_\_\_\_\_? (Yes/No)** | **If the iPad was not being used, did the teacher prompt student to use iPad for\_\_\_\_\_\_\_\_? (Yes/No)** | **Did Student comply with request?****(Yes/No)** | **Outcomes****(Student scored better on comprehension tasks when using audio text than without as measured by test scores, participation in class discussion, etc.)** |
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| **Teacher Comments**  |
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