

Assistive Technology Implementation Log

Student's Name: _____
 School _____ Class _____
 Person completing log: _____

AT Implemented at: _____ school _____ home

Date	Person Implementing Assistive Technology	Assistive Technology Tried		Subject Area	Length/Number of trial(s)	Outcome
		Device (low, mid, high) or Software	Name of device/software			

Notes: _____

