

## Assistive Technology Planning Agreement\*

Student's Name: \_\_\_\_\_  
School \_\_\_\_\_ Class \_\_\_\_\_  
Person completing log: \_\_\_\_\_

AT Implemented at: \_\_\_\_\_ school \_\_\_\_\_ home

**\*Agreement to be completed during IEP meeting.**

Assistive Technology Recommended	Expected Performance Outcome	Person Responsible for Implementing	Expected Begin Date of Implementation

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_