|  |  |
| --- | --- |
|  Assistive Technology Framework |  |
| Child’s Name |       | DOB: |       |  |
| Name of person completing form: |       | Date: |  |  |
| **Assistive Technology (AT) Outcome(s) #****and Description(s)** |       |
| **AT Planning Questions** | **Responses to Planning Questions** | **Action Plan** |
| **The Child** * What functional activity or activities does the child need or want to do?
* What successes and/or challenges is the child currently having in regard to this activity?
 |       |       |
| **The Environment*** In what setting(s) will the functional activity take place?
* What resources (people or materials) are currently available to the child and family in this setting?
 |       |       |
| **The Tasks*** What are the components of the identified outcome(s) that the child needs assistance with achieving?
* How will AT help the child?
 |       |       |
| **The Tools*** What AT options should be considered?
* What options are most appealing to the family?
* How will the AT options be explored and evaluated?
 |       |       |
| **Device(s) Selected**      * How will this device be available?

[ ]  Loan[ ]  Purchase  *(See Exceptions to Loaning, AT Policy)* |       |       |
| **Training / Support / Follow-Up*** What is the plan for delivery of the device?
* How will the parents and caregivers will be trained on how to use the AT device and incorporate in the daily routines?
* What is the plan for maintenance and repair?
 |       |       |