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| 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? | | | |  | | | |  | | | |