
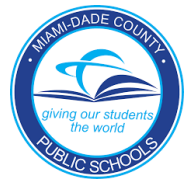


**The ATIP is the student's assistive technology assessment.** The assessment uses data collected during trials of AT tools (strategies, low-tech, mid tech and/or high-tech) to determine the most appropriate assistive technology to support the student's IEP goals or 504 accommodations.

|   |   |   |
|---|---|---|
|  | <p>Miami-Dade County Public Schools<br/>Office of Exceptional Student Education</p> <p><b>Assistive Technology Assessment and Implementation Plan K-12</b></p> <p>AT Website: <a href="https://atech.dadeschools.net">https://atech.dadeschools.net</a></p> <p>ATTAP: <a href="https://info.fldoe.org/docushare/dsweb/Get/Document-6801/dps-2013-65.pdf">https://info.fldoe.org/docushare/dsweb/Get/Document-6801/dps-2013-65.pdf</a><br/>AIMTAP: <a href="https://info.fldoe.org/docushare/dsweb/Get/Document-5764/dps-2010-70.pdf">https://info.fldoe.org/docushare/dsweb/Get/Document-5764/dps-2010-70.pdf</a></p> |  |
|---|---|---|

**REQUIRED: FM 7641 - Signed Notice of Intent and Parental/Guardian Consent to Conduct an Assistive Technology Assessment**  
**OBTAIN PARENTAL CONSENT PRIOR TO CONDUCTING AN AT ASSESSMENT**

|  |  |
|--|--|
| <b>Date of Signed FM 7641:<br/>SIGNATURE DATE ON FM-7641</b> | <b>60 School-day Completion Date for AT Assessment*:<br/>CALCULATE 60 SCHOOL DAYS FROM DATE FM-7641 WAS SIGNED</b> |
|--|--|

- The ATIP process should be completed **within** 60 school days. If a device or tool is successfully identified **prior** to the 60-day timeline, the ATIP is completed, and the results are documented on the IEP. The 60 school days do not include weekends, holidays, teacher planning days. NO adjustments in due date can be made due to student absences.
- **The completed ATIP is uploaded to the ESE-EMS and kept in the student's Cumulative Record after it is reviewed at an IEP meeting. It is not submitted to the Assistive Technology Department.**
- For detailed information on the ATIP process, view a guide at <https://atech.dadeschools.net>

|   |                                   |  |                         |                      |
|---|-----------------------------------|--|-------------------------|----------------------|
| Student's Name (Last, First):<br><b>Doe, John</b>     | Student's ID #:<br><b>1234567</b> | <input checked="" type="checkbox"/> M<br><input type="checkbox"/> F    | DOB:<br><b>5/1/2015</b> | Grade:<br><b>5th</b> |
| Exceptionality(ies):<br><b>ASD, Language impaired</b> |                                   | Medical Diagnosis(es):<br><b>ASD, seizure disorder, peanut allergy</b> |                         |                      |

- Choose 1-2 areas that require Assistive Technology support.  
 **Writing**       **Reading**       **Math**       **Communication**       **Organization**
- List the current IEP goal(s), or 504 Plan area of need, that requires assistive technology support.  
**DO NOT CREATE A GOAL FOR THIS AREA. ADD AN EXISTING GOAL FROM THE IEP.**
- What IEP or 504 Plan accommodations are in place to support the identified area of need?  
**DO NOT CREATE ACCOMMODATIONS FOR THIS AREA. ADD EXISTING ACCOMMODATIONS FROM THE IEP OR 504 PLAN.**

In the table below, identify the school support team members who will serve as the assessment team. Team members should work directly with the student.

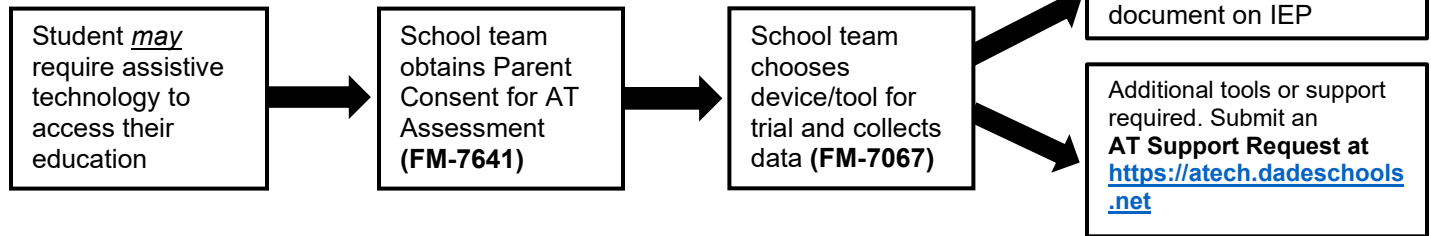
| Title                              | Name  | Email | Telephone |
|------------------------------------|---|-------|-----------|
| <b>Student</b>                     | <b>THE ATIP IS INITIATED, CONDUCTED AND</b>     |       |           |
| Parent                             | <b>REVIEWED AT AN IEP/INTERIM MEETING BY</b>    |       |           |
| Teacher                            | <b>THE SCHOOL TEAM.</b>                         |       |           |
| Speech Language Pathologist        |   |       |           |
| Occupational Therapist             | <b>THE TEAM MEMBERS IDENTIFIED IN THIS AREA</b> |       |           |
| Physical Therapist                 | <b>WILL COLLECT DATA ON A.T. TRIALS.</b>        |       |           |
| Other Staff Member (Describe role) | <b>ALL TEAM MEMBERS LISTED ARE RESPONSIBLE</b>  |       |           |
| Other Staff Member (Describe role) | <b>FOR DATA COLLECTION.</b>                     |       |           |

School Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Data Collection, Tools & Trials

### ATIP PROCESS FOR SCHOOL TEAMS



**Describe** the student's **specific functional difficulties** in the chosen area of need. What level of assistance do they need to perform the task **without** assistive technology?

DESCRIBE THE STUDENT'S NEEDS USING EXAMPLES. THIS SECTION SHOULD PROVIDE A CLEAR PICTURE OF HOW THE STUDENT IS CURRENTLY FUNCTIONING. SEE BELOW:

"John communicates primarily by using gestures. He points to what he wants or tries to lead us to what he wants. He is able to repeat words, ("eat, cookie, bathroom") when prompted, but does not spontaneously communicate verbally. John can match pictures and choose between two picture symbols. Recently, John has become frustrated when we do not understand him. He cries or shuts down when frustrated.

What would you like the student to do when using the assistive technology? What would successful use of assistive technology look like?

DESCRIBE THE DESIRED RESULTS OF THE STUDENT'S USE OF ASSISTIVE TECHNOLOGY TO SUPPORT A FUNCTIONAL TASK. SEE BELOW:

"The assistive technology, if successful, should allow John to express his needs and preferences. He should be able to make choices, requests and express emotions using the assistive technology. The AT should enable John to build his vocabulary and communicate with staff and peers."

1. **Choose a tool** or tools for trial from the **Tools and Resources** page (page 3). Only choose tools in the **Area of Need** that requires assistive technology support.
2. **Begin a trial.** Trials consist of the student using the assistive technology tool in their educational environment, during naturally occurring activities (classwork, homework, navigating the school environment).

Please visit the "Assistive Technology Resources" Google Classroom for additional resources, guidance and supports. Teachers can access this group by clicking [HERE](#) or using the **join code**: zwbw75b .

If your school team would like to try a tool that is **not available at your school**, please submit an AT Support Request at <https://atech.dadeschools.net> **THIS LINK LEADS TO THE A.T. WEBSITE AND HELP DESK**

3. **Collect data on the trials** using the **Data Collection** page (page 4). Work samples, anecdotal, or teacher-made data forms should be attached to the ATIP as needed.

#### **Examples of Data Collection for Assistive Technology Trials:**

- "John used the on-screen keyboard to compose a paragraph during ELA. He was able to complete the paragraph with minimal verbal cueing in 25 minutes. Please see attached work sample."
- "Elena independently greeted the class by using her communication device to voice, "Good morning!". She is spontaneously using the device daily to request preferred activities."
- "Max used raised-line paper to write a sentence. He became frustrated and stated, "I don't like this." Max was able to write more fluidly and more independently on loose-leaf paper."
- "Tasha accessed her Bookshare account with moderate paraprofessional assistance. She was able to listen to an audiobook for 7 minutes, and answer 4/5 comprehension questions correctly."

| Area of Need   | Tools and Resources   |
|--|---|
| Select <b>(check)</b> a tool or tools to trial from the chosen Area/s of Need. If the tool you would like to trial is not available at your school, please submit an AT Support Request at <a href="https://atech.dadeschools.net">https://atech.dadeschools.net</a> |   |
| <input type="checkbox"/> <b>Writing</b>  | <input type="checkbox"/> Pencil grip or adaptive writing tool<br><input type="checkbox"/> Lined paper, handwriting grid, raised line paper<br><input type="checkbox"/> Graphic organizers (paper or digital)<br><input type="checkbox"/> Slant board / 3-ring binder on desktop<br><input type="checkbox"/> Computer/Laptop, or keyboard (standard or adapted)<br><input type="checkbox"/> Stylus/adapted stylus<br><input type="checkbox"/> On-screen keyboard<br><input type="checkbox"/> Touchscreen monitor<br><input type="checkbox"/> Dictation/ Speech-to-text |
| <input type="checkbox"/> <b>Reading</b>  | <input type="checkbox"/> Guided reading strips (Ex.) EZC Readers<br><input type="checkbox"/> Bar or page magnifier<br><input type="checkbox"/> Built-in computer screen magnifier<br><input type="checkbox"/> Digital textbooks<br><input type="checkbox"/> Bookshare<br><input type="checkbox"/> Read-aloud/ Text-to-speech<br><input type="checkbox"/> Scanning pen<br><input type="checkbox"/> Reading software/app  |
| <input type="checkbox"/> <b>Math</b>   | <input type="checkbox"/> Manipulatives<br><input type="checkbox"/> Math cue cards, step cards, graph paper<br><input type="checkbox"/> Number frame / Digital number frame<br><input type="checkbox"/> Calculator / Talking calculator<br><input type="checkbox"/> Math software/app  |
| <input checked="" type="checkbox"/> <b>Communication</b>   | <input type="checkbox"/> Visual supports<br><input type="checkbox"/> Picture communication symbols, boards<br><input checked="" type="checkbox"/> Communication apps<br><input checked="" type="checkbox"/> Speech generating devices (mid and high-tech)   |
| <input type="checkbox"/> <b>Organization</b>   | <input type="checkbox"/> Colored folders<br><input type="checkbox"/> Check-off lists/ To-do List<br><input type="checkbox"/> Graphic organizers, visual schedules<br><input type="checkbox"/> Timers/ Visual timers<br><input type="checkbox"/> Organizational software/app   |

## DATA COLLECTION: Trials of Tools in the Student's Customary Environments

**DATA MAY INCLUDE:** work products, classwork, grades, time needed for completion of assignments, percentage of work completed in allotted time, increased number of communication exchanges or increased length/detail of messages communicated, etc. **Attach additional data and work samples as needed.** (See page 2 for examples of data)

| Week   | Dates/Times                            | Tool Used           | Outcome (Student Response)  |
|--------|--|---------------------|---|
| Week 1 | 9/8/26<br>9:15 - 9:45<br>10:30 - 12:15 | Tablet with AAC app | "John was able to indicate the need to use the bathroom using his AAC after use of the device was modeled by the teacher. John pressed the button for toilet multiple times. During lunch, he independently used the device to request juice. He also actively explored the AAC during recess." |
| Week 2 |  |                     |   |
| Week 3 |  |                     | COLLECT AT LEAST 8 DATA POINTS (INSTANCES OF USAGE). OUTCOME SHOULD DESCRIBE HOW THE STUDENT USED THE TOOL, HOW MUCH SUPPORT WAS REQUIRED, AND HOW THE STUDENT RESPONDED TO THE TOOL.   |
| Week 4 |  |                     |   |

**CHECK IN:** If the selected tools have *not* been effective at this point, or your school team requires additional support, submit an AT Support Request through the AT Help Desk. <https://atech.dadeschools.net>.

|        |  |  |   |
|--------|--|--|---|
| Week 5 |  |  | SCHOOL TEAMS MAY REQUEST ASSISTANCE AT ANY TIME DURING THE ATIP PROCESS BY SUBMITTING AN AT SUPPORT REQUEST THROUGH <a href="https://atech.dadeschools.net">atech.dadeschools.net</a> |
| Week 6 |  |  |   |
| Week 7 |  |  |   |
| Week 8 |  |  |   |

### ASSESSMENT CONCLUSION

**Trial successful:** the assistive technology tool/s supported the student in performance of the task.

**Tool/s selected:** Tablet with AAC app.

**Task** (How will student use the tool/s?): John will use his AAC to communicate his wants and needs in all classes.

**Environment(s):** Where will the student use the tool/s? Throughout the school environment, in all classes.

**Set-up/ maintenance required:** Tablet needs to be charged daily.

**Team member responsible:** (Names of teacher/s, OT, PT, SLP, other pertinent staff.)

**Level of support needed:**  Monthly  Weekly  Daily  Multiple times per day

**Document results of the ATIP on 504 Plan or IEP. UPLOAD COMPLETED ATIP (FM-7067) to ESE-EMS.**

**Trial unsuccessful:** the assistive technology tool/s **did not support** the student's performance.

What alternative tools/accommodations will be used to support the student's performance and curriculum access?

*(List other tools, strategies or accommodations that are in place or being put in place to address the student's needs.)*

**Document results of the ATIP on 504 Plan or IEP. UPLOAD COMPLETED ATIP (FM-7067) to ESE-EMS.**