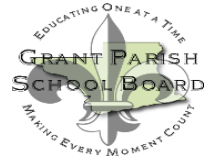


GPSB Assistive Technology Trial Use and Implementation Summary



Student's Name: _____

Age: _____ Date Completed: _____

Person(s) Completing Summary: _____

Task Being Addressed During Trial: _____

Criteria for Success: _____

AT Tried	Dates Used	Criteria Met?	Comments (e.g. advantages, disadvantages, preferences, performance)

Recommendation for IEP: _____
