



# Shiawassee

Regional Education Service District

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## Assistive Technology Intervention Action Plan and Tracking Form

**Student:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reading—current data				
Writing—current data				
Math—current data				
Behavior—current data				
<b>WHAT</b> is the Intervention?	<b>WHEN</b> will it take place?	<b>HOW</b> will it be implemented?	By <b>WHOM</b> will it be implemented?	<b>OUTCOME</b>
1.	Frequency:  Duration:			<input type="checkbox"/> Continue—intervention produced satisfactory results <input type="checkbox"/> Additional intervention strategies needed <input type="checkbox"/> Intervention strategy did not provide satisfactory results
2.	Frequency:  Duration:			<input type="checkbox"/> Continue—intervention produced satisfactory results <input type="checkbox"/> Additional intervention strategies needed <input type="checkbox"/> Intervention strategy did not provide satisfactory results
3.	Frequency:  Duration:			<input type="checkbox"/> Continue—intervention produced satisfactory results <input type="checkbox"/> Additional intervention strategies needed <input type="checkbox"/> Intervention strategy did not provide satisfactory results

Date to re-convene: \_\_\_\_\_

*Adapted from Astute Hoot LLC, 2012 (form update 2013)*