

Student's Individual SETT Plan

Student Name: _____ Grade: _____ Date: _____

Team Members: _____

I. Planning

1. What are the tools or strategies to be tried?

2. What IEP goals will these tools or strategies support?

3. How will progress be determined? (When it is or is not working?) What is the length of time for the trial period?

4. What staff training will be needed?

5. Who will provide the training? When will the training occur?

6. Who is responsible for implementation in each of the environments the student participates?

II. Implementation

Provide information to the following questions about the tool(s) used in each environment:

	Environment 1	Environment 2	Environment 3
1. What tool is being used during the trial period?			
2. Who will provide the tool?			
3. Who will oversee on-going support for the tool?			
4. Where will the tool be stored?			
5. How will the tool be transported?			
6. Who will be responsible for data collection and reporting?			
7. Indicate start-up date, anticipated ending date, and follow-up meeting date.			

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III. Tool Trial Data Collection:

Student Name: _____ Grade: _____ Date: _____

Assistive Technology Tried	Dates of Trial	Criteria Met as described above?	Comments (i.e. advantages, disadvantages, preferences, performance)

Recommendations for IEP Supplementary Aides and Services:

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