

EDITABLE

Device trial comparison, initial evaluation and barriers assessment, training checklist, device use log, barrier and success log, student feedback survey, team check-in, tracker, graph, progress notes, quarterly review, family note, and a filled example. Fillable PDF.

DATE

Student and Family Feedback Survey

The student's view: does it work, is it easy to use, would you use it at home. The family's view: is it worth the time, do you use it helping. One page each, simple language.

STUDENT

DATE / WEEK OF

Student (in your own words)

Does this device help you?

Is it easy to use?

Would you use it at home?

What could be better?

Family (in your own words)

Does it help your child?

Is it easy for your child to use?

BRIGHT PATH SPED

Which Sheet for Which AT Goal

The wording of the goal tells you what to count. Match it to a sheet once, write the page number on the roster, and every adult in the room uses the same sheet the same way.

IF THE GOAL SAYS	USE	WHERE
"will use the [device name] independently across ___ activities" — device in reach, student uses it with no cue	Device use log, with percent of periods the device was available and used	Page 10
"will demonstrate ___ skills with the [device]" — specific skills like turning on, navigating, or adjusting	Training checklist to record who was trained on what and when; device use log for practice	Pages 9, 10
"will access the curriculum with [device] in place of [barrier]" — the device removes a barrier to learning	Initial evaluation and barriers sheet; device use log; barrier and success log	Pages 8, 10, 11
Initial evaluation before deciding which device to purchase or trial	Device trial comparison sheet to evaluate multiple devices; initial evaluation and barriers assessment	Pages 7, 8
Comparing two or three devices to see which one works best for the student	Device trial comparison sheet; barrier and success log for feedback after trial	Pages 7, 11
Any goal, across the quarter	Cumulative tracker and graph, then the progress notes for the story	Pages 14, 15, 16

What this file is not

Not a device manual, not a clinical evaluation, and not a therapy program. Nothing here says which cues to use, what counts as mastery, or which device to buy; the team decides those. Devices are named generically (switch, tablet, adapted seating). The sheets only make sure the count gets written down the same way by every person using the device.

The three habits the file assumes

- ☐ The target skill and the criterion are written at the top of the sheet before the first trial.
- ☐ Adults log their own use of the device as carefully as the student's responses.
- ☐ The number goes from the data sheet to the tracker the same day or week.

How the paper moves

WHEN	WHAT
Every session	One data sheet (device use, 10), device use notes, and any barrier or success that occurred
Every week	Device use log (10) filled by whoever has the student that period; new barrier or success logged (11)
Every month	Scores onto the tracker (14), one point on the graph (15), team check-in (13) back from the classroom, student and family feedback survey (12) updated
Every quarter	Quarterly technology review (19) completed; decisions made about device continuation, modification, or discontinuation

Device Trial Comparison Sheet

Two or three devices, side by side. Type the features you are comparing (cost, size, learning curve, battery life, durability, family acceptance), then write your team's notes in each cell.

STUDENT

DATE

GOAL (SHORT)

FEATURE	DEVICE A (TYPE IT)	DEVICE B	DEVICE C	NOTES
Cost				
Size and portability				
Learning curve				
Battery life				
Durability				
Speed of function				
Family acceptance				
Accessibility (student fit)				
Support and updates				
Other				

What a feature comparison is for

Side-by-side, not a judgment. Write your team's honest observations after each feature has been tested (Device A: smaller, longer battery life; Device B: bigger, shorter battery life). A feature that matters for this student (battery life is critical, cost is a barrier, size matters for portability) rises to the top of the notes column. The comparison helps the team decide which device to trial or purchase.

Time spent with each device, settings changed, and the date each was tested

Trial log while devices are on loan

DEVICE	DATE TRIAL STARTED	DATE TRIAL ENDED	WHO TRIED IT (STUDENT, TEACHER, FAMILY)	RETURN OR PURCHASE BY

Initial Evaluation and Barriers Assessment

Student fit, accessibility, barriers to use. Check what applies, then write the specific barrier and what might address it.

STUDENT

DEVICE

GOAL (SHORT)

Student fit for this device (check yes or no for each)

- ☐ Student can physically access the device (reach, grasp, strength, coordination)
- ☐ Student understands what the device does and why to use it
- ☐ Device is robust enough for the setting (classroom, playground, home)
- ☐ Device is accessible without constant adult help (turns on, adjusts volume, charges)
- ☐ Device does not require skills the student does not have (reading level, fine motor)
- ☐ Family can use the device at home if that is a goal
- ☐ Device is portable enough to use across activities as needed
- ☐ Device is fast enough that it does not slow down the task

Setting and support considerations (check yes or no for each)

- ☐ Device works in every setting it needs to (classroom, cafeteria, playground, bus)
- ☐ Device has a charging or power plan the room can keep up with
- ☐ A backup plan exists for the days the device is unavailable
- ☐ Staff in every setting know how to turn it on and use the basics

Specific barriers and what might address them

BARRIER	WHAT COULD HELP

Device Use Log

Periods down: was the device available, was it used, what happened. The percent of periods the device was used and working as intended is the number that goes to the tracker.

STUDENT

DEVICE AND SETTING

GOAL (SHORT)

DATE	PERIOD / SESSION	DEVICE AVAILABLE?	DEVICE USED?	HOW THE SESSION WENT (NOTES)	BARRIER OR NOTE

PERIODS / SESSIONS

USED (Y)

PERCENT USED

What counts as “used” and notes

Device on, student used it. Broken still counts. Percent = times used ÷ times available.

Student and Family Feedback Survey

The student's view: does it work, is it easy to use, would you use it at home. The family's view: is it worth the time, do you see it helping. One page each, simple language.

STUDENT

DATE / WEEK OF

Student (in your own words)

Does this device help you?

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Is it easy to use?

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Would you use it at home?

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What could be better?

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Family (in your own words)

Does it help your child?

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Is it easy for your child to use?

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Is it worth the time and effort?

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What would make it better?

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Teacher or para (what you see in the room): how often is it actually available and used, and what would make this easier for you

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Once per quarter: did this device help, should we keep it, are there other devices to try, what does the data say about the student's independence, what did the student and family say.

STUDENT

DATE / END OF QUARTER

Quarterly technology review

Device:

Did this device help the student achieve the goal?
(yes, partially, no, too soon to tell)

What does the data show? (progress, plateau, decline, inconsistent)

What did the student and family say? (liked it, found it helpful, want to continue)

What does the team recommend? (keep, modify, discontinue, try a different device)

Quarter-over-quarter history for this device

QUARTER / DATE	RECOMMENDATION (KEEP / MODIFY / DISCONTINUE / TRY DIFFERENT)	WHAT CHANGED SINCE LAST QUARTER

TEAM MEMBER

ROLE

SIGNATURE / DATE