**Record of School-based Trial for Assistive Technology (AT)**

Please consult the [AT Guidelines and Eligibility Requirements](https://www.gov.nl.ca/eecd/k12/studentsupportservices/assistive-tech/).

School-based trials are to:

* Be a minimum of 30 calendar days
* Contain a minimum of 6 trial entries
* Have individualized student comments

If completing trials for several students in same grade level, while there may be similarity in subject/course, setting & task, impact of AT and features most beneficial must be individualized.

An NLESD google template of this form is available on the NLESD assistive technology website.

**Student Name**:

|  |  |  |
| --- | --- | --- |
| **AT Hardware, Software & Features Implemented** | **Date Used** | **Comments** |
| Hardware & software:     Features used:      |       | Subject/Course & Setting:      Task:      Impact:       |

|  |  |  |
| --- | --- | --- |
| Hardware & software:     Features used:      |       | Subject/Course & Setting:      Task:      Impact:       |
| Hardware & software:     Features used:      |       | Subject/Course & Setting:      Task:      Impact:       |
| Hardware & software:     Features used:      |       | Subject/Course & Setting:      Task:      Impact:       |
| Hardware & software:     Features used:      |       | Subject/Course & Setting:      Task:      Impact:       |
| Hardware & software:     Features used:      |       | Subject/Course & Setting:      Task:      Impact:       |
| Hardware & software:     Features used:      |       | Subject/Course & Setting:      Task:      Impact:       |

**Summary of Trial Period**

Brief summary of observations from the trial regarding the impact this technology had on the student's achievement, attitude, self-esteem, work completed, etc. What is the student able to do with the technology (easier, with less frustration, more independently, in a timelier manner...) than without the trialed technology?

|  |
| --- |
|       |

Signature(s) of person(s) completing this trial

|  |  |  |
| --- | --- | --- |
|       |  |       |

Type or print name Signature Date

Signature(s) of person(s) completing this trial

|  |  |  |
| --- | --- | --- |
|       |  |       |

Type or print name Signature Date

**Please attach this form to the Assistive Technology Application and forward to your district Program Specialist or Itinerant for Student Services.**