

**Flagstaff Unified School District  
Assistive Technology Follow Up**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Completed By: \_\_\_\_\_

Date of next follow up report: \_\_\_\_\_

**Describe the assistive technology equipment/adaptations being used:**

**Student goal (s):**

**Summarize how the technology has benefited the student in achieving the goals:**

**Summarize how the technology has not been helpful for the student.**

**Describe additions to the plan that will be implemented:**

\_\_\_\_\_ Continued field-testing needed to determine efficacy.

\_\_\_\_\_ Timeline

\_\_\_\_\_ More training needed. How this will be achieved:

\_\_\_\_\_  
\_\_\_\_\_