Mt. Diablo Unified School District
Office of Special Education
Assistive Technology / Alternative Augmentative Communication
Willow Creek Center: 1026 Mohr Lane, Concord CA 94 518
(925) 682-8000 ext. 6241

Team Implementation Plan

Student Name:	**Tools/Equipment:**
Trial?:	**Trial Dates:**

DATE	**Activity**	**Adult says**	**Adult models** (tap symbols) model phrase length based on student's needs (1-5 symbols)	**Data** (# of times vocab modeled)	**Adult does (Prompting)** PP= Partial Physical G= Gestural V= Verbal	**Expected Student Outcome**	**STAFF**