



Community of Possibilities

Individual Technology Plan

User's Name:

Age:

Goals:

Long Term:

- 1.
- 2.
- 3.
- 4.

Short Term:

- 1.
- 2.
- 3.
- 4.

Needs Assessment: Identify Episodic, Core and Related Activity Needs

- Communication
- Mobility
- Transportation
- Community Access
- Education

Vocational

Environmental

Self Care/Personal Care

Social Media (*Facebook, Twitter, LinkedIn*)

Assessment (*List specific abilities and areas of need in each area*)

Skills

Low-tech

High-tech

Natural Supports

Technology Integration

<input type="checkbox"/> Software Needed
Potential Impact/Opportunities with Technology 1. 2. 3. 4.
Potential Barriers 1. 2. 3. 4.
Support Team Available/Needed
Training Needs for User

Training Needs for Support Team
Funding Needs Short Term: Long Term:
Repair and Maintenance Considerations:
Updates:
Replacement Goals:
Other Considerations: