# Tango

## 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**

|  |
| --- |
| ☐ **Software Needed** |
| **Potential Impact/Opportunities with Technology**<br>1.<br><br>2.<br><br>3.<br><br>4. |
| **Potential Barriers**<br>1.<br><br>2.<br><br>3.<br><br>4. |
| **Support Team Available/Needed** |
| **Training Needs for User** |