



# **Assistive Technology Services**

Guidance for West Virginia  
Schools and Districts

Office of Special Education  
West Virginia Department of Education

April 2017



**West Virginia Board of Education  
2017-2018**

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# **Assistive Technology Services: Guidance for West Virginia Schools and Districts**

**West Virginia Department of Education  
Office of Special Education**

Pat Homberg  
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April 2017



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Sections of this manual were developed through the efforts of the Wisconsin Assistive Technology Initiative (WATI) consultants and their work in creating, piloting, implementing and revising the Assessing Student Needs for Assistive Technology (ASNAT) resource manual. Permission to use their manual was granted by WATI. <http://wati.org/?pageLoad=content/supports/free/index.php>

# Technology/Assistive Technology: What is the Difference?

Integrating technology into the classroom enhances the experience and learning of all students. Reading a chapter in a textbook has taken on new meaning from the traditional textbook, to the audiobook to integrated text and videos on a computer. Options are now embedded into instruction to allow students to choose the venue most conducive to the context to be learned. For other students this technology is not only the conduit for learning but also rather the tool needed for overcoming a challenging or perhaps impossible task. This is when technology becomes assistive technology.

In the pursuit of ensuring equal participation for those with disabilities, technologies have been developed to benefit everyone with or without disabilities. For example, audiobooks for the blind have become critical for those with specific learning disabilities, yet find their largest consumer to be those without disabilities and are becoming a valuable learning tool for the typical student in the classroom.

All students should be educated in the use of technology to help them with their learning. However, assistive technology is necessary when the tool is required for them to receive a free appropriate public education (FAPE).

## Assistive Technology: The Law

As stated in The Individuals with Disabilities Education Improvement Act of 2004 (IDEA) 300.308, each school district is required to insure that assistive technology devices and services are provided if needed by a student in order to receive a free appropriate public education (FAPE).

### Definition of Assistive Technology

#### **300.308 Assistive Technology**

Each public agency shall ensure that assistive technology devices or assistive technology services or both, as those terms are defined in 300.5 - 300.6 are made available to a child with a disability if required as a part of the child's

- (a) Special education under 300.17;
- (b) Related services under 300.16; or
- (c) Supplementary aids and services under 300.550(b)(2).

### Assistive technology devices and services

#### **300.5 Assistive technology device**

Assistive technology device means any item, piece of equipment or product system, whether acquired commercially off the shelf, modified or customized, that is used to increase, maintain or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device. [Authority: 20 U.S.C. 1401(1)]

**300.6**                    **Assistive technology services**

**300.7**

Any service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Such term includes:

- (A) the evaluation of needs including a functional evaluation, in the child’s customary environment;
- (B) purchasing, leasing or otherwise providing for the acquisition of assistive technology devices;
- (C) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing of assistive technology devices;
- (D) coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (E) training or technical assistance for a child with disabilities, or where appropriate that child’s family; and
- (F) training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or others(s) who provide services to employ or are otherwise, substantially involved in the major life functions of that child. [Authority: 20 U.S.C. 1401(2)]

IDEA 2004 affects assistive technology tool choice as well as the delivery of services. In addition, IDEA requires IEP Teams to provide alternative text formats, in a timely manner, to students who have difficulty interacting with text found in educational materials. Teams are required to identify the text format that matches a student’s need. Additionally, they must select the compatible file format for the device the student will use and the service needed to support the student’s successful use of the device for learning. [NOTE: refer to 300.172(a)(1) and the AEM-WV Guidance Document for additional information.]

**Consideration**

IDEA 1997 added the requirement that each IEP Team consider the need for assistive technology as part of the Consideration of Special Factors.

**300.346 (a)(2) Consideration of Special Factors**

The IEP Team shall ...

- (v) consider whether the child requires assistive technology devices and services.



## Assistive Technology: District Responsibilities

Every school district needs a knowledgeable, supportive network of people working together to help each IEP Team choose and provide appropriate AT devices and services.

This means:

1. Every school district employee who works with students with disabilities (including general education teachers) has at least an awareness-level knowledge about what assistive technology is and what it does.
2. Every employee who works with students with disabilities and has contact with parents of those students knows the law about assistive technology; knows district procedures for obtaining assistive technology and assistive technology evaluations; and knows how to initiate those procedures.
3. All administrators understand and comply with the laws related to assistive technology and expect assistive technology options to be available in all classrooms.
4. Specific individuals at both the building and district level have been designated with those responsibilities related to assistive technology and are provided the necessary training, resources and support to carry out those responsibilities.

Even in a small school district, it is possible to identify and train at least one individual in each building to have basic knowledge about assistive technology. That individual can then participate in a network within the district so that he or she is aware of others who have knowledge. It also allows that network of people to collaborate to insure that someone with the group develops greater expertise in specific areas (e.g., augmentative communication, voice recognition or adapted computer access) and that all know who those individuals are and how to contact them for assistance.

Because IDEA 2004 specifically requires each IEP Team to consider the student's need for assistive technology, each IEP Team must have at least one member with sufficient knowledge to appropriately consider that need. In addition to knowing about assistive technology devices, that individual must also know where to turn for greater expertise when difficult questions arise. This can only happen when there is a district-wide effort to generate knowledgeable people who are interconnected with each other.

### Action Steps

If a school district does not have these procedures in place, the district should:

1. Provide awareness level training to all employees who work with students with disabilities in any capacity with an expectation of implementation.
2. Provide training on the law to all administrators and monitor implementation progress.
3. Designate individuals at the central office and building level to work together to gain more in-depth knowledge.
4. Create learning communities where general education, special education, curriculum and instructional technology staff continually support efforts to include all students in instruction.
5. Provide resources to keep staff knowledgeable including access to readily available equipment and software. Provide print supports as well as online resources and access to training.
6. Designate specific responsibilities, as needed, so that everyone clearly understands their role.

It is not so important that a district follow a certain model, but rather that they undertake a systematic course of action, designed to meet the needs of their students with disabilities.

## Overview

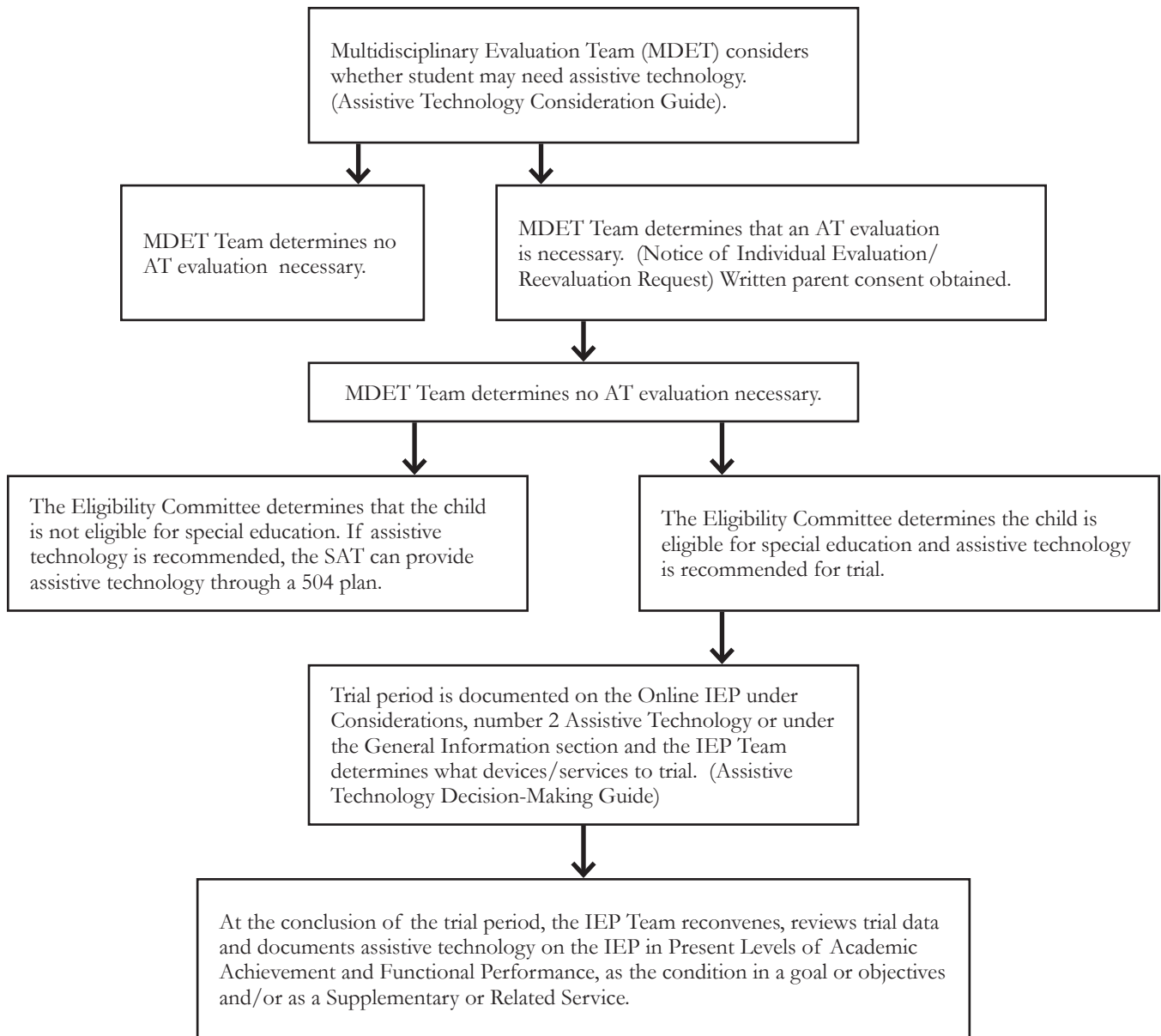
This guidance document is intended to provide support for districts as they strive to address the needs of students who require assistive technology devices and services. The most important aspect of providing assistive technology is making sure the student's device and service recommendations are based on the needs of the individual student.

The following pages will address the process for considering the need for assistive technology, determining the needs through an evaluation process and incorporating the recommended device(s) and services within the Individualized Education Program (IEP).

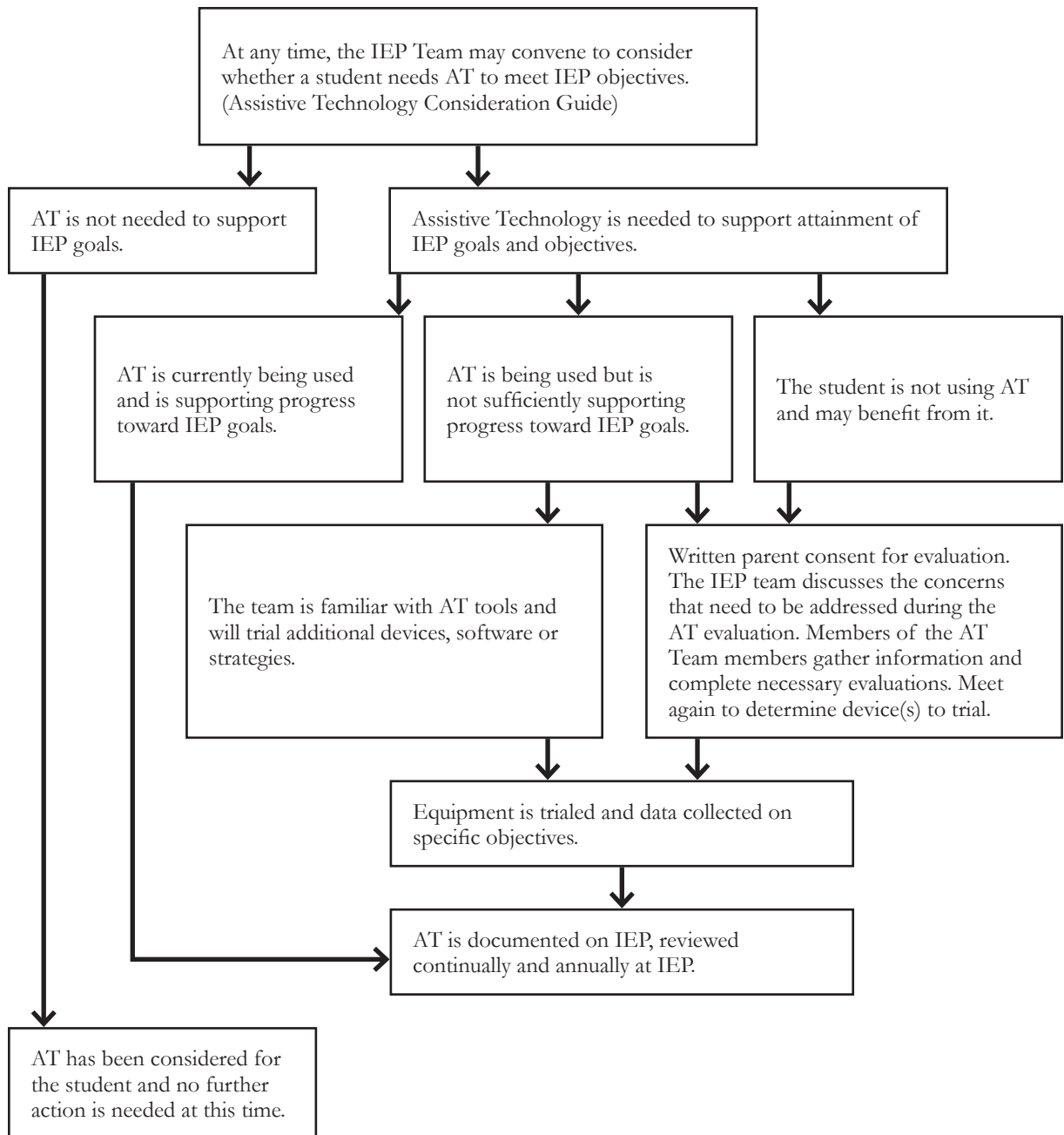
An overview of how assistive technology goes from consideration to incorporation of the assistive technology into the IEP will also be provided.

See Assistive Technology Flow Chart on the next two pages for the overview of the process for initial evaluations prior to the student having an IEP and for students who have IEPs. The charts were adapted from the Wisconsin Assistive Technology Initiative (WATI) manual.

# ASSISTIVE TECHNOLOGY FLOW CHART FOR STUDENTS WITHOUT IEPS INITIAL REFERRALS



# ASSISTIVE TECHNOLOGY FLOW CHART FOR STUDENTS WITH IEPs



## **Assistive Technology: Considering the Need**

Every IEP Team is required to “consider” the student’s need for assistive technology. Consideration involves a brief discussion of which assistive technology might be useful and necessary.

Assistive technology consideration includes not only the device options, but also assistive technology services and the provision for home use.

Specific assistive technology services may include:

- an evaluation of the student’s need for assistive technology;
- training of the student, members of the family or staff on how to use the assistive technology;
- technical assistance about its operation or use;
- modification or customization of the assistive technology; and
- other supports to the school personnel that might be necessary for the assistive technology to be appropriately used.

To insure a thorough consideration of assistive technology, someone who is sufficiently knowledgeable about assistive technology will need to lead the IEP Team’s discussion. That person may bring along specific resource information about assistive technology to help all team members focus on the assistive technology which exists for the tasks that are challenging for the student. The Assistive Technology Considerations Guide on page 14 will help facilitate the IEP Team’s discussion when considering the student’s need for assistive technology.

If the IEP Team determines that additional information is needed to provide an assistive technology device or service, an assistive technology evaluation must be requested.

## **Assistive Technology: When Assistive Technology May Be Considered**

### **Initial Evaluation**

If assistive technology is suspected as an area of need to be assessed as part of the initial evaluation for a student who does not yet have an IEP, do the following:

- complete the Notice of Individual Evaluation/Reevaluation Request form, checking the box beside “Assistive Technology”
- discuss the specific areas of concern where student may benefit from assistive technology (The Assistive Technology Considerations Guide on page 14 may be helpful)
- secure the parent’s written consent to conduct the evaluation
- make available a signed, written report to the Eligibility Committee and parent within 80 days of the initial parent consent for evaluation

## **Reevaluation**

If assistive technology is suspected as an area of need to be assessed during a reevaluation, do the following:

- document Eligibility Committee's prior decisions about assistive technology on the Reevaluation Determination Plan form and put "Y" it needs to be evaluated
- complete the Notice of Individual Evaluation/Reevaluation Request form, checking the box beside "Assistive Technology"
- discuss the specific areas of concern where student may benefit from assistive technology (The Assistive Technology Considerations Guide on page 14 may be helpful)
- secure the parent's written consent to conduct the evaluation
- make available a signed, written report to the Eligibility Committee and parent prior to the established triennial review date

## **IEP Team Request for Assistive Technology Evaluation**

If the IEP Team determines that an assistive technology evaluation should be conducted for a student who has an IEP in addition to the evaluations that have already been completed or as a part of the Consideration section on assistive technology, do the following:

- document the need for an additional evaluation in the space provided on the Considerations Page of the IEP
- complete the Notice for Individual Evaluation/Reevaluation Request form, checking the box beside "Assistive Technology"
- secure parent's written consent to conduct the evaluation
- complete the evaluation and hold an IEP Team meeting within 60 days from receipt of parental consent for the identified evaluation

# Assistive Technology Consideration Guide

Student \_\_\_\_\_

AT Resource Person \_\_\_\_\_

Birthdate \_\_\_\_\_

Completion Date \_\_\_\_\_

Check if Task is Relevant	Task/Category	A. Specific tasks that are difficult or impossible at expected level of independence	B. Describe special strategies, accommodations and tools currently being used to lower barriers to the task	C. Description of new or additional AT devices to be tried to increase independence	D. Home use
	Seating, Positioning & Mobility				
	Communication				
	Computer Access				
	Motor Aspects of Writing				
	Composition of Written Material				
	Reading				
	Math				
	Organization				
	Recreation & Leisure				
	Vision				
	Hearing				
	General & Daily Living Skills - Behaviors, Strengths, Learning Styles				
	Does this student need assistive technology services (adapting or modifying the assistive technology, technical assistance on its operation or use, or training of student, staff, or family)? ___ Yes ___ No If yes, describe what will be provided, _____				
	Persons Present _____ Date _____				

## Assistive Technology: Assessment

The need for an AT assessment may occur at any time during the provision of services to students with disabilities. It may come up during the official “consideration” during the IEP Team meeting, or any time a student is receiving special education and related services. Generally, the need for an AT assessment is brought up by either the parents or the therapists, teachers, assistants or other individuals employed to provide services in the school. It may be a formal request for an “Assistive Technology Evaluation” or a specific question indicating more information is needed.

### An AT assessment has three parts:

1. Information Gathering: Information gathering may require specific tests to determine a student’s functional level on a given task, observation in customary environments to document performance as well as environmental demands and careful review of what has already been tried.
2. Decision-Making: The decision-making requires the use of a clearly defined decision-making process understood by everyone.
3. Trial Use: If assistive technology appears to be a viable tool, trials to determine exactly what will work are needed.

While school districts may vary in their specific procedures, it is essential that a team of people be involved in any AT assessment. As determined by the student’s area of concern, the following perspectives may be required:

- A person knowledgeable about the student. That may be the student and/or parents or other family members;
- A person knowledgeable in the area of curriculum, usually a Special Education Teacher;
- A person knowledgeable in the area of language, usually a Speech-Language Pathologist;
- A person knowledgeable in the area of motor skills, often an Occupational or Physical Therapist; and,
- A person who can commit the district’s resources, not only for purchase of devices, but to authorize staff training and guarantee implementation in various educational settings, usually an Administrator.

There can be any number of additional team members such as:

Audiologist	Technology Coordinator
School Counselor	Early Intervention Specialist
Instructional Assistant	Nurse
Physician	Rehabilitation Engineer
Social Worker	Teacher of Deaf/Hard of Hearing
Teacher of Blind/Visually Impaired	Division of Rehabilitation Services Counselor

This is not an exhaustive list. Each student’s team should be unique and customized to reflect the student’s unique needs. **Anyone who has the potential to contribute to the decision-making or implementation may be invited to participate on the team.**

The remaining document is designed to guide the district through comprehensive AT assessment. This process incorporates the SETT framework (Zabala, 1994) which organizes the complex task of assistive technology decision-making. SETT stands for Student, Environment, Tasks, Tools. By grouping the information into these categories, the task of selecting assistive technology becomes much more logical.

A comprehensive AT assessment is a three-part process of Information Gathering, Decision-Making and Trial Use. Each part is comprised of multiple steps. The Assistive Technology Assessment Procedure Guide was developed to help the team track and monitor their progress through the process.



# Assistive Technology Assessment Procedure Guide

School District \_\_\_\_\_ School \_\_\_\_\_  
 Student \_\_\_\_\_ Grade \_\_\_\_\_  
 Team Members \_\_\_\_\_

	Date Completed	Comments
<p><b>Part 1 Gathering Information</b></p> <p><b>Step 1: Team Members Gather Information</b></p> <p>Review existing information regarding student’s abilities, difficulties, environment and tasks. If there is missing information, complete formal tests, informal tests and/or observe the student in various settings. The Student Information Guide and Environmental Observation Guide are useful tools to assist with gathering information. The team gathering this information should include parents, and if appropriate, the student.</p> <p><b>Step 2: Schedule Meeting</b></p> <p>Schedule a meeting with the team, including the parents, student (if appropriate), service providers (e.g., SE teacher, GE teacher, SLP, OT, PT, administrator) and others who are directly involved or have the required knowledge and expertise.</p> <p><b>Part 2 Decision-Making</b></p> <p><b>Step 3: Team completes Problem Identification Portion of AT Decision-Making Guide at the meeting.</b> (Choose someone to write all topics where everyone participating can see them.)</p> <p>The team should quickly move through:</p> <ul style="list-style-type: none"> <li>• Listing the student’s abilities/difficulties related to tasks (5-10 minutes).</li> <li>• Listing key aspects of the environment in which the student functions and the student’s location and positioning within the environment (5-10 minutes).</li> <li>• Identifying the tasks, the student needs to be able to do because the team cannot generate AT solutions until the tasks are identified (5-10 minutes).</li> </ul> <p>(Note: The emphasis in problem identification is identifying tasks the student needs to be able to do, the relationship of the student’s abilities/difficulties and characteristics of the environment of the student’s performance of the tasks.)</p>		

**Step 4: Prioritize the List of Tasks for Solution Generation**

Identify critical task(s) for which the team will generate potential solutions. This may require a redefining or reframing of the original referral question, but is necessary so that you hone in on the most critical task.

**Step 5: Solution Generation**

Brainstorm all possible solutions.

Note: The specificity of the solutions will vary depending on the knowledge and experience of the team members; some teams may generate names of specific devices with features that will meet the student's needs, other teams may simply talk about features that are important, e.g., "needs voice output", "needs to be portable", "needs few (or many) messages", "needs input method other than hands", etc. Teams may want to use specific resources to assist with solution generation. These resources include, but are not limited to Brainstorming Assistive Technology, Closing the Gap Resource Directory (found later in this document) and/or an AT Consultant.

**Step 6: Solution Selection**

Discuss the solutions listed, thinking about which are most effective for the student. It may help to group solutions that can be implemented 1) immediately, 2) in the next few months, and 3) in the future. At this point, list the names of specific devices, hardware, software, etc. If the team does not know the names of devices, etc., use resources noted in Step 5, or schedule a consultation with a knowledgeable resource person (plan on 20-30 minutes).

**Step 7: Implementation Plan**

Develop Implementation Plan (including trials with equipment), assign specific names and dates and determine meeting date to review progress (Follow-up Plan).

**Reminder:** Steps 3-7 occur in a meeting with all topics written where all participants can see them. Use a flip chart, board or overhead during the meeting, because visual memory is an important supplement to auditory memory. Following the meeting, ensure that someone transfers the information to a document for the student's file for future reference. (Facilitation Tips are provided later in this document)

**Part 3 Trial Use****Step 8: Implement Planned Trials****Step 9: Follow Up on Planned Date**

Review trial use: make decisions about permanent use and develop a plan for permanent use.

# Assistive Technology Assessment

## Part 1 Gathering Information

**Step 1:** Team members gather information about the student and his/her environment.

**Forms:** *Referral Question Identification Form (1a)*,  
*Student Information Guide (1b)*  
*Environmental Observation Guide (1c) or Classroom Observation Guide (1c)*

A comprehensive file review will be required to gather this information and to explore the AT used in the past and currently in use. It is possible for one service provider to be using assistive technology without others being aware of it. Step 1 begins with the team identifying the referral question(s) by completing the Referral Question Identification Form. Based on the referral questions, the Assessment Team will select the Section(s) to be completed in the Student Information Guide. Each section contains questions relevant to determining the type of assistive technology and the features as determined by the referral question.

If they are concerned about more than one task, the team may decide to complete more than one section of the Student Information Guide. It is up to the team to determine how many and which sections of the Guide will be helpful to them.

Effective, appropriate decisions about AT can only be made when teams are well informed about the unique characteristics of the environments in which the student spends time and the tasks that are being done in those environments (Zabala,1994). The student must be observed in several environments with a specific focus on describing the environment and the activities/tasks in which the target student and other students are engaged.

Consider all customary environments, including the classroom and other school environments, such as the lunchroom, playground, assemblies, etc., the home and any relevant community sites such as shopping malls, restaurants, church, scouts or other groups.

There are many different types of Environmental or Classroom Observation Guides. This guidance document includes two versions: Environmental Observation Guide and Classroom Observation Guide. Remember that you can adapt either or both of these to fit your needs.

### **Prior to the environmental observation:**

Clarify the purpose of the observation:

- Record successful AT use in educational environments
- Observe a student using AT in educational environments
- Record characteristics of the educational environments

Select a time and place:

- Review the Student Information Guide for specifics about the student's AT use or need.
- Schedule the observation for the place, activity and time AT is used or needed during the day.
- Schedule the observation during a typical school day.
- Record observations on the Environmental or Classroom Observation Guide.
- Probe for additional information directly related to the observation, for clarity.

The *Environmental Observation Summary* is provided in this document to summarize the environmental information gathered for the teacher's and team's review and comments. The observer's role is to capture what is occurring, not to make decisions or formal recommendations. During the observation(s), the observers are simply gathering information.

**Step 2:** Schedule a Team Meeting.

Schedule a meeting with the team, including the parents, student (if appropriate), service providers, and others who are directly involved or have the required knowledge and expertise.

**Note:** Once Part 1 is completed, **Part 2 Decision-Making** begins on page 57.

## Referral Question Identification Form (STEP 1a)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Persons Completing Form \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Student's Primary Language \_\_\_\_\_ Family's Primary Language \_\_\_\_\_

**Disability** (Check all that apply)

- |                                                   |                                                        |                                                       |
|---------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Autism                   | <input type="checkbox"/> Emotional/Behavioral Disorder | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Blindness and Low Vision | <input type="checkbox"/> Hard of Hearing               | <input type="checkbox"/> Speech-Language Impairment   |
| <input type="checkbox"/> Deafblindness            | <input type="checkbox"/> Intellectual Disability       | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Deafness                 | <input type="checkbox"/> Orthopedic Impaired           | <input type="checkbox"/> Other Health Impaired        |
| <input type="checkbox"/> Developmental Delay      |                                                        |                                                       |

### Classroom Setting

- |                                            |                                                      |                                                           |
|--------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> General Education | <input type="checkbox"/> Special Education Part-Time | <input type="checkbox"/> Special Education Self-Contained |
| <input type="checkbox"/> Home              | <input type="checkbox"/> Other                       |                                                           |

**Related Service Providers** (Check all that apply)

- |                                               |                                           |                                                  |
|-----------------------------------------------|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech-Language Therapy |
| <input type="checkbox"/> Other(s) _____       |                                           |                                                  |

**Medical Considerations** (Check all that apply)

- |                                                                |                                                                    |
|----------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> History of Seizures                   | <input type="checkbox"/> Fatigues easily                           |
| <input type="checkbox"/> Has degenerative medical condition    | <input type="checkbox"/> Has frequent pain                         |
| <input type="checkbox"/> Has multiple health problems          | <input type="checkbox"/> Has frequent upper respiratory infections |
| <input type="checkbox"/> Has frequent ear infections           | <input type="checkbox"/> Has digestive problems                    |
| <input type="checkbox"/> Allergic to _____                     |                                                                    |
| <input type="checkbox"/> Currently taking medication for _____ |                                                                    |
| <input type="checkbox"/> Other _____                           |                                                                    |

**Other Issues of Concern** \_\_\_\_\_

**Assistive Technology Current Used** (Check all that apply)

- |                                                     |                                                |
|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> None                       | <input type="checkbox"/> Low Tech Writing Aids |
| <input type="checkbox"/> Manual Communication Board | <input type="checkbox"/> Word Prediction       |
| <input type="checkbox"/> Low Tech Vision Aids       | <input type="checkbox"/> Amplification System  |

- Environmental Control Unit/EADL
- Manual or Power Wheelchair
- Augmentative Communication System – Describe \_\_\_\_\_
- Adaptive Input – Describe \_\_\_\_\_
- Adaptive Output – Describe \_\_\_\_\_
- Other \_\_\_\_\_
- Computer – Type (platform) \_\_\_\_\_
- Voice Recognition

**Previous Assistive Technology**

Please describe the other assistive technology previously tried, length of trial and outcome (how did it work or why did not work).

Assistive Technology	Number and Dates of Trial(s)
Outcome	
Assistive Technology	Number and Dates of Trial(s)
Outcome	
Assistive Technology	Number and Dates of Trial(s)
Outcome	

**REFERRAL QUESTION(S)**

What task(s) does the student need to do that is currently difficult for impossible, and for which assistive technology might be an option? \_\_\_\_\_

**Based on the referral question(s), select the sections of the Student Information Guide to be completed.** (Check all that apply)

- Section 1 Seating, Positioning and Mobility
- Section 7 Mathematics
- Section 2 Communication
- Section 8 Organization
- Section 3 Computer Access
- Section 9 Recreation and Leisure
- Section 4 Motor Aspects of Writing
- Section 10 Vision
- Section 5 Composition of Written Materials
- Section 11 Hearing
- Section 6 Reading
- Section 12 General and Daily Living

## Student Information Guide (Step 1b)

### SECTION 1 SEATING, POSITIONING AND MOBILITY

#### 1. Current Seating and Positioning of the Student (Check all that apply)

- Sits in regular chair with feet on the floor
- Sits in a regular chair with pelvic belt or foot rest
- Sits in adapted chair – list brand or describe \_\_\_\_\_
- Sits in seat with adaptive cushion that allows needed movement
- Sits comfortably in wheelchair \_\_\_ part of the day \_\_\_ most of the day \_\_\_ all of the day
- Wheelchair in the process of being adapted to fit
- Spends part of the day out of chair due to prescribed positions
- Spends part of day out of chair due to discomfort – specific or general area of discomfort \_\_\_\_\_
- Uses many positions throughout the day, based on activity
- Has few opportunities for other positions
- Uses regular desk
- Uses desk with height adjusted
- Uses tray on wheelchair for desktop
- Uses adapted table

#### 2. Description of Seating (Check all that apply)

- Seating provides trunk stability
- Seating allows feet to be flat on the floor or foot rest
- Seating facilitates readiness to perform tasks
- There are questions or concerns about the student's seating – Describe \_\_\_\_\_  
\_\_\_\_\_
- Student dislikes some positions, often indicates discomfort in the following positions – Describe \_\_\_\_\_  
\_\_\_\_\_
- How is the discomfort communicated? \_\_\_\_\_
- Student has difficulty using table or desk – Specific example \_\_\_\_\_
- Student has difficulty achieving and maintaining head control, best position for head  
Head control is \_\_\_\_\_
- How are hips positioned? \_\_\_\_\_
- Can maintain head control for \_\_\_\_\_ minutes in \_\_\_\_\_ position.

**3. Summary of Student's Abilities and Concerns Related to Seating and Positioning**

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## SECTION 2 COMMUNICATION

### 1. Student's Current Means of Communication (Check all that are used. Circle the primary method.)

- Changes in breathing patterns     Body Position Changes     Eye gaze/eye movement
- Facial expressions     Gestures     Pointing
- Sign language approximations     Sign language: Type \_\_\_\_\_ # Signs \_\_\_\_\_  
 # Combinations \_\_\_\_\_ # Signs in a combination \_\_\_\_\_
- Vocalizations – List examples \_\_\_\_\_
- Vowels, vowel combinations – List examples \_\_\_\_\_
- Single words – List examples and approximate no. \_\_\_\_\_
- Two-word utterances     Three-word utterances
- Semi-intelligible speech – Estimate percent intelligible \_\_\_\_\_
- Communication board     Tangibles     Photos     Symbols     Visual Scenes
- Combination symbols/words     Words
- Two-symbol combinations – List examples \_\_\_\_\_
- Three or more symbol combinations – List examples \_\_\_\_\_
- Communication book/binder – Number of pages in book/binder \_\_\_\_\_  
Does the student navigate to desired page/message independently?     Yes     No
- Schedule board(s) – List examples \_\_\_\_\_
- Speech generating device(s) – Please list \_\_\_\_\_  
 Dynamic display     Static overlays
- Partner-assisted scanning – Please describe strategies and communication system \_\_\_\_\_  
\_\_\_\_\_
- Intelligible speech     Writing     Other

Comments about student's present means of communicating \_\_\_\_\_  
\_\_\_\_\_

### 2. Purposes of Communication

Does the student communicate:

- Wants/needs – List examples \_\_\_\_\_
- Social exchanges – List examples \_\_\_\_\_
- Social etiquette – List examples \_\_\_\_\_
- Refusals/rejection – List examples \_\_\_\_\_
- Shared Information, including joint attention – List examples \_\_\_\_\_

**3. Those Who Understand Student's Communication Attempts** (Check best descriptor for each communication partner listed.)

	Most of the time	Part of the time	Rarely	Not applicable
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Current Level of Receptive Language**

Approximate receptive language age \_\_\_\_\_

If formal tests were used, name and scores \_\_\_\_\_

If formal testing is not used, please give an approximate age or developmental level of functioning.

Explain your rationale for this estimate. \_\_\_\_\_

**5. Current Level of Expressive Language**

Approximate expressive language age \_\_\_\_\_

If formal tests were used, name and scores \_\_\_\_\_

If formal testing is not used, please give an approximate age or developmental level of functioning.

Explain your rationale for this estimate. \_\_\_\_\_

**6. Communication Interaction Skills**

Desires to communicate  Yes  No

To indicate *yes* and *no* the student

- Shakes head
- Signs
- Vocalizes
- Gestures
- Eye gazes
- Points to a board
- Uses word approximations
- Does not respond consistently

Can a person unfamiliar with the student understand the response?  Yes  No

Student Information Guide (Step 1b)

Does the student (Check the best descriptor)

	Always	Frequently	Occasionally	Seldom	Never
Turn toward the speaker					
Interact with peers					
Show awareness of listener's attention					
Initiate interactions					
Ask questions					
Respond to communication interaction					
Request communication clarification					
Repair communication breakdowns					
Require verbal prompts					
Require physical prompts					
Maintain communication exchange					
Terminate communication					

Describe the student's repair techniques (i.e., keeps trying, change message, points to the first letter, etc.) \_\_\_\_\_

**7. Student Needs Related to Devices/Systems** (Check all that apply)

- Walks
- Uses wheelchair
- Carries device under two pounds
- Drops or throws things frequently
- Needs digitized (human) speech
- Needs device with large number of words and phrases
- Requires scanning
- Requires auditory preview
- One reliable switch site
- Other \_\_\_\_\_

**8. Pre-Reading and Reading Skills Related to Communication** (Check all that apply)

- Yes    No   Object/picture recognition
- Yes    No   Symbol recognition (tactile, Mayer-Johnson, Symbol Stix, etc.)  
Number of symbols \_\_\_\_\_
- Yes    No   Auditory discrimination of sounds
- Yes    No   Auditory discrimination of words, phrases
- Yes    No   Selects initial letter of word
- Yes    No   Follows simple directions
- Yes    No   Sight word recognition. Number of words \_\_\_\_\_
- Yes    No   Recognizes environmental print
- Yes    No   Puts two symbols or words together to express an idea

List any other reading or pre-reading skills that support communication \_\_\_\_\_

**9. Visual Abilities Related to Communication** (Check all that apply)

- |                                                                    |                                                                      |
|--------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Maintains fixation on stationary object   | <input type="checkbox"/> Looks to right and left without moving head |
| <input type="checkbox"/> Visually recognizes people                | <input type="checkbox"/> Scans array of symbols in a grid            |
| <input type="checkbox"/> Visually recognizes common objects        | <input type="checkbox"/> Scans a line of symbols left to right       |
| <input type="checkbox"/> Visually recognizes photographs           | <input type="checkbox"/> Visually shifts horizontally                |
| <input type="checkbox"/> Visually recognizes symbols               | <input type="checkbox"/> Visually shifts vertically                  |
| <input type="checkbox"/> Needs additional space around a symbol    | <input type="checkbox"/> Looks at communication partner              |
| <input type="checkbox"/> Requires high contrast symbols or borders | <input type="checkbox"/> Benefits from “zoom” feature                |

Is a specific type (brand) of symbols or photos preferred? \_\_\_\_\_

What size symbols or photos is preferred? \_\_\_\_\_

What line thickness of symbols is preferred? \_\_\_\_\_ inches

Does the student seem to do better with black on white, white on black or specific color combination for figure ground discrimination? \_\_\_\_\_

Explain anything else you think is significant about the student’s current communication system or his/her needs. (Use an additional page if necessary) \_\_\_\_\_

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**10. Sensory Considerations**

Does the student have sensitivity to:

- Velcro
- Synthesized (computer-generated) voices
- Volume
- Switch feedback (clicking noises)
- Tactile sensations
- Other

Explain student’s reaction to any of the checked items \_\_\_\_\_

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**11. What are the communication expectations for the student in different environments?**

School (regular and special education, with peers, formal and informal, such as lunchroom settings, etc.) \_\_\_\_\_

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Home \_\_\_\_\_

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Community \_\_\_\_\_

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**12. Summary of Student's Abilities and Concerns Related to Communication**

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### SECTION 3 COMPUTER ACCESS

#### 1. Current Computer Access

How does the student currently access the computer?

- |                                                      |                                                       |
|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Doesn't access the computer | <input type="checkbox"/> Adapted keyboard mouse _____ |
| <input type="checkbox"/> Touch type with two hands   | <input type="checkbox"/> Specialized software _____   |
| <input type="checkbox"/> Hunt/peck with one hand     | <input type="checkbox"/> Head _____                   |
| <input type="checkbox"/> Touch type with one hand    | <input type="checkbox"/> Speech recognition _____     |
| <input type="checkbox"/> Touchscreen                 | <input type="checkbox"/> Switch scanning _____        |
| <input type="checkbox"/> Partner-assisted scanning   | <input type="checkbox"/> Joystick _____               |
| <input type="checkbox"/> Eye gaze                    | <input type="checkbox"/> Other _____                  |

List current AT \_\_\_\_\_

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What difficulty is student having with current method? \_\_\_\_\_

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#### 2. Previous Assistive Technology

List any AT tried in the past for computer access and describe how it worked. \_\_\_\_\_

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#### 3. Physical Abilities

Does the student have limitations to range of motion?  Yes  No

Does the student have abnormal reflexes or abnormal muscle tone?  Yes  No

Does the student have difficulty with accuracy?  Yes  No

Does the student fatigue easily?  Yes  No

Describe how physical abilities affect computer use. \_\_\_\_\_

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#### 4. Motor Control

Does the student have voluntary, controlled movement on the following? (Check all that apply)

- Right hand  Left hand  Head

Student Information Guide (Step 1b)

- Right arm
- Right leg
- Right foot
- Finger(s)

- Left arm
- Left leg
- Left foot
- Other \_\_\_\_\_

- Eyes
- Mouth
- Voice

**5. Positioning**

How is the student positioned for computer access?

- Regular classroom chair \_\_\_\_\_
- Regular classroom chair with adaptations \_\_\_\_\_
- Specialty chair \_\_\_\_\_
- Wheelchair \_\_\_\_\_
- Other \_\_\_\_\_

**6. Sensory**

Does the student have any issues with hearing?  Yes  No

Does the student have any issues with vision?  Yes  No

Describe how sensory issue abilities affect computer use \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Literacy**

Is the student working at grade level in the following areas?

- |                    |                              |                             |       |
|--------------------|------------------------------|-----------------------------|-------|
| Reading            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Writing            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Speaking/Listening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Language           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Math               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Computer Skills    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

**8. Summary of Student Abilities and Concerns Related to Computer Access**

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

## SECTION 4 MOTOR ASPECTS OF WRITING

### 1. Current Writing Ability (Check all that apply)

- |                                                               |                                                              |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Writes independently and legibly     | <input type="checkbox"/> Pretend writes                      |
| <input type="checkbox"/> Writes cursive                       | <input type="checkbox"/> Uses adapted pencil or pencil grips |
| <input type="checkbox"/> Writes on 1" lines                   | <input type="checkbox"/> Holds pencil, but does not write    |
| <input type="checkbox"/> Writes on narrow lines               | <input type="checkbox"/> Copies from book (near point)       |
| <input type="checkbox"/> Uses space correctly                 | <input type="checkbox"/> Copies from board (far point)       |
| <input type="checkbox"/> Uses space correctly                 | <input type="checkbox"/> Copies simple shapes                |
| <input type="checkbox"/> Sizes writing to fit spaces          | <input type="checkbox"/> Writing is limited due to fatigue   |
| <input type="checkbox"/> Prints name                          | <input type="checkbox"/> Writing is slow and arduous         |
| <input type="checkbox"/> Scribbles a few recognizable letters |                                                              |

### 2. Current Keyboard Ability (Check all that apply)

- |                                                                   |                                                                 |
|-------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> 10-finger typing (functional speed)      | <input type="checkbox"/> Use alternate keyboard (list) _____    |
| <input type="checkbox"/> Multi-finger typing (functional or slow) | <input type="checkbox"/> Uses access software (list) _____      |
| <input type="checkbox"/> One-finger typing (functional or slow)   | <input type="checkbox"/> Uses touch window/touch screen monitor |
| <input type="checkbox"/> Does not currently type                  | <input type="checkbox"/> Uses head or mouth stick               |
| <input type="checkbox"/> Activates desired key on command         | <input type="checkbox"/> Uses switch access computer            |
| <input type="checkbox"/> Accidentally hits unwanted keys          | <input type="checkbox"/> Uses eye gaze to access computer       |
| <input type="checkbox"/> Requires arm or wrist support to type    | <input type="checkbox"/> Uses Morse code to access computer     |
| <input type="checkbox"/> Other _____                              |                                                                 |

### 3. Computer Use (Check all that apply)

- |                                                                                                      |                                                    |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Uses a computer for word processing                                         | <input type="checkbox"/> Uses computer at school   |
| <input type="checkbox"/> Uses a computer for Internet searches                                       | <input type="checkbox"/> Uses computer at home     |
| <input type="checkbox"/> Uses a computer for spellcheck                                              | <input type="checkbox"/> Has never used a computer |
| <input type="checkbox"/> Uses a computer for leisure (games, music, IM) _____                        |                                                    |
| <input type="checkbox"/> Uses computer for other (list) _____                                        |                                                    |
| <input type="checkbox"/> Has potential to use the computer but has not used a computer because _____ |                                                    |
| _____                                                                                                |                                                    |
| <input type="checkbox"/> Uses a computer rarely (less than 1 time weekly)                            |                                                    |
| <input type="checkbox"/> Uses a computer daily                                                       |                                                    |
| <input type="checkbox"/> Student uses computer for one or more subjects (list subjects) _____        |                                                    |
| _____                                                                                                |                                                    |



**4. Assistive Technology Currently Used** (Check all that apply)

- Adapted pencils-pencil grips
- Adapted papers
- Writing templates
- Adapted/portable keyboards
- Computers and accessibility features
- Adaptive software (Check all that apply)
  - Text-to-speech
  - Word prediction
  - Voice recognition
- Scanned worksheets
- Other

**5. Computer Availability** (Check all that apply)

- PC
- Mac
- Other
- Desktop
- Laptop
- Tablet

Location \_\_\_\_\_

**6. Summary of Student's Abilities and Concerns Related to Writing**

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## SECTION 5 COMPOSITION OF WRITTEN MATERIAL

### 1. Typical of Student's Present Writing (Check all that apply)

- |                                          |                                           |                                                  |
|------------------------------------------|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Short words     | <input type="checkbox"/> Sentences        | <input type="checkbox"/> Multi-paragraph reports |
| <input type="checkbox"/> Short phrases   | <input type="checkbox"/> Short paragraphs | <input type="checkbox"/> Longer paragraphs       |
| <input type="checkbox"/> Complex phrases | <input type="checkbox"/> Other _____      |                                                  |

### 2. Difficulties Currently Experienced by Student (Check all that apply)

- |                                                                           |                                                                               |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Answering questions                              | <input type="checkbox"/> Generating ideas                                     |
| <input type="checkbox"/> Getting started on a sentence/story              | <input type="checkbox"/> Working with peers to generate ideas and information |
| <input type="checkbox"/> Adding information to a topic                    | <input type="checkbox"/> Planning content                                     |
| <input type="checkbox"/> Sequencing information                           | <input type="checkbox"/> Using a variety of vocabulary                        |
| <input type="checkbox"/> Integrating information from two or more sources | <input type="checkbox"/> Summarizing information                              |
| <input type="checkbox"/> Relating information to specific topics          | <input type="checkbox"/> Determine when to begin a new paragraph              |
| <input type="checkbox"/> Other _____                                      |                                                                               |

### 3. Strategies for Composing Written Materials Student Currently Uses (Check all that apply)

- |                                                                                                   |                                                  |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Story starters                                                           | <input type="checkbox"/> Webbing/concept mapping |
| <input type="checkbox"/> Preset choices or plot twists                                            | <input type="checkbox"/> Outlines                |
| <input type="checkbox"/> Templates to provide the format or structure (both paper and electronic) |                                                  |
| <input type="checkbox"/> Other _____                                                              |                                                  |

### 4. Aides/Assistive Technology for Composing Written Materials Utilized by Student (Check all that apply)

- Word cards
- Word book
- Word wall/word lists
- Dictionary
- Prewritten words on cards or labels
- Whole words using software or hardware (i.e., IntelliKeys)
- Symbol-based software for writing (i.e., Boardmaker Studio, Co-Writer, or Read and Write)
- Word processing with spellchecker/grammar checker
- Talking word processor
- Abbreviation/expansion
- Word processing with writing support
- Multimedia software
- Voice recognition software
- Other \_\_\_\_\_

**5. Summary of Student's Abilities and Concerns Related to Composition of Written Material**

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## SECTION 6 READING

### 1. The Student Demonstrates the Following Literacy Skills (Check all that apply)

- Engages in joint attention with adult caregiver (i.e., songs, stories, games and/or toys)
- Shows interest in books and stories with adult
- Shows an interest in looking at books independently
- Associates pictures and spoken words when being read to
- Realizes that text conveys meaning when being read to
- Pretend writes and “reads” what he or she has written
- Recognizes and reads environmental print
- When asked to spell a word, gets first consonant correct, but not the rest of the word
- Demonstrates sound manipulation skills including:
  - Initial and final sounds in words
  - Initial letter names/sounds
- Recognizes names and prints the alphabet (if motor skills are limited, may use alternative means rather than printing to demonstrate knowledge of the alphabet)
- When asked to spell a word, gets first and last sounds correct
- Applies phonics rules when attempting to decode printed words
- Sound blends words
- Reads and understands words in context
- Uses inventive spelling most of the time
- Uses conventional spelling most of the time
- Reads and understands sentences
- Composes sentences using nouns and verbs
- Reads fluently with expression
- Reads and understands paragraphs
- Composes meaningful paragraphs using correct syntax and punctuation

### 2. Methods for Improving Student Performance (Check all that apply)

- Smaller amount of text on page
- Use of word wall
- Graphics to communicate ideas
- Bold type for main ideas
- Additional time
- Spoken text to accompany print
- Enlarged print
- Pre-teaching concepts
- Text rewritten at lower reading level
- Reduced length of assignment
- Color overlay or colored text/background \_\_\_\_\_
- Increased spacing between words/lines

Student Information Guide (Step 1b)

- Symbol supports to text
- Being placed where there are few distractions
- Other \_\_\_\_\_

**3. Reading Assistance Used**

Please describe the non-technology based strategies and accommodations that have been used with the student. \_\_\_\_\_

\_\_\_\_\_

**4. Assistive Technology Used**

The following have been tried (Check all that apply. Add comments for clarification.)

- Highlighter, marker, template or other self-help aid in visual tracking
- Colored overlay to change contrast between text and background
- Tape recorder, taped text or talking books to “read along” with text
- Digital audio files (Mp3, iPod, etc.)
- Taking dictionary or talking spellchecker to pronounce single words
- Hand-held pen scanner to read difficult words and phrases
- Electronic text from
  - Internet
  - publisher
  - scanned text
  - other \_\_\_\_\_
- Electronic books from Bookshare or other digital source

Explain what seemed to work or not work with any of the above assistive technology that has been tried. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Approximate Age or Grade Level of Reading Skills** \_\_\_\_\_

**6. Cognitive Ability in General**

- Significantly below average
- Below average
- Average
- Above average

**7. Difficulty** (Check all that apply)

Student has difficulty physically accessing the following:

- Single sheets of paper
- Books

Student Information Guide (Step 1b)

Student has difficulty understanding written language based on:

- English Language Learner
- Limited background experiences

Student has sensory difficulties with:

- Visual clutter
- Fluorescent lighting
- Background noise
- Personal space
- Other \_\_\_\_\_

Student has difficulty decoding the following:

- Worksheets
- Content textbooks
- Trade Books
- Tests
- Websites or other digital text
- Modified Curriculum
- Recreational text
- Other \_\_\_\_\_

Student has difficulty comprehending the following:

- Worksheets
- Content textbooks
- Trade books
- Tests
- Websites or other digital text
- Modified Curriculum
- Recreational text
- Other \_\_\_\_\_

**8. Computer Availability and Use**

The student has access to the following computer(s):

- PC
- Mac
- Tablet

The student uses a computer:

- Rarely
- Frequently
- Daily (more than subject or period)
- Every day, most of the day

For the following purposes \_\_\_\_\_

**9. Summary of Student’s Abilities and Concerns Related to Reading**

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## SECTION 7 MATHEMATICS

### 1. Difficulties Student Has with Mathematics (Check all that apply)

#### Reading Math

- Math-related language and vocabulary
- Interpreting visual representation
- Switching from one representational format to another, as in a complex complex numbers, fractions, charts and graphs
- Math facts
- Understands decimals/percentages
- Understanding math concepts like:
  - Money
  - Time
  - Units of measurement

#### Organizing

- Understanding place value
- Applying functions and formulas
- Organizing and applying multiple steps
- Applying correct operational step such addition, subtraction, multiplication or division
- Drawing meaning from numbers, shapes and other representational formats
- Organizing work on a page
- Converting mixed numbers
- Drawing meaning from charts, grids and graphs
- Drawing meaning and applying action steps from/to a story problem

#### Writing and Presentation

- Writing legible numbers
- Drawing math figures
- Aligning steps of a problem
- Editing work
- Completing multiplication and division
- Filling in numbers and data in small places graphing
- Noting points on graphs
- Writing simple math equations
- Writing complex math equations
- Completing simple addition and subtraction
- Completing complex addition and subtraction
- Representing math concepts in alternate formats such as graphs, charts or geometric shapes

**2. Previous Assistive Technology** (Check all that apply)

- Adapted manipulatives
- Math graphic organizer
- Adapted time pieces
- Adapted measuring devices
- Adapted paper
- Graph paper
- Virtual manipulatives
- Mathline
- Alternate calculator
  - Large print
  - Talking
  - Graphing
- Smart chart
- Adapted number, shape or fraction stamp
- Math-specific writing or drawing software
- Digital math toolbars for writing equations
- Enlarged paper
- Onscreen keyboards or calculators
- Voice recognition for math notation
- Math software to help visualize, script visual math concepts

**3. Strategies Used** (Describe)

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**4. Summary of Student's Abilities and Concerns Related to Math**

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## SECTION 8 ORGANIZATION

### 1. Difficulties Student Has with Organization (Check all that apply)

#### Self-Management

- Unable to self-regulate behavior and attention
- Easily distracted

#### Time Management

- Arrives late
- Misses deadlines
- Poor transition between activities
- Struggles to settle down after transitions or when it is work time

#### Materials Management

- Messy work and storage areas
- Lost papers and projects
- Can't find work tools such as book, scissors, or markers quickly

#### Information Management

- Completing multi-step tasks
- Organizing notes or review items
- Breaking a large project into smaller steps

### 2. Assistive Technology Tried (Check all that apply)

#### Self-Management

- Fidgets
- Concentration CDs or Mp3s
- Pressure or weighted vest
- Relaxation CDs or Mp3s
- Sitting on a therapy ball, bounce or cushion

#### Time Management

- Clock (analog vs. digital)
- Adapted clocks and watches
  - Talking readout
  - Large numbers
  - Visual cue
- Timed reminder
- Schedules
  - Picture
  - Word (written)

#### Materials Management

- Folders/containers/bins/boxes
- Checklists
- Coding
- Filing
- Portable electronic storage
- Computer-based electronic storage

#### Information Management

- Folders
- Tabs/Post It notes
- Highlighters
- Study guides
- Hand-held recorders
- Digital organizers
- Search tools/engines
- Bookmarking tools
- Graphic organizers

Student Information Guide (Step 1b)

- Calendar-based
- Digital scheduler
- Digital reminder
- Manipulatives/instructional tutorials
- Animations

**3. Summary of Student's Abilities and Concerns Related to Organization**

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## SECTION 9 RECREATION AND LEISURE

**1. Difficulties Student Experiences Participating in Recreation and Leisure** (Check all that apply)

- |                                                         |                                                        |
|---------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Understanding cause and effect | <input type="checkbox"/> Following complex directions  |
| <input type="checkbox"/> Understanding turn-taking      | <input type="checkbox"/> Communicating with others     |
| <input type="checkbox"/> Handing/manipulating objects   | <input type="checkbox"/> Hearing others                |
| <input type="checkbox"/> Throwing/catching objects      | <input type="checkbox"/> Seeing equipment or materials |
| <input type="checkbox"/> Understanding rules            | <input type="checkbox"/> Operating a TV, DVD, etc.     |
| <input type="checkbox"/> Waiting for his/her turn       | <input type="checkbox"/> Operating a computer          |
| <input type="checkbox"/> Following simple directions    | <input type="checkbox"/> Other _____                   |

**2. Activities Student Especially Enjoys** \_\_\_\_\_

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**3. Adaptations Tried to Enhance Participation in Recreation and Leisure** \_\_\_\_\_

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How did they help? \_\_\_\_\_

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**4. Assistive Technology Tried** (Check all that apply)

- Toys adapted with Velcro<sup>®</sup>, magnets, handles, etc.
- Toys adapted for single switch operation
- Adaptive sporting equipment, such as lighted or beeping ball
- Universal cuff or strap to hold crayons, markers, etc.
- Modified utensils (i.e., rubber stamps, rollers and brushes)
- Ergo Rest or arm support

Student Information Guide (Step 1b)

- Software to complete art activities
- Games on computer
- Other computer software
- Other \_\_\_\_\_

**5. Summary of Student's Abilities and Concerns Related to Recreation and Leisure**

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## SECTION 10 VISION

*A vision specialist should be consulted to complete this section.*

### 1. Date of Last Vision Report \_\_\_\_\_

Report indicates (Please address any field loss, vision condition, etc.) \_\_\_\_\_

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### 2. Vision Abilities (Check all that apply)

- Reads standard textbook print
- Read text if enlarged to (indicate size in inches) \_\_\_\_\_
- Requires specialized lighting such as \_\_\_\_\_
- Requires materials titled at a certain angle (indicate angle) \_\_\_\_\_
- Can read using optical aides such as \_\_\_\_\_
- Currently uses the following screen enlargement device \_\_\_\_\_
- Currently uses the following screen enlargement software \_\_\_\_\_
- Recognizes letters enlarged to \_\_\_\_\_ pt. type on the computer screen
- Recognizes letters enlarged to \_\_\_\_\_ pt. type for \_\_\_\_\_ minutes without eye fatigue
- Prefers
  - Black letters on white
  - White on black
  - \_\_\_\_\_ (color) on \_\_\_\_\_ (color)
- Tilts head when reading
- Uses only one eye       Right eye       Left eye
- Uses screen reader \_\_\_\_\_
- Requires recorded material, text to speech or Braille materials

### 3. Current Alternate Output (Check all that apply)

- Slate and stylus
- Talking calculator

Student Information Guide (Step 1b)

- Electric Braille
- Refreshable Braille display
- Tactile images
- Screen reader
- Braille translation software \_\_\_\_\_

**4. Level of Proficiency** (Check the one that most closely describes the student)

- Requires frequent physical prompts
- Requires frequent verbal cues
- Needs only intermittent cues
- Uses device to complete tasks independently
- Troubleshoots problems related to device

**5. Writing/Handwritten Materials** (Check all that apply)

- Writes using space correctly
- Writes on line
- Writes appropriate size
- Reads own handwriting
- Reads someone else's writing
- Reads hand printing
- Reads cursive
- Skips letters when copying
- Requires bold or raised-line paper
- Requires soft lead pencils
- Requires colored pencils, pens, or paper
- Requires felt tip pen
  - Fine point
  - Broad point

**6. Summary of Students Abilities and Concerns Related to Vision**

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## SECTION 11 HEARING

*A hearing specialist should be consulted to complete this section.*

### 1. Audiological Information

Date of last audiological exam \_\_\_\_\_

Hearing Loss Identified

Right Ear       Mild       Moderate       Severe       Profound

Left Ear       Mild       Moderate       Severe       Profound

Onset of hearing loss age \_\_\_\_\_ Etiology \_\_\_\_\_

### 2. Unaided Auditory Abilities (Check all that apply)

- Attends to sounds
  - High pitch       Low pitch       Voices       Background noises
- Discriminates environmental vs. non-environmental sounds
- Turns toward sound
- Hears some speech sounds
- Understands synthesized speech
- Understands digitized speech

### 3. Student's Eye Contact and Attention to Communication (Check best descriptor)

Poor       Inconsistent       Limited       Good       Excellent

### 4. Communication Used by Others (Check all that apply)

Indicate the form of communication generally used by others in the designated environments.

	School	Home	Community
<input type="checkbox"/> Body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tangible symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gestures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Picture cues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Information Guide (Step 1b)

	School	Home	Community
<input type="checkbox"/> Written messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signs and speech together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Signed English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contact (Pidgin) sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Level of Receptive Proficiency in Each Environment**

	School	Home	Community
<input type="checkbox"/> Understands single words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands short phrases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Understands the majority of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. Student's Current Mode of Communication (Check all that apply)**

- Speech
- American Sign Language
- Body language
- Signs/speech together
- Gestures
- Written messages
- Signed English
- Picture cues
- Contact (Pidgin) sign Language
- Other \_\_\_\_\_

**7. Level of Expressive Communication**

- Single Words
- Combination of words
- Proficient

**8. Discrepancy Between Receptive and Expressive Abilities**

- Yes
- No

If yes, please describe further. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**9. Services Currently Used** (Check all that apply)

- |                                                              |                                     |                               |
|--------------------------------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Audiology                           | <input type="checkbox"/> Note taker | <input type="checkbox"/> ASL  |
| <input type="checkbox"/> Transliterating                     | <input type="checkbox"/> PSE        | <input type="checkbox"/> Oral |
| <input type="checkbox"/> Educational interpreter using _____ |                                     |                               |

**10. Equipment Currently Used** (Check all that apply)

- |                                               |                                                  |                                              |
|-----------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Hearing aids         | <input type="checkbox"/> Cochlear Implants       | <input type="checkbox"/> Telecaption decoder |
| <input type="checkbox"/> Vibrotactile devices | <input type="checkbox"/> Classroom amplification | <input type="checkbox"/> TTY/TTD             |
| <input type="checkbox"/> FM system            | <input type="checkbox"/> Other _____             |                                              |

**11. Present Concerns for Communication, Writing, and/or Educational Materials**

- |                                                                        |                                                                          |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Cannot hear teacher/other students            | <input type="checkbox"/> Cannot respond to emergency alarm               |
| <input type="checkbox"/> Cannot participate in class discussions       | <input type="checkbox"/> Cannot use telephone to communicate             |
| <input type="checkbox"/> Displays receptive/expressive language delays | <input type="checkbox"/> Cannot benefit from educational videos/programs |

**12. Current Communication Functioning** (Check all that apply)

- Desires to communicate
- Initiates interaction
- Responds to communication requests
- Reads lips
- Appears frustrated with current communication functioning
- Requests clarification from communication partners (“Would you please repeat that?”)
- Repairs communication breakdown (Keeps trying, changes messages)

**13. Current Reading Level** \_\_\_\_\_

**14. Summary of Abilities and Concerns Related to Hearing** \_\_\_\_\_

\_\_\_\_\_

**SECTION 12 GENERAL AND DAILY LIVING SKILLS**

**Are there behaviors (both positive and negative) that significantly impact the student's performance?** \_\_\_\_\_

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**Are there significant factors about the student's strengths, learning style, coping strategies or interests that the team should consider?** \_\_\_\_\_

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**Are there other significant factors about the student that the team should consider?** \_\_\_\_\_

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**Does the student fatigue easily or experience a change in performance at different times of the day?** \_\_\_\_\_

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**Are there areas of daily living skills that have not been addressed in earlier sections?** \_\_\_\_\_

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## Environmental Observation Guide (Step 1c) Version 1

Student's name \_\_\_\_\_

School \_\_\_\_\_

Observer \_\_\_\_\_

Date of Observation \_\_\_\_\_

Type of Class \_\_\_\_\_

**Directions:** Complete this Environmental Assessment Checklist before beginning

**Describe the environment:** Record short responses in the space provided.

Special or general education classroom	
Specialty classroom (Specify) i.e. P.E., art, music	
Therapy room (Specify)	
Number of teachers in class	
Number of aides in class	
Number of volunteers in class	
Number of students in the class	
How many days per week is the program?	
How many hours/day?	
Is the atmosphere busy or quiet?	
Are there large open areas or small divided sections?	
How are the desks arranged?	
Is the furniture sized for students?	
Are materials accessible and appropriate?	
Is special equipment available (i.e., chairs with arm supports)?	
Where is the classroom located in relationship to the cafeteria, therapy, outdoor play areas?	
Are bathrooms located in or outside the classroom?	
Other	

**Sensory Stimulation:** Judge the level of sensory stimulation and record it with a check in the corresponding box. Enter comments or notes that clarify your responses if needed.

	Excessive	Balanced	Reduced	N/A	Comments
<b>Auditory</b>					
Hallway					
External noise; street, etc.					
Other classrooms					
Other students					
Instructional media					
Teacher aides/volunteers					

**Sensory Stimulation: continued**

	Excessive	Balanced	Reduced	N/A	Comments
<b>Visual</b>					
Color					
Clutter/busy					
Art/decorations					
Visual information					
Lighting					
Other (Specify)					

**Persons Present During Observation:** For each person on the list, put a check in the appropriate column indicating their level of participation.

Persons	Participating	Observing	Not Present
Student			
Special Educator			
General Educator			
Peer Tutors (How many?)			
Aide/Paraprofessional			
Braille Specialist			
Sign Language Interpreter			
1:1 Support; e.g. Mentor, etc.			
Speech-Language Pathologist			
Occupational Therapist			
Physical Therapist			
School Psychologist			
Parent			
Volunteer			
Administrator			
AT Specialist			
Other (Specify)			

**Notes** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Access to Assistive Technology:** Identify all classroom AT, not just the AT used by the target student.

<b>Types</b>	<b>Present-Not Used</b>	<b>Present-Used</b>	<b>Not Present</b>
Communication cards/boards			
Digitally recorded devices			
Electronic communication devices			
AT for activities of daily living			
Adjustable seating (not a wheelchair)			
Positioning equipment			
Amplification			
Visual signaling devices			
Braille/Brailled materials			
Magnifiers			
Notetaking devices/keyboards			
Voice output devices/computers			
Handwriting aids			
Alternate/adapted keyboards			
Alternate/adapted mouse			
Computer switch interface			
Touch window			
Talking word processor			
Tablet device			
Word prediction			
Text or screen reader			
Portable word processor			
Transfer aids - Hoists/lifts			
Mobility aids (not wheelchairs)			
Adapted environment (e.g., doors, fixtures, furniture)			
Electronic equipment for instruction (calculator, e-books)			
Adapted instructional materials			
Instructional software			
Computer stations			
Adapted art/craft materials			
Adapted sports/recreation equipment			
Adapted toys			
Wheelchair – Manual or Power			
Other (specify):			

# Classroom Observation Guide (Step 1c) Version 2

Classroom(s) \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Observer \_\_\_\_\_

<b>Task</b> Examples: Writing a report on SMART Board, aligning math problems, researching topic in media center	<b>Classroom Peer's Response</b> How does the rest of the class respond to the task? How do they complete their work?	<b>Target Student's Response</b> Is there a difference in how the target student handles the directions?  How does the student begin, maintain and end the task?  Did the student need extra time?	<b>Barrier(s) To Task Completion</b> Did the environment affect the target student's work?  If yes, explain.	<b>Potential Adaptations</b> What changes to the environment would increase the student's success?	<b>Questions</b> What information is needed? Who can provide the information?
<b>Time For task completion</b>  <b>Task</b>					
<b>Directions</b>					
<b>Time</b>					
<b>Task</b>					
<b>Directions</b>					
<b>Time</b>					

# Environmental Observation Summary

*(To be provided to teacher and team)*

Classroom(s) \_\_\_\_\_

Teacher(s) \_\_\_\_\_

Student \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Observer \_\_\_\_\_

Activity/Task(s) observed:

Ways that typical students participated:

Ways the target student participated:

Barriers to target student's participation:

## Part 2 Decision-Making

**Steps 3-7:** Use the AT Decision-Making Guide to facilitate the meeting identified in Step 2.

**Forms:** *AT Decision-Making Guide*

**Supporting Material:** *Brainstorming Assistive Technology*

The AT Decision-Making Guide provides a structure for the process. The key elements or steps of an effective decision-making process include:

- **Problem Identification:** Apply the information gathered in Step 1 to complete the Problem Identification portions of the AT Guide. Review and discuss to ensure all team members have a mutual understanding.
- **Solution Generation and Selection:** Brainstorm possible solutions. Evaluate suggestions and choose a solution(s) for a plan.
- **Implementation Plan and Follow-up:** Develop plans to include trials, training, persons responsible and timelines. Identify specific follow-up dates. Follow the plan completely; reconvene the team before changing the plan.

A sample of a completed AT Decision-Making Guide and a blank form are provided for the team's use. Additionally, a non-exhaustive list of AT is provided in the brainstorming activity. This list is in hierarchal arrangement of AT items, separated by the 12 content areas identified in Student Information Guide (Step 1).

Recommended forms for Part 2 immediately follow.

### Facilitation Tips

- Value the opinions of all team members equally.
- Present the information via flip chart or projector where everyone can see and reflect throughout the process.
- During solution generation and selection, review the Brainstorming Assistive Technology list. This optional list, created in order from low tech to high tech, is not exhaustive and is intended to generate possible ideas and solutions.
- **Reminder:** Higher tech solutions may not be the most appropriate to meet the student's needs.
- Share roles and responsibilities. Identify a facilitator, a recorder, a timekeeper and other roles as necessary.
- Obtain consensus from all participants before adjourning meeting.
- Follow up on a planned schedule.
- If AT Team members cannot attend, allow for participation via electronic means.



Student Name \_\_\_\_\_

Date \_\_\_\_\_

<b>PROBLEM IDENTIFICATION</b>		
<b>Student's Abilities/Difficulties</b>	<b>Environmental Considerations</b>	<b>Tasks</b>
<ul style="list-style-type: none"> <li>• Writing/use of hands</li> <li>• Communication</li> <li>• Reading/academics</li> <li>• Mobility</li> <li>• Vision</li> <li>• Hearing</li> <li>• Behavior</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Classroom</li> <li>• Playground</li> <li>• Lunch room</li> <li>• Home, etc.</li> </ul> <p>In each:</p> <ul style="list-style-type: none"> <li>• Technology equipment available</li> <li>• Room arrangement, lighting</li> <li>• Sound</li> <li>• Activities, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Produce legible written mater</li> <li>• Produce audible speech</li> <li>• Read text</li> <li>• Complete math problems</li> <li>• Participate in recreation/leisu</li> <li>• Move independently in the school environment</li> </ul>
<b>Sensory Considerations</b>		<b>Narrowing the Focus</b>
Vision/Hearing/Tactile (hyper/hypo)		i.e., Specific task identified for solution generation
<b>SOLUTION GENERATION AND SELECTION</b>		
<b>Solution Generation Tools &amp; Strategies</b>	<b>Solution Selection Tools &amp; Strategies</b>	
Brainstorming Only No Decision Review <i>Brainstorming Assistive Technology</i>	Discuss & Select Idea from Solution Generation	
<b>IMPLEMENTATION AND FOLLOW-UP PLANS</b>		
<b>Implementation Plan</b>	<b>Follow-up Plan</b>	
AT Trials/Services Needed Date Length Person Responsible	Who & When Set specific date now	

# Assistive Technology Decision Making Guide (Step 3-7)

Student Name \_\_\_\_\_ Date \_\_\_\_\_

PROBLEM IDENTIFICATION		
Student's Abilities/Difficulties	Environmental Considerations	Tasks
Sensory Considerations		Narrowing the Focus
SOLUTION GENERATION AND SELECTION		
Solution Generation Tools & Strategies	Solution Selection Tools & Strategies	
IMPLEMENTATION AND FOLLOW-UP PLANS		
Implementation Plan	Follow-up Plan	

# Brainstorming Assistive Technology

## *A Non-Exhaustive Hierarchical Arrangement of AT Items*

### **SECTION 1 SEATING, POSITIONING AND MOBILITY**

#### **Seating and Positioning**

- Standard seat/workstation at correct height and depth
- Modifications to standard seat or desk
- Alternative chairs
- Adapted/alternate chair, Side Lyer, stander
- Custom fitted wheelchair or insert

#### **Mobility**

- Walking devices - crutches/walker
- Grab bars and rails
- Manual wheelchair
- Powered scooter, toy car or cart
- Powered wheelchair w/joystick or other control
- Adapted vehicle for driving

### **SECTION 2 COMMUNICATION**

- Concrete Representation (objects, tangible symbols)
- Eye gaze board
- Pragmatic Organization Dynamic Display (PODD)
- Picture communication notebook/board
- Simple speech generating device with recorded speech
- Speech generating device recorded voice and levels
- Speech generating device with synthetic speech and dynamic display
- Speech generating device with synthetic speech, dynamic display and icon sequencing
- Eye gaze (device)
- Partner-assisted scanning
- Switch scanning with device
- Tablet device with communication app
- Text based device with synthetic speech

- Positioning of student
  - Standard Keyboard/Mouse with accessibility/access features built into the operating system
  - Standard Keyboard/Mouse with Adaptations
  - Rate Enhancement
  - Alternate Keyboard/Mouse
  - Onscreen keyboard
  - Voice recognition software
  - Eye Gaze
  - Morse Code
  - Switch Access
  - Tablet
  - Touch screen monitor
  - Other \_\_\_\_\_
- 

#### **SECTION 4 MOTOR ASPECTS OF WRITING**

- Environmental and seating adaptations
- Variety of pens/pencils
- Adapted pen/pencil
- Writing templates
- Prewritten words/phrases
- Label maker
- Portable word processor
- Computer with accessibility features
- Computer with word processing software
- Alternative keyboards
- Computer with scanner
- Computer with word prediction
- Computer with voice recognition software

#### **SECTION 5 COMPOSITION OF WRITTEN MATERIAL**

- Picture Supports to write from/about
- Pictures with words
- Words Cards/Word Banks/Word Wall

- Pocket Dictionary/Thesaurus
- Written templates and Guides
- Portable, talking spellcheckers/dictionary/thesaurus
- Word processing software
- Word prediction software
- Digital templates
- Abbreviation expansion
- Word processing with digital supports
- Talking word processing
- Multimedia software with alternative expression of ideas
- Tools for citations and formats
- Voice recognition software
- Tablet device

## **SECTION 6 READING**

- Standard text
- Book adapted for access
- Low-tech modifications to text
- Handheld device to read individual words
- Use of pictures/symbols with text
- Electronic text
- Modified electronic text
- Text reader
- Scanner with OCR and text reader
- Text reader with study skill support

## **SECTION 7 MATHEMATICS**

- Math manipulatives
- Low-tech physical access
- Abacus/math line
- Adapted math paper
- Adapted math tools
- Math “smart chart”, math scripts
- Math tool bars
- On-screen calculator
- Alternative keyboards/portable math processors

- Virtual manipulatives
- Math software and web simulations
- Voice recognition math software

## **SECTION 8 ORGANIZATION**

### **Self-Management**

- Sensory regulation tools
- Movement and deep pressure tools
- Fidgets
- Auditory
- Visuals

### **Information Management**

- Tabs
- Sticky notes, index cards
- Highlighters
- Key words
- Study guide
- Task analysis
- Digital highlighters and sticky notes
- Handheld scanners/electronic extraction
- Electronic organization
- Study grid generators/grading rubric
- Online search tools
- Online web trackers
- Online sorting file tools
- Digital graphic organizers
- Online manipulatives, interactive, tutorials, animations

### **Time Management**

- Checklists
- Paper planners/calendars
- Schedules (visual)
- Portable, adapted timekeepers
- Electronic reminders
- Digital planners (PDA) cell phones

- Tablet device
- Web-based planning tools

### **Material Management**

- Low-tech organizers
- Checklists
- Container system
- Coding system
- Electronic filing and storage
- Portable electronic storage
- Computer-based tools

## **SECTION 9 RECREATION AND LEISURE**

- Typical toys/puzzles/balls/utensils/instruments adapted; adjustable equipment; flexible rules; add visual/auditory clarity
- Specially designed utensils/equipment
- Electronically/mechanically adapted utensils and equipment
- Electronic aids – remote controls, timers, CD players, speech generating devices
- Computer-facilitated and computer-based activities
- Online and virtual recreational experiences

## **SECTION 10 VISION**

### **Computer access**

- Color scheme
- Large operating system features
- Built-in magnification
- Fully-featured magnification
- Magnification with screen reader
- Screen reader
- Screen Reader with Braille device
- Audio text
- Computer-based reading software
- Electronic Braille notetaker

## **Reading**

- Glasses
- Color Filter
- Slant board
- Large print
- Optical Magnifier
- Electronic Magnifier
- CCTV
- Monocular
- CCTV with distance camera

## **Mathematics**

- Large print measuring tools
- Large key calculator
- Tactile measuring devices
- Abacus
- Talking calculator
- Models or 2D and 3D geometric shapes
- Tiger embossed, PIAF Tactile representation

## **Pictorial Information**

- Enlarged format
- CCTV
- Models or objects
- Tactile graphics
- Tactile-audio graphics

## **Note taking**

- Slate and stylus
- Tape or digital recording device
- Computer-based recording software
- Electronic Braille note taker



## **Writing**

- High contrast pen
- Portable word processing device
- Typing with audio support
- Braillewriter
- Typing with Braille support
- Electronic Braille note taker
- Voice recognition

## **Mobility**

- Cane
- Monocular
- Braille/talking compass
- Electronic travel device
- GPS device

## **SECTION 11 HEARING**

### **Hearing Technology**

- FM
- Infrared
- Induction Loop
- 1:1 Communicators
- Personal amplification

### **Alerting**

- Visual or vibrating alerting devices

### **Communication**

- Telecommunication supports
- Closed captioning
- Person to person
- Classroom/group activities
- Voice to text/sign

- Real-time captioning
- Sign to voice app

## **SECTION 12 General and Daily Living**

### **Eating**

- Nonslip materials
- Placemat templates
- Built up handles
- Adapted utensils
- Positioning of the arm
- Adapted dishes
- Electronic eating aides
- Height adjustable eating surfaces

### **Drinking**

- Regular cups
- Cup and glass with modified rims
- Adapted handles
- Positioning aides/cup stabilization
- Adapted cups
- Straws
- Lids

### **Self-Care**

- Specifically chosen clothing (elastic, pull-on)
- Adapted clothing
- Tools to assist with dressing

### **Hygiene Self-Care**

- Adapted tools
- Pump style containers
- Toileting aides
- Accessible bathroom surfaces

## Part 3 Trial Use

**Steps 8-9:** Implement planned trials and develop plan for permanent use.

**Form:** *Trial Use Guide and Trial Use Summary*

In order to determine which assistive technology will work effectively for a student, that student must have an opportunity to try the assistive technology. In some cases, a brief trial during a short visit with one of the team members reveals an effective solution. More typically, a longer trial of several days, weeks or in some cases months is necessary. Whether the trial is short or long, documenting the student's performance while they utilize the assistive technology is critical.

**Step 8** includes two planning tools that can help the team as they prepare for a more extensive trial with one or more assistive technology devices. The Assistive Technology Trial Use Guide is a form that guides the team through a sequence of important questions that must be addressed prior to implementing trial use of assistive technology and after the trial.

**Step 9** requires the team to develop a plan for the acquisition of assistive technology device (s) and services as delineated in IDEA 300.5-300.7 (see page 6-7).

**Note:** The West Virginia Assistive Technology Systems (WVATS) provides a virtual loan library and exchange system, and is a free online service located at: <https://vll.cedwvu.org/>. The equipment may be borrowed for two weeks and could be a source for obtaining devices for trial.

## Assistive Technology: Trial Use Guide (Step 8)

AT to be assessed \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Meeting Date: \_\_\_\_\_

School/Agency \_\_\_\_\_ Grade/Placement \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

School/Agency Phone \_\_\_\_\_ Address \_\_\_\_\_

Persons Completing Guide \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent(s) Address \_\_\_\_\_

**Goal for AT use** \_\_\_\_\_

### ACQUISITION

Source(s)	Person Responsible	Date(s) Available	Date Received	Date Returned

Person(s) primarily responsible to learn to operate this AT: \_\_\_\_\_

### TRAINING

Person(s) to be trained	Training Required	Date Initiated	Date Completed

Assistive Technology: Trial Use Guide (Step 8) continued

**MANAGEMENT/SUPPORT**

Location(s)	Support to be provided (e.g., set up, trouble shoot, recharge, program, etc.)	Person Responsible

**STUDENT USE**

Date	Time Used	Location	Task(s)	Outcome(s)

## Assistive Technology: Trial Use Summary (Step 8)

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Date Completed \_\_\_\_\_

Person(s) Completing Summary \_\_\_\_\_

Task(s) Being Addressed During Trial \_\_\_\_\_

Criteria for Success \_\_\_\_\_

AT Tried	Dates Used	Criteria Met?	Comments (e.g. advantages, disadvantages, preferences, performance)

Recommendations for IEP \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Assistive Technology: Documenting in the IEP**

When the IEP Team determines there is a need for AT devices or services, it is then necessary to describe it in the student's IEP. IDEA does not specify where in the IEP to include AT devices or services. It is up to the IEP Team to determine which IEP section is most appropriate for its inclusion. The most important thing is not specifically where to document the need, but to document it somewhere within the IEP. Remember to describe the AT device or service. Do not list brand names.

There is a variety of ways that assistive technology can be documented within the Online IEP including:

- on the Considerations page
- as the part of a present level of academic achievement and functional performance statements
- on the General Information page
- as a condition of a goal statement
- on the Services page as part of Supplementary, Special Education, Related or Transition Services

### **Considerations Page**

The IEP Team must consider whether the child needs an assistive technology devices and/or services the type of device and provision for home use, if any. The Assistive Technology Consideration Guide on page 14 will facilitate the team's discussion.

- If the student needs assistive technology devices or services, mark YES on Consideration 2 on the Consideration page.
- Document the description of the device and indicate if there are any provisions for home use and the nature and amount of services. If additional space is needed, note on the Considerations page that assistive technology is further documented in the General Information section.

### **Present Level of Academic Achievement and Functional Performance**

The use or need for assistive technology devices and services should be explained here. This would describe the student's current use of AT, contain the information found during the AT assessment or outline the student's need for a more thorough assessment. Include a reference as to the nature of the assistive technology in either the General Information section or the specific content areas where it will be used (i.e., ELA, math, functional skills and access skills for OT, PT and Speech.) A description of the device should be used, not a brand name.

### **Goal and Objective Statements**

Assistive technology devices and/or assistive technology services are tools to complete one or more specific tasks or goals. Assistive technology can be included in the Goals and Objectives section of the IEP for a student with a disability if required as a part of a student's special education or related service; therefore, in most cases the use of AT is a condition of a goal. For example, teachers of the blind/visually impaired might include a Braille reader in a condition of a goal on the IEP to support the direct service they are providing to achieve a designated goal. Teachers of the deaf/hard of hearing might include in their condition an FM system to support the direct service they are providing to achieve a designated goal.

## IEP Services

- **Supplementary Services (Part A)**

Supplementary Aids and Services are those aids, services and other supports that are provided to enhance or allow the student's placement in the least restrictive environment (LRE), especially when an LRE is the general education classroom.

Assistive technology should be documented in Supplementary Services section of the IEP when:

- the assistive technology device/service provides supports in the general education classroom which enables a student in need of special education to have equal access to instruction to be educated with students without exceptionalities to the maximum extent appropriate and
- the assistive technology device/service provides a student with disabilities an equal opportunity to participate in nonacademic and extracurricular activities
- the assistive technology device/service provides a student with disabilities equal access to classroom, district and statewide assessment through identified accommodations
- the assistive technology service provides additional training to school personnel/parents in the use of assistive technology

- **Special Education Services (Part B)**

Special education is specially designed instruction to meet the unique needs of a student with a disability. Assistive technology devices/services are typically documented in the Supplementary Services and/or Related Services sections of the IEP. For example, assistive technology associated with a special education service like deaf/hard of hearing (DHH) and/or blindness and low vision (VI) may be documented within the present level of academic achievement and functional performance statement and/or as a condition statement within a goal because it supports the special education service they provide. It is not necessary to list it in multiple locations providing the assistive technology device/service and use are reflected within IEP.

- **Related Services (Part C)**

Related services include developmental, corrective and other supportive devices and/or services required to assist a child with a disability to benefit from special education. Transportation should also be considered in this section. Assistive technology devices/services should be documented in the Related Services section of the IEP when:

- the assistive technology device/service provides a student with disabilities the necessary support to benefit from the special education services described in the IEP
- the assistive technology service is a direct service provided within the special education environment (SEE) or the general education environment (GEE)
- the assistive technology is related to the special education services provided to students with disabilities who are determined to be in need of Extended School Year (ESY) services

- **AT and Transition**

The use of or need for assistive technology devices and services must be an integral part of the student's IEP Transition Plan. Assistive technology should be documented in the Transition section of the IEP when the assistive technology is a part of a coordinated set of activities for a student with a disability that promotes movement from school to post-school activities. IEP Teams must appropriately plan and assure for the student's continued use of the AT without interruption and should be documented on the Summary of Performance.



## Assistive Technology Supplemental Funding Grant

The WVDE provides an Assistive Technology Supplemental Funding Grant. The intent of this supplemental funding is to provide a resource for county school districts when the district encounters an unanticipated costly assistive technology device and/or service for a specific student with a disability and other funding sources are not available. Priorities for disbursement of this funding are:

- Newly identified student or students who have moved into the district with costly assistive technology needs as determined by an IEP Team; not students who have previously been identified and should have been receiving assistive technology devices and/or services as indicated on their IEPs. (See Section I)
- Assistance to school districts in meeting the general summative technology requirements in ELA and math for students in grades 3-12 who are blind/low vision with braille as their primary reading medium. (See Section II)

The Assistive Technology Supplemental Funding Grant application link:

<https://wvde.state.wv.us/osp/ATGRANT2016-17.pdf>

## Second Launch: AT

Assistive technology items no longer in use by a student in the district are available to other districts through Second Launch: AT. These devices and materials can be located in the WVATS virtual Loan Library and Exchange System, under the Program: West Virginia Department of Education. <https://vll.cedwvu.org/>

In order to locate these devices, go to Advanced Search, select All Programs and select West Virginia Department of Education (WVDE) for items available. These items are available at no cost and without time restrictions for school districts for PK-12 users only.

All items available through this program will appear. If the viewer identifies an item to request, the viewer must click on the link. The details of the item will appear, and under Transaction Information, the viewer must click on the item. If the viewer does not have an account with WVATS, they will be prompted to open a free account. Account creation will only be requested once. If the viewer has an account, then click Item Request.

## Additional Resources

### **Closing the Gap Resource Directory and Online Searchable Database**

The Resource Directory is a guide to the latest assistive technology products.

<http://www.closingthegap.com/solutions/search/?-session=ctg:8147D7A1080f820D0FTJg39B526C>

### **RESNA Rehabilitation Engineering and Assistive Technology Society of North America**

<http://www.resna.org/>

**QIAT - Quality Indicators of Assistive Technology (QIAT)** is a voluntary organization of AT professionals from around the world who share both ideas and questions.

[http://natri.uky.edu/assoc\\_projects/qiat/](http://natri.uky.edu/assoc_projects/qiat/)

### **West Virginia Assistive Technology Systems (WVATS)**

WVATS provides a virtual Loan Library and Exchange System, and is a free online service.

<https://vll.cedwvnm.org/>

**“Frequently Asked Questions on Effective Communication for Students with Hearing, Vision or Speech Disabilities in Public Elementary and Secondary Schools,”** U.S. Department of Justice, U.S. Department of Education, November 2014.

<http://www2.ed.gov/about/offices/list/ocr/docs/dcl-faqs-effective-communication-201411.pdf>

**Tech Matrix** – Online technology guide for assistive and educational technology tools and resources to support learning for students with disabilities divided by content area and grade level- <http://techmatrix.org/>

**WATI (Wisconsin Assistive Technology Initiative)** - <http://www.wati.org/>

**ATA (Alliance for Technology Access)** <http://www.ataaccess.org/>

**Michigan Integrated Technology Supports** - <http://mits.cenmi.org/Home.aspx>

**MATR (Michigan Assistive Technology Resource)** <http://www.cenmi.org/matr>

**MACUL (Michigan Association for Computer Users in Learning)** <http://macul.org/>

**UCP (United Cerebral Palsy Association)** <http://www.ucpa.org/>

**AER (Association for Education and Rehabilitation for Blind and Visually Impaired)**

<http://www.aerbvi.org/>

## **Assistive Technology Frequently Asked Questions**

### **Are school's districts required to pay for assistive technology devices and services?**

Yes. It is the responsibility of the school district to provide the equipment, services or programs recommended in the Individualized Education Program (IEP). If the assistive technology devices and services appear in the IEP, then the school district is responsible for providing the identified assistive technology need(s). The school district may purchase the equipment, service or programs using federal, state or local funds. The school district may also choose to access other sources such as Medicaid, Division of Rehabilitation Services and/or private health insurance policies to pay for the devices and services.

### **Can school districts require parents to use their private insurance to pay for necessary assistive technology devices and services?**

No. The "free" in FAPE (Free Appropriate Public Education) is extremely significant regarding children with disabilities who may require assistive technology devices or services. As stated in IDEA and its regulations, all aspects of special education and related services must be provided "at no cost to the parents." If the family agrees to allow the school district to access their private insurance, this decision must be strictly voluntary.

### **Can families be asked to purchase the devices or augment the identified assistive technology needs of their child?**

Education is a shared responsibility between school, families, employers and community. It is well recognized that assistive devices and services are used across a broad spectrum. These devices and services serve functional as well as educational needs. When viewed in this manner, the possibility of joint funding is entirely appropriate as long as the parents' willingness to share the financial responsibility is voluntary. Even if the family does purchase the assistive technology device, the schools cannot mandate that the device be brought to school. Families can insist that another device be provided for school use.

### **Are there other options for school's districts to consider in lieu of purchasing the assistive technology device?**

Yes. There are times when the outright purchase of equipment or devices is not necessary or even advisable. In instances such as these, school districts might consider rental or long-term lease/ purchase options. Equipment rentals or long-term lease/purchase options are not intended to be less costly than purchase. There are certain advantages worth considering depending on the individual needs of the student. For example, renting equipment might be a reasonable strategy if the child's condition is considered temporary; if the child's condition is expected to improve or deteriorate; or, when it is necessary to try-out the equipment before purchase for a student. Long-term leasing or lease/purchase agreements also have potential benefits for schools which include: no obligation on behalf of the school to purchase the device; reduction of obsolete inventory; flexible leasing terms; use of equipment without a lump sum purchase; upgrading of equipment as more improved technology becomes available; and, upgrading of equipment as the student's needs change.

**Can school districts share the funding responsibilities of providing assistive technology devices and services?**

Yes. This practice is especially appropriate for children with disabilities who are transitioning from WV Birth to Three programs into public school preschool programs or transitioning from public school to adult services through the Division of Rehabilitation Services. Ownership of the device is an important issue to consider by IEP Teams especially during times of transition.

**Do school districts have responsibility to pay for an independent educational evaluation (IEE) regarding assistive technology?**

As part of IDEA procedural safeguards, a parent has a right to an IEE at public expense if the parent disagrees with an evaluation obtained by the public agency. The requirements for an IEE are outlined in WV Policy 2419: Regulations for the Education of Exceptional Students. Whenever an independent evaluation is obtained at the school district's expense, the criteria under which the evaluation is obtained, including the location of the evaluation and qualifications of the examiner, must be the same as criteria used by the school district. Regardless of who pays for the independent evaluation, the results must be considered in any decision regarding the provision of FAPE to the student.

**Are school districts responsible for customization, maintenance, repair and replacement of assistive technology devices?**

AT services such as customization, maintenance, repair and replacement are included as considerations in the acquisition of equipment or devices purchased/provided by the school district. It is the responsibility of the school district to ensure that students who require assistive technology devices also receive the necessary assistive technology services that will make the technology meaningful to the student. This requirement reflects the "individualization" of a specific type of device. If family owned AT is used by the school, is listed in the Individual Education Program (IEP), and is necessary for providing Free Appropriate Public Education (FAPE), the school district is also responsible for maintenance, repair and re-placement. Responsibilities for these services should be identified in the IEP.









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