

Chapter 9

ASSISTIVE TECHNOLOGY AND STUDENT SPECIFIC REQUESTS

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ASSISTIVE TECHNOLOGY AND STUDENT SPECIFIC REQUESTS

The Special Services Department of Everett Public Schools has revised the IEP team process for the consideration and provision of assistive technology for special education students. The process closely follows the Wisconsin Assistive Technology Initiative which was developed with the Wisconsin Department of Public Instruction by funding from IDEA grant number 9906-23, which has set the standard for many districts throughout the United States and Department of Defense schools. *WATI, 2009*

Each building's will utilize the student's IEP team (including parents) to complete the assistive technology and/or student specific needs assessment.

The District Assistive Technology Department Team will review all needs assessments to ensure the process is followed. IEP teams completing student specific requests will send to the AT District team to ensure the process has been completed. The AT team will forward the audiologist and vision requests to Special Services.

Standard Classroom Software

Special education classrooms in the Everett Public Schools have some standard adaptive software available, depending on the grade level and type of classroom. Contact the AT Lending Lab at Garfield Elementary to determine what software is available for installation in a classroom.

Required AT Steps to Take for Determining AT Needs for Students:

1. Referral/Question Identification Guide
2. Student Information Guide: There are 11 sections, only complete the sections applicable to the student
3. The Environmental Observation Guide
4. The Assistive Technology Checklist
5. Trial Use Guide
6. Assessment Summary and Recommendation

SECTION 1. Federal and State Assistive Technology Laws

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).

An 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 student eligible for special education. The term does not include a medical device that is surgically implanted, or the replacement of such device. *WAC 392-172A-01025*

An assistive technology service means any service that directly assists any student eligible for special education in the selection, acquisition, or use of an assistive technology device (*WAC 392-172A-01030*). The term includes:

- An assessment of the needs of a student, including a functional evaluation of the student in the student's customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by students eligible for special education;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a student eligible for special education or, if appropriate, that student's family; and
- Training or technical assistance for educational staff that provide services to the student.

SECTION 2. Considering the Need for Assistive Technology

Every IEP Team is required to “consider” the student’s need for assistive technology. When the team “considers” assistive technology, that process should involve some discussion and examination of potential assistive technology.

In addition to talking about the assistive technology, there should be a discussion about assistive technology services. School districts are required to provide both the devices and the services.

Some of the problems that a student might experience which would lead the IEP team to consider assistive technology as a solution include, but are not limited to:

- Print size is too small
- A student is unable to hear all that is being said
- Difficulty aligning math equations
- The student often needs text read to him in order to complete an assignment
- Illegible handwriting
- The effort of writing is slow or exhausting
- The student has difficulty finding key points on web pages
- Current modifications are not working
- The effort of decoding reading assignments is so difficult that the student loses track of the meaning
- Student cannot organize assignments in a way that brings them to completion

SECTION 3. Assistive Technology Needs Assessment

A. When to Complete Needs Assessment?

The need for an assistive technology (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 meeting or at any time while 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 service providers.

B. IEP Indicators

Quality Indicators of Assistive Technology (QIAT) is a voluntary organization of AT professionals from around the world who share both ideas and questions. The site is hosted on the University of Kentucky website. Dr. Joy Zabala is the creator and moderator of the site.
http://natri.uky.edu/assoc_projects/qiat/

The QIAT consortium recommends the following IEP indicators:

The IEP illustrates that assistive technology is a *tool to support achievement of goals* and progress in the general curriculum by establishing a clear relationship between student needs, assistive technology devices and services, and the student’s goals and objectives. Most goals are developed before decisions about assistive technology are made. However, the development of additional goals, related specifically to the appropriate use of assistive technology may be added as an IEP amendment and reflect changes in the present levels of performance.

IEP content regarding assistive technology use is written in language that describes how assistive technology contributes to achievement of *measurable and observable outcomes*.

C. Who Conducts the Assistive Technology Needs Assessment?

When there is a specific request for an assistive technology needs assessment or the IEP Team determines that one is needed, an assessment of the student's need for assistive technology will be completed by the student's IEP team, which includes the parent.

D. Needs Assessment Process

- The IEP team will consider the needs of the student
- Gather information of student in multiple settings
- IEP team will submit the written needs assessment and if available, the team recommendation, to the AT District team
- The District AT will review the needs assessment and will follow through accordingly

E. Needs Assessment Forms Required

Each IEP team must complete the following needs assessment which includes the following forms developed by WATI:

- Referral/ Question Identification Guide
- Student Information Guide: There are 11 sections, make sure sections applicable are completed
- The Environmental Observation Guide
- The Assistive Technology Checklist
- Summary of Needs Assessment and Recommendation
- Trial Use Guide

Trial Use Guide

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 try the assistive technology is critical.

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.

SECTION 4. Assistive Technology and Student Specific Required Forms

A. Referral/Question Identification Guide



Student's Name _____ Date of Birth _____

Age _____

School _____ Grade _____

School Contact Person _____ Phone _____

Persons Completing Guide _____

Date _____

Parent(s) Name _____ Phone _____

Address _____

Student's Primary Language _____ Family's Primary Language _____

Disability (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Significant Developmental Delay | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Autism | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Emotional/Behavioral Disability | | |
| <input type="checkbox"/> Orthopedic Impairment – Type _____ | | |

Current Age Group

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Birth to Three | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Secondary | |

Classroom Setting

- | | | |
|--|--|---|
| <input type="checkbox"/> Regular Education Classroom | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Self-contained |
| <input type="checkbox"/> Home | <input type="checkbox"/> Other _____ | |

Current Service Providers

- | | | |
|---|---|--|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech Language |
| <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 |

- Has multiple health problems
 - Has frequent ear infections
 - Has allergies to _____
 - Currently taking medication for _____
 - Other – Describe briefly _____
- Has frequent upper respiratory infections
 - Has digestive problems

Other Issues of Concern

Assistive Technology Currently Used (Check all that apply.)

- None
 - Manual Communication Board
 - Low Tech Vision Aids
 - Environmental Control Unit/EADL
 - Manual or Power Wheelchair
 - Voice Recognition
 - Adaptive Input - Describe _____
 - Adaptive Output - Describe _____
 - Other _____
- Low Tech Writing Aids
 - Augmentative Communication System
 - Amplification System
 - Computer – Type (platform) _____
 - Word Prediction

Assistive Technology Tried

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it 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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Section 1 Seating, Positioning and Mobility | <input type="checkbox"/> Section 7 Mathematics |
| <input type="checkbox"/> Section 2 Communication | <input type="checkbox"/> Section 8 Organization |
| <input type="checkbox"/> Section 3 Computer Access | <input type="checkbox"/> Section 9 Recreation and Leisure |
| <input type="checkbox"/> Section 4 Motor Aspects of Writing | <input type="checkbox"/> Section 10 Vision |
| <input type="checkbox"/> Section 5 Composition of Written Material | <input type="checkbox"/> Section 11 Hearing |
| <input type="checkbox"/> Section 6 Reading | <input type="checkbox"/> Section 12 General |

B. Student Information Guide**Section 1: Seating, Positioning and Mobility****1. Current Seating and Positioning of Student** (Check all that apply.)

- Sits in regular chair w/ feet on floor
- Sits in regular chair w/ 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 day _____ most of the day _____ all of the day
- Wheelchair in process of being adapted to fit
- Spends part of 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 floor or foot rest
- Seating facilitates readiness to perform task
- There are questions or concerns about the student's seating
- Student dislikes some positions, often indicates discomfort in the following positions _____

How is the discomfort communicated? _____

- Student has difficulty using table or desk—specific example: _____
- There are concerns or questions about current seating.
- Student has difficulty achieving and maintaining head control, best position for head control is _____

How are their hips positioned? _____

- Can maintain head control for _____ minutes in _____ position.

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

2. Those Who Understand Student's Communication Attempts (Check best descriptor.)

	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"/>

3. Current Level of Receptive Language

Age approximation _____

If formal tests 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. _____

4. Current Level of Expressive Language

Age approximation: _____

If formal tests 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. Communication Interaction SkillsDesires to communicate Yes NoTo indicate *yes* and *no* the student

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

Can a person unfamiliar with the student understand the response? Yes No**Does the student** (check best descriptor)

	Always	Frequently	Occasionally	Seldom	Never
Turn toward speaker	<input type="checkbox"/>				
Get other's attention	<input type="checkbox"/>				
Interact with peers	<input type="checkbox"/>				
Show awareness of listener's attention	<input type="checkbox"/>				
Initiate interactions	<input type="checkbox"/>				
Ask questions	<input type="checkbox"/>				
Respond to communication interaction	<input type="checkbox"/>				
Request clarification from communication partner	<input type="checkbox"/>				

Repair communication breakdowns	<input type="checkbox"/>				
Require verbal prompts	<input type="checkbox"/>				
Require physical prompts	<input type="checkbox"/>				
Maintain communication exchange	<input type="checkbox"/>				
Terminate communication	<input type="checkbox"/>				

Describe techniques student uses for repair (e.g. keeps trying, changes message, points to first letter etc.).

6. Student's Needs Related to Devices/Systems (Check all that apply.)

- Walks Uses wheelchair Carries device under 2 pounds
 Drops or throws things frequently Needs digitized (human) speech
 Needs device w/large number of words and phrases
 Requires scanning
 Requires auditory preview
 One reliable switch site More than one reliable switch site
 Other _____

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

- Yes No Object/picture recognition
 Yes No Symbol recognition (tactile, Mayer-Johnson, Rebus, 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 _____

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

- Maintains fixation on stationary object Looks to right and left without moving head
 Visually recognizes people Scans matrix of symbols in a grid
 Visually recognizes common objects Scans line of symbols left to right
 Visually recognizes photographs Visually shifts horizontally
 Visually recognizes symbols or pictures Visually shifts vertically

- Needs additional space around symbol Looks at communication partner
 Requires high contrast symbols or borders Benefits from “zoom” feature

Is a specific type (brand) of symbols or pictures preferred? _____

What size symbols or pictures are preferred? _____

What line thickness of symbols is preferred? _____ inches

Does student seem to do better with black on white, white on black, or a specific color combination for figure/ground discrimination? _____

Explain anything else you think is significant about the communication system the student currently uses or his/her needs (Use an additional page if necessary) _____

9. Other Considerations:

Does the student have sensitivity to:

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

Explain student’s reaction to any of the checked items _____

What are the communication expectations for the student in different environments?

School (regular and special ed., with peers, formal and informal- such as lunch room settings) _____

Home _____

Community (stores, restaurants, church, library, etc.) _____

**Summary of Student's Abilities and Concerns Related to Communication including past
AT used to support student's communication** _____

Section 3: Computer Access



How does the student currently access the computer?

- Doesn't access the computer
- Touch type with two hands
- Hunt/peck with one hand
- Touch type with one hand
- Hunt/peck with one hand
- Touchscreen
- Adapted keyboard/mouse _____
- Specialized Software _____
- Head _____
- Speech recognition _____
- Switch scanning _____
- Other _____

List current AT _____

What difficulty is the student having with current method?

Previous Assistive Technology

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

Physical Abilities

- Does student have limitations to range of motion? Yes No
- Does student have abnormal reflexes or abnormal muscle tone? Yes No
- Does student have difficulty with accuracy? Yes No
- Does student fatigue easily? Yes No

Describe how physical abilities affect computer use. _____

Motor Control

Does the student have voluntary, controlled movement of the following? (check all that apply)

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Right hand | <input type="checkbox"/> Left hand | <input type="checkbox"/> Head |
| <input type="checkbox"/> Right arm | <input type="checkbox"/> Left arm | <input type="checkbox"/> Eyes |
| <input type="checkbox"/> Right leg | <input type="checkbox"/> Left leg | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Right foot | <input type="checkbox"/> Left foot | <input type="checkbox"/> Voice (Speech) |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Other _____ | |

Positioning

How is the student positioned for computer access?

- Regular classroom chair
- Regular classroom chair with adaptations _____
- Specialty chair _____
- Wheelchair _____
- Other _____

Sensory

Does the student have any issues with hearing? Yes No

Does the student have any issues with vision? Yes No

Describe how sensory issues abilities affect computer use. _____

Literacy

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

Reading Yes No _____

Composition Yes No _____

Spelling Yes No _____

Math Yes No _____

Computer Skills Yes No _____

Summary of Students Abilities and Concerns Related to Computer Access:

Section 4: Motor Aspects of Writing



- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Writes independently and legibly <input type="checkbox"/> Writes cursive <input type="checkbox"/> Writes on 1" lines <input type="checkbox"/> Writes on narrow lines <input type="checkbox"/> Uses space correctly <input type="checkbox"/> Sizes writing to fit spaces <input type="checkbox"/> Prints a few words <input type="checkbox"/> Prints name <input type="checkbox"/> Scribbles with a few recognizable letters | <ul style="list-style-type: none"> <input type="checkbox"/> Pretend writes <input type="checkbox"/> Uses adapted pencil or pencil grips <input type="checkbox"/> Holds pencil, but does not write <input type="checkbox"/> Copies from book (near point) <input type="checkbox"/> Copies from board (far point) <input type="checkbox"/> Copies simple shapes <input type="checkbox"/> Writing is limited due to fatigue <input type="checkbox"/> Writing is slow and arduous |
|--|---|

Current Keyboarding Ability (Check all that apply.)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 10 finger typing (functional speed) <input type="checkbox"/> Multi finger typing (functional or slow) <input type="checkbox"/> one finger typing (functional or slow) <input type="checkbox"/> Does not currently type <input type="checkbox"/> Activates desired key on command <input type="checkbox"/> Accidentally hits unwanted keys <input type="checkbox"/> Requires arm or wrist support to type | <ul style="list-style-type: none"> <input type="checkbox"/> Uses alternate keyboard (list) _____ <input type="checkbox"/> Uses access software(list) _____ <input type="checkbox"/> Uses touch window <input type="checkbox"/> Uses head or mouth stick <input type="checkbox"/> Uses switch to access computer <input type="checkbox"/> Uses Morse code to access computer <input type="checkbox"/> Other _____ |
|---|---|

Computer Use (Check all that apply.)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Uses a computer for word processing <input type="checkbox"/> Uses a computer for Internet searches <input type="checkbox"/> Uses a computer for spell check <input type="checkbox"/> Uses computer for leisure (games, music, IM) _____ <input type="checkbox"/> Uses computer for other (list) _____ <input type="checkbox"/> Has potential to use computer but has not used a computer because _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Uses computer at school <input type="checkbox"/> Uses computer at home <input type="checkbox"/> Has never used a computer |
|--|--|
-
- Uses computer rarely (less than 1x/weekly)
 - Uses computer daily
 - Student uses computer for one or more subjects (list subjects) _____
-

Assistive Technology Currently Used (Check all that apply.)

- Adapted pencils-pencil grips
- Adapted papers
- Writing templates

Section 5: Composition of Written Material



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"/> Paragraphs of 2-5 sentences | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Complex phrases | <input type="checkbox"/> Longer paragraphs | _____ |

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 or story | <input type="checkbox"/> Working w/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"/> Other _____ |
| <input type="checkbox"/> Determining when to begin a new paragraph | _____ |

Strategies for Composing Written Materials Student Currently Utilizes (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 _____ |

Aids/Assistive Technology for Composing Written Materials Utilized by Student

(Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Word cards | <input type="checkbox"/> Word book | <input type="checkbox"/> Word wall/word lists |
| <input type="checkbox"/> Prewritten words on cards or labels | | |
| <input type="checkbox"/> Dictionary | <input type="checkbox"/> Electronic dictionary/spell checker | |
| <input type="checkbox"/> Whole words using software or hardware (e.g., IntelliKeys) | | |
| <input type="checkbox"/> Symbol-based software for writing (e.g., Writing with Symbols 2000 or Pix Writer) | | |
| <input type="checkbox"/> Word processing with spell checker/grammar checker | | |
| <input type="checkbox"/> Talking word processing | <input type="checkbox"/> Abbreviation/expansion | |
| <input type="checkbox"/> Word processing with writing support | | |
| <input type="checkbox"/> Multimedia software | <input type="checkbox"/> Voice recognition software | |
| <input type="checkbox"/> Other _____ | | |

Summary:

Section 6: Reading



The Student Demonstrates the Following Literacy Skills.

(Check all that apply. Add comments to clarify)

- Engages in joint attention with adult caregiver to activities (e.g. songs, stories, games and/or toys)
- Shows an interest in books and stories with adult
- Shows an interest in looking at books independently
- Associates pictures with spoken words when being read to
- Realizes text conveys meaning when being read to
- Recognizes connection between spoken words and specific text when being read to
- Pretend writes and “reads” what he or she has written, even if scribbles
- 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. Student’s Performance Is Improved by (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Smaller amount of text on page | <input type="checkbox"/> Enlarged print |
| <input type="checkbox"/> Word wall to refer to | <input type="checkbox"/> Pre-teaching concepts |
| <input type="checkbox"/> Graphics to communicate ideas | <input type="checkbox"/> Text rewritten at lower reading level |
| <input type="checkbox"/> Bold type for main ideas | <input type="checkbox"/> Reduced length of assignment |
| <input type="checkbox"/> Additional time | <input type="checkbox"/> Being placed where there are few distractions |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Color overlay or colored text/background |
| <input type="checkbox"/> Increased spacing between words/lines | (List color _____) |
| <input type="checkbox"/> Symbol or Rebus supports to text | <input type="checkbox"/> Other _____ |

3. Reading Assistance Used

Please describe the non-technology based strategies and accommodations that have been used with this 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.)
- Talking dictionary or talking spell checker to pronounce single words
- Hand held pen scanner to read difficult words or phrases
- Electronic text from
 - internet publisher scanned text other _____
- Computer with text to speech software to
 - Speak single words Speak sentences Speak paragraphs Read entire document
- Handheld device to read electronic books
- 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. Add comments for clarification.)

Student has difficulty physically accessing the following.

- Single sheets of paper Books

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

Student has difficulty comprehending the following.

- Worksheets
- Content Textbooks
- Trade Books
- Tests
- Websites or other digital text
- Modified Curriculum _____
- Recreational text

8. Computer Availability and Use

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

- PC
- Macintosh

9. The Student Uses a Computer:

- Rarely
- Frequently
- Daily for one or more subjects or periods
- Every day, most of the day

For the following purposes _____

Summary of Student’s Abilities and Concerns Related to Reading



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 complex numbers, fractions, charts and graphs

Understanding math concepts like:

- Money
- Time
- Units of Measurement
- Math Facts
- Understanding percents/decimals

Organizing

- Drawing meaning from numbers, shapes and other representational formats
- Drawing meaning from charts, grids and graphs
- Applying correct operational step such as addition, subtraction, multiplication or division
- Drawing meaning and applying action steps from/to a story problem

- Organizing work on a page
- Understanding place value
- Organizing and applying multiple steps
- Converting mixed numbers
- Applying functions and formulas

Writing and Presentation

- Writing legible numbers
- Drawing math figures
- Aligning steps of a problem
- Filling in numbers and data in small places graphing
- Completing simple addition and subtraction
- Completing multiplication and division
- Completing complex addition and subtraction

- Representing math concepts in alternate formats such as graphs, charts or geometric shapes
- Noting points on graphs
- Writing simple math equations
- Writing complex math equations
- Editing work

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

- Adapted manipulatives
- Adapted number, shape or fraction stamp
- Adapted time pieces
- Adapted measuring devices
- Mathline
- Adapted paper
- Enlarged paper
- Graph paper
- Onscreen keyboards or calculators
- Alternate calculator
- Large print
- Talking
- Graphing
- Smart chart
- Math graphic organizer
- Math specific writing, drawing software
- Digital Math toolbars for writing equations

- Virtual Manipulatives
- Voice recognition for math notation
- Math software to help visualize, script visual math concepts

3. Strategies Used

Please describe any strategies that been used to help.

Summary of Student’s Abilities and Concerns Related to Math

Section 8: Organization



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

<p>Self management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to self regulate behavior and attention <input type="checkbox"/> Easily distracted <p>Time management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arrives late <input type="checkbox"/> Misses deadlines <input type="checkbox"/> Poor transitions between activities <input type="checkbox"/> Struggles to settle down after transitions or when it is work time 	<p>Materials Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Messy work and storage areas <input type="checkbox"/> Lost papers and projects <input type="checkbox"/> Can't find work tools such as book, scissors or markers quickly <p>Information Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> Breaking a large project into smaller steps <input type="checkbox"/> Organizing notes or review items <input type="checkbox"/> Completing multi-step tasks
---	--

2. Assistive Technology tried (Check all that apply.)

<p>Self:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fidgets <input type="checkbox"/> Sitting on a therapy ball, bounce or sitz cushions <input type="checkbox"/> Pressure or weighted vest <input type="checkbox"/> Concentration CD's or Mp3's <p>Information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Folders <input type="checkbox"/> Tabs/Post Its <input type="checkbox"/> Highlighters <input type="checkbox"/> Study guides <input type="checkbox"/> Hand Held Recorders <input type="checkbox"/> Digital Organizers <input type="checkbox"/> Search tools/engines <input type="checkbox"/> Bookmarking tools <input type="checkbox"/> Graphic organizers <input type="checkbox"/> Manipulatives/ Instructional Tutorials <input type="checkbox"/> Animations 	<p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Folders/ Containers/ Bins/ Boxes <input type="checkbox"/> Checklists <input type="checkbox"/> Coding <input type="checkbox"/> Filing <input type="checkbox"/> Portable electronic Storage <input type="checkbox"/> Computer based electronic storage <p>Time:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clock analog vs. digital <input type="checkbox"/> Adapted clocks and watches <ul style="list-style-type: none"> <input type="checkbox"/> Talking readout <input type="checkbox"/> Large numbers <input type="checkbox"/> Visual cue <input type="checkbox"/> Timed reminder message Schedules <ul style="list-style-type: none"> <input type="checkbox"/> Picture <input type="checkbox"/> Worded <input type="checkbox"/> Calendar-based <input type="checkbox"/> Digital scheduler <input type="checkbox"/> Digital reminder
--	---

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

Section 9: 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.) _____

2. Visual Abilities (Check all that apply.)

- Read standard textbook print
- Read text if enlarged to (indicate size in inches) _____
- Requires specialized lighting such as _____
- Requires materials tilted at a certain angle (indicate angle) _____
- Can read using optical aids; list: _____
- Currently uses the following screen enlargement device _____
- Currently uses the following screen enlargement software _____
- Recognizes letters enlarged to _____ pt. type on computer screen
- Recognizes letters enlarged to _____ pt. type for _____ minutes without eye fatigue.
- Prefers Black letters on white White on black _____ (color) on _____
- 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. Alternative Output

Currently uses (Check all that apply.)

- Slate and stylus
- Talking calculator
- Braille calculator
- Braille notetaker
- Electric Braille
- Refreshable Braille display
- Tactile images
- Screen reader
- Braille translation software: _____

Level of proficiency (Check the one that most closely describes the student.)

- | | |
|--|--|
| <input type="checkbox"/> Requires frequent physical prompts | <input type="checkbox"/> Requires frequent verbal cues |
| <input type="checkbox"/> Needs only intermittent cues | <input type="checkbox"/> Uses device to complete tasks independently |
| <input type="checkbox"/> Trouble-shoots problems related to device | |

4. Writing/Handwritten Materials (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Writes using space correctly | <input type="checkbox"/> Writes on line |
| <input type="checkbox"/> Writes appropriate size | <input type="checkbox"/> Reads own handwriting |
| <input type="checkbox"/> Reads someone else's writing | <input type="checkbox"/> Reads hand printing |
| <input type="checkbox"/> Reads cursive | <input type="checkbox"/> Skips letters when copying |
| <input type="checkbox"/> Requires bold or raised-line paper | <input type="checkbox"/> Requires softer lead pencils |
| <input type="checkbox"/> Requires colored pencils, pens, or paper | <input type="checkbox"/> Requires felt tip pen |
| <input type="checkbox"/> Thin point <input type="checkbox"/> Thick point | |

Summary of Student's Abilities and Concerns Related to Vision _____

Section 10: 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 _____ 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

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

- Poor Inconsistent Limited Good Excellent

4. Communication Used by Others

Indicate the form of communication generally used by others in each of the following environments.
 (Check all that apply.)

	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"/>
<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 majority of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Student Communicates with Others Using (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Speech | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Body language |
| <input type="checkbox"/> Signs and speech together | <input type="checkbox"/> Gestures | <input type="checkbox"/> Written messages |
| <input type="checkbox"/> Signed English | <input type="checkbox"/> Picture cues | <input type="checkbox"/> Contact (Pidgin) sign language |
| <input type="checkbox"/> Other _____ | | |

Level of expressive communication:

- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Single words | <input type="checkbox"/> Combination of words | <input type="checkbox"/> Proficient |
|---------------------------------------|---|-------------------------------------|

7. Is There a Discrepancy Between Receptive and Expressive Abilities?

- Yes No

If yes, describe further. _____

8. Services Currently Used (Check all that apply)

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

9. Equipment Currently Used (Check all that apply.)

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

10. 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 benefit from educational videos/programs |
| <input type="checkbox"/> Displays rec./exp. language delays | <input type="checkbox"/> Cannot use telephone to communicate |

11. 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 message)

12. Current Reading Level _____

Summary of Hearing Abilities and Concerns _____

Section 11: General



Are there any behaviors (both positive and negative) that significantly impact the student’s performance?

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

Are there any other significant factors about the student that the team should consider?

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



C. Environmental Observation Guide

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?	
Therapy room? (Specify)	
Number of teachers in class?	
Number of paraeducators in class?	
Number of students in the class?	
How many minutes per week is the program?	
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, appropriate, varied, interesting?	
Is special equipment available (i.e., chairs with arm supports)?	
Where is the classroom located in relationship to the cafeteria, therapy, outdoor play areas, etc.?	
Are bathrooms located in or outside the classroom?	

Judge the level of the environmental 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
Auditory					
Hallway					
Street					
Other classrooms					
Other students					
Instructional media					
Other (specify):					

	Excessive	Balanced	Reduced	Comments
Visual				
Color				
Clutter/busy				
Art/decorations				
Visual information				
Lighting				

Assistive Technology observed in the setting:

Types	Present-Not Used	Present-Used	Not Present
Communication cards/boards			
Digitally recorded communication 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			
Speech output devices/computers			
Handwriting aids			
Alternate/adapted keyboards			
Alternate/adapted mouse			
Computer switch interface			
Touch window			
Talking word processor			
Word prediction			
Text or screen reader			
Portable word processor			
Transfer aids - Hoists/lifts			
Mobility aids (not wheelchairs)			
Electronic equipment for instruction (calculator, e-books)			
Adapted instructional materials			
Adapted sports/recreation equipment			
Adapted toys			
Wheelchair – Manual or Power			
Other (specify):			



D. Assistive Technology Checklist

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, sidelyer, 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

COMMUNICATION

- Concrete Representation
- Simple speech generating device
- Speech generating device with levels
- Speech generating device with icon sequencing
- Speech generating with dynamic display
- Text based device with speech synthesis

COMPUTER ACCESS

- 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
- Other: _____

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 w/word processing software
- Alternative keyboards
- Computer with scanner
- Computer with word prediction
- Computer with voice recognition software

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 processor 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

READING

- Standard Txt
- Book adapted for access
- Low-tech modifications to text
- Handheld device to read indiv. 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

MATHEMATICS

- Math manipulatives
- Low-tech physical access
- Abacus/mathline
- 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

ORGANIZATION**Self-Management**

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

Information Management

- Tabs
- Sticky notes, index cards
- Highlighters
- Keywords
- 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 manipulative, interactive, tutorials, animations

Time Management

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

Material Management

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

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

VISION**Computer Access**

- Color scheme
- Large operating system features
- Built-in magnification
- Magnification with screen reader
- Screen reader
- Screen reader with Braille device

Reading

- Glasses
- Color filter
- Slantboard
- Large print
- Optical Magnifier
- Electronic Magnifier
- CCTV
- Monocular
- CCTV with distance camera
- Audio text
- Computer-based reading software
- Electronic Braille note taker

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

Mobility

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

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

Writing

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

E. Student-Specific Requests (to include audiology and vision)

A special education service which is determined to be a student-specific need, such as equipment or materials, should be described in the student's evaluation and IEP. If it is not known exactly what type of equipment is needed, simply state what the student's need is. Needs for assistive technology (AT) should be determined by following the process described in chapter 10 of this manual.

Teams will use the same WATI forms, specific to their area including the student specific request form. The student specific forms will only be used by the deaf and head of hearing teacher and the District educational audiologist.

Requests made after May 1, will not be considered until the following school year. We are required to use the requested materials or equipment necessary to the student's program, during the school year of purchase.

STUDENT-SPECIFIC EQUIPMENT RECOMMENDATION

To be used only by the deaf and head of hearing teacher and/or the District educational audiologist.

DATE: _____

STUDENT _____ **DOB:** _____ **CA:** _____

SCHOOL: _____ **TEACHER/GRADE:** _____

EQUIPMENT/ RECOMMENDED: _____

PRODUCT INFORMATION/VENDOR/PRICE LIST SHIPPING CHARGES: _____

RATIONALE: _____

IEP TEAM MEMBERS' SIGNATURES

Teacher

INTERVENTIONIST

Teacher

NURSE

SLP

PSYCHOLOGIST

OT/PT

PRINCIPAL

SPECIAL SERVICES RECOMMENDATION:

DIRECTOR'S SIGNATURE _____ **DATE** _____

SECTION 5. Resources for Assistive Technology Tools

The resources listed, provide information on supplemental materials, helpful links, and resources housed across Washington State. Content will change and grow over time. The district assistive technology team will review materials borrowed and recommended from these sites and others.

The Special Education Technology Center (SETC), located at Central Washington University, is designed to assist school districts with the special technology needs of special education students. It provides technology resources that are otherwise difficult to find or access.

SETC provides:

- Collaborative technology planning for specific students whose disabilities requires the use of some form of assistive technology in order to fully access their education.
- A lending library of toys, switches, augmentative communication devices, alternate keyboards and other computer input devices, environment control devices and software designed for students with special needs.
- Staff development on topics including assistive technology overview, augmentative communication, alternate computer input, software solutions and environment control.

The Educational Technology Center, also located at Central Washington University, is the overarching resource that has a variety of general and special education resources. The *Curriculum Lab* contains some k-12 textbooks, supplemental and curriculum guide collections, the k-6 basal reading collection, and manipulative, kits and games. *The Professional Collection* houses the Library of Congress classed materials covering the history, theory, practice and special aspects of education as well as k-12 educational activities.

Special Educational Technology Center

400 E. University Way

Ellensburg, WA 98926

Mail Stop 7411

(509) 963-3293 Email: etc@cwu.edu

The Autism Outreach Project (AOP) is a State Needs Project through the Office of Superintendent of Public Instruction, in collaboration with the Early Support for Infants and Toddlers program in the Department of Early Learning and NWESD. Their mission is to provide information, education, and assistance focused on building the capacity of schools, families, and agencies to ensure that children and students with autism spectrum disorders, birth through 21, are appropriately served throughout the state of Washington. The Lending Library provides reference materials on autism spectrum disorders available for loan, including books, videos, and DVDs. Visit the lending resource website for resources at: <https://library.nwesd.org/>.

Brain Injury and Resource Center provides services and resources that reflect a variety of needs for students, staff, and families. 206-621-8558

Washington Talking Book and Braille Library house a varied collection of books and magazines on cassette. Special cassette players needed to play these materials are provided free of charge to registered users.

Washington Statewide Outreach Team serves deaf and hard of hearing students (birth – 21), their families and school teams. They lend audiology equipment to determine benefit to student. To contact the outreach team: phone 1.855.342.1670, email: outreachteam@cdhl.wa.gov, or website information is at www.cdhl.wa.gov.

Closing the Gap Resource Directory and Online Searchable Database: The Resource Directory is published each spring as the February/March issue of the Closing the Gap newsletter. It is an excellent tool for school teams. The first step in using the directory is to go to the *Producers Section*, which is near the back of the directory. Here, team members can look at each of the vendors obtained from the Product Description Section of Resource Directory.
http://www.closingthegap.com/solutions/products/advanced_search.lasso.

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/

AAC TechConnect has created Device Assistant, a resource designed to provide information on nearly 100 AAC devices currently on the market from major manufacturers (information is provided in cooperation with all of the manufacturers). You can use a feature-match tool to search for a device, and also do side-by-side comparisons. A subscription fee is required, but there is a 14-day free trial. The site was created by Debby McBride, MS, CCC-SLP.
<http://www.aactechconnect.com/da.cfm>

SECTION 6. Implementing Trials with Assistive Technology

A. WATI Assistive Technology Trial Use Guide



AT to be tried: _____

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 primarily responsible to learn to operate this AT: _____

TRAINING

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

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)

B. WATI Assistive Technology Trial Use Summary



Student's Name: _____

Age: _____ Date Completed: _____

Person(s) Completing Summary: _____

Task Being Addressed During Trial _____

Criteria for Success _____

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

Recommendations for IEP: _____

SECTION 7. Assistive Technology and the IEP

A. Assistive Technology and Annual GOALS

When AT devices and/or services are provided as part of a student's special education services, it must be documented in the present levels and the annual goals. When developing annual goals, the IEP team determines whether or not the student needs AT in order to accomplish them. AT is not the goal, but rather a means to achieving the goal.

An example to assist IEP teams in addressing AT in the annual goals of the IEP:

- Susie will increase her ability to express her basic wants and needs using single word utterances and a voice output augmentative communication system from her present level of _____ to _____ by _____.

B. Related Services

The QIAT consortium recommends the following when including AT as related service:

When AT is provided as a part of a related service, it is documented in the IEP form's listing of related services. Documentation must include the duration, location, and frequency of the service.

The following is an example of how IEP teams might address AT in the IEP:

Related Services	Frequency	Duration	Location
<i>Communication</i>	<i>60 mpw</i>	<i>9-15-12 to 9-14-13</i>	<i>Special Education</i>

C. IEP Indicators

The team must write a clear description of the change in student performance that is expected as a result of the student's use of AT. This description will include what the success will look like, how it will be measured, and the criterion that will indicate mastery.

IEPs are written so that participants in the IEP meeting and others who use the information to implement the student's program understand what technology is to be available, how it is to be used, and under what circumstances.

Goals and objectives, present level of academic achievement and functional performance, and transition planning are places where a clear and complete description of AT is critical.

1. Present Levels of Academic Achievement and Functional Performance

In this section, the IEP team addresses the student's strengths and weaknesses in academic and functional areas. AT that is currently being used and how it is used must be documented to compensate for barriers to achievement, participation, and independence. When documenting AT in the present levels of academic achievement and functional performance, the specific type(s) of technology that is (are) provided, as well as the manner in which it is used should be described.

The following are examples of how AT may be addressed in the present levels of academic achievement and functional performance of the IEP without naming specific equipment:

- *John exhibits an expressive communication impairment. He communicates with peers and adults within his environment using vocalizations and an eight location voice output augmentative communication device. He uses the device in all educational settings and appropriate vocabulary is programmed for each setting.*
- *Due to Susan's visual impairment, she is not able to access standard print instructional materials such as textbooks, worksheets, and written tests. She requires that all print copies be enlarged through the use of a photocopier or closed circuit television system. Computer-based materials are enlarged using a text enlargement software application.*

2. Addressing AT in Post-Secondary Transition

A clear description of need must be included in the transitional plan. When addressing transition services for a student who needs AT, it is important to address the AT devices and services currently used by the student.