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PURPOSE

The purpose of this manual is to assist teachers, related service providers, and administrators in providing assistive technology devices and services to students with disabilities as required by the Individuals with Disabilities Education Act. The manual contains operating guidelines that address all components of the assistive technology service delivery process. It also contains procedures that IEP teams will use when providing assistive technology services. Resources that will be beneficial to IEP teams in developing and implementing assistive technology intervention programs are also included.

Special thanks to Sharon Harkrider, Director of Special Education, and Kim Hartsell and her staff at Georgia Project for Assistive Technology for assisting in the development of this handbook. In addition, thanks to the Richmond County Assistive Technology Team members, Steven Corlett, Suzi Gilbreath, Ashley Goodin, Mary Hancock, Terry Irons, Diane Wiedmeier, Lori Shappell, Mary Ann Waller and TaRonsa Williams for the hard work in creating this new handbook for our Special Education Department.

Larry McAlevy
Assistive Technology Facilitator
August 2005
MEMORANDUM

Date: August 2005

To: Special Education Teachers, Related Service Providers

From: Assistive Technology Facilitator/Assistive Technology Team

Re: Request for Services from Assistive Technology Facilitator/Assistive Technology Team

In order to effectively address the assistive technology professional learning and technical assistance needs of educators in the school system, the special education department has established procedures for requesting services from the assistive technology staff. We believe that these procedures will clarify the specific nature of requests made to the assistive technology staff and will enhance assistive technology facilitator’s abilities to plan for and conduct professional learning and technical support services.

Utilizing these new referral procedures, services will be available in the following categories:

- Student Consultation
- Student Evaluation
- Classroom Consultation
- Device Support
- Short-term Equipment Loan
- Professional Learning Courses

Forms for requesting each of these services are available in the Request for Services packet that is enclosed in this manual. Requests for services must be submitted on these new forms. Please destroy older versions of the request forms that may still be available in your school. Requests received on the old forms after January 1, 2005 will be returned to the school.

Thank you in advance for reviewing these materials and for sharing them with appropriate individuals within your school. It is always a pleasure to work with you, your staff, and your students.
Description of Services and Procedures for Requesting Services from the Assistive Technology Facilitator/Team

Introduction

Each year assistive technology facilitators from the school system provide a range of technical support and professional learning services to school personnel and their students. These services include student consultations, student evaluations, classroom consultations, device technical support visits, and professional learning courses. All of these services are directed toward building local school staff’s capacity to provide assistive technology devices and services. This document was developed to assist local school system administrators and educators in accessing the services provided through the assistive technology facilitator/team.

Project Services

**Student Consultation:** The assistive technology facilitator/team provides on-site technical assistance to aid school staff in developing and implementing assistive technology intervention programs for students with disabilities. Consultations are frequently provided to assist service providers in considering assistive technology, in developing assistive technology intervention plans, and in monitoring student progress. Consultations are required prior to evaluation. Requests for consultations must be made by the student’s classroom teacher. All staff working with the student should be present during this student consultation. Individuals requesting a student consultation must submit the following forms to the assistive technology facilitator/team prior to the visit being scheduled: Student Request Form, Student Consultation Parent Permission Form, and Student Background Information Form. Following receipt of a completed referral packet, the contact person identified on the referral form will be called to schedule the visit.

Following the student consultation, the assistive technology facilitator/team will provide the school system with a written on-site technical assistance report which may include an assistive technology intervention plan.
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**Student Evaluation:** The assistive technology facilitator/team is available to conduct an assistive technology evaluation when the student’s needs can not be identified through consideration. **Student evaluations are only conducted following a student consultation.** Requests for student evaluations must be made by the classroom teacher. All staff working with the student should be present during this student evaluation.

The following forms are required by the assistive technology team/assistive technology facilitator prior to scheduling a student evaluation: Request for Services Form, Parental Permission to Evaluate Form with assistive technology listed as an area to be evaluated, the Student Background Information Form, and a completed Consideration Checklist.

Following the student evaluation, the assistive technology team/facilitator will provide the school with a written evaluation report which will include an assistive technology intervention plan.

**Classroom Consultation:** Frequently, the assistive technology facilitator/team is asked to provide assistance for several students in a classroom. This allows the assistive technology facilitator/team to address general classroom assistive technology needs without focusing exclusively on one student’s technology needs. Classroom consultations provide opportunities for identifying classroom assistive technology needs and providing suggestions for integrating assistive technology into the classroom curriculum.

Requests for classroom consultations must be made by the student’s teacher using the classroom consultation request form. Following the consultation, the assistive technology facilitators/team will provide the school with a written report outlining the findings and recommendations.

**Device Technical Support:** The assistive technology facilitators/team often provide on-site technical assistance to aid school staff in addressing technical difficulties with assistive technology devices, hardware, and software. This includes installing and customizing assistive technology solutions.

Requests for device technical support must be made by the classroom teacher on the technical support request form.

**Professional Learning Courses:** The assistive technology facilitator/team provides a range of professional learning courses each year. These courses are conducted to address specific assistive technology topics from consideration, to evaluation, to program development, and implementation.

Customized professional learning courses are available through the assistive technology facilitator/team upon request of the classroom staff. These courses address issues that are specifically identified by the school staff and are conducted in a location in the school system. Individuals requesting a customized course must submit a course request form to the assistive technology facilitator/team prior to the course being scheduled.
Short-term Equipment Loans: The school system maintains an inventory of assistive technology devices and hardware that is available for short-term loan to students in local schools. The typical length of a loan period is four (4) weeks. These timelines may be extended if the device has not been requested by another individual.

Individuals wishing to borrow equipment must submit a short-term equipment loan form to the assistive technology team/facilitator. All requests must be signed by the school principal.
Guidelines and Procedures

Frequently Asked Questions

When do I request student consultation?
Student consultation is requested as the initial step in determining student needs in relation to assistive technology devices or services. The assistive technology facilitator/team will assist the teacher and related service providers in considering assistive technology and developing an assistive technology intervention plan. The assistive technology facilitator/team will not conduct evaluations when a student consultation is requested.

When do I request classroom consultation?
Classroom consultation may be requested when a teacher needs general assistance with assistive technology needs in the classroom. This might include identifying equipment available in the classroom or determining basic integration ideas and suggestions. Suggestions will be made to benefit the classroom as a whole. Classroom consultation is not student specific.

What should I expect following a consultation visit?
Following a student consultation visit, the assistive technology team/facilitator will provide a completed Consideration Checklist with recommendations and product information as well as an Assistive Technology Intervention Plan. An on-site technical assistance report will be provided following a classroom consultation.

When do I request a student evaluation?
A student evaluation should only be requested subsequent to a student consultation. Evaluations should be requested when local school staff has made unsuccessful efforts to implement an assistive technology intervention program.

What should I expect following an evaluation visit?
Following a visit where an evaluation was conducted, the school staff will receive a narrative report summarizing the evaluation and recommendations. Product information will also be provided.

Who should be present during the consultation or evaluation?
The student’s teacher and related service providers are expected to be present during the consultation. This process is considered to be a team effort and those who work with the student should be present. The primary service provider should plan to be present for the duration of the visit. While it is not required, it is suggested that parent(s) be present during this process.

When do you request troubleshooting and support?
Request for troubleshooting and support should be made when you have assistive technology equipment that is working improperly or not working at all. This may include, but not be limited
to computer technology, communication devices, vision technology and academic learning aids. Request for troubleshooting and support from the assistive technology facilitator/staff should be made only after efforts to resolve the problem have been made by consulting the manual and/or the manufacturer directly.

Referrals for troubleshooting and support should contain the name(s) of the specific equipment for which assistance is sought and a brief description of the problem and efforts to resolve.

**When do you request learning / custom courses?**
Requests for learning training / custom courses should be made when you have a need for specific training at your school. Training can be customized at any level of need for teachers, parents and service providers. It is suggested that you contact the assistive technology team/facilitator well in advance of your desired date for your training. It is optimal to provide a preferred date and several alternate dates.

**What are my obligations in organizing professional learning courses for my school?**
Obligations from schools requesting professional learning courses include:
1) identifying a topic or area of need
2) procuring / providing a location for the training and assuring that it is available (hands-on training involving software may need to be scheduled in a lab within the school district)
3) providing assistance for software installation (if a school lab is used)
Definition of Assistive Technology Devices and Services

The Individuals with Disabilities Education Act (Public Law 105-17) offers clear definitions of assistive technology devices and services.

**Assistive Technology Device:**
Assistive technology devices are identified in the IDEA as:

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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 children with disabilities. (Section 300.5)
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The definition of an assistive technology device as provided in the IDEA is very broad and gives IEP teams the flexibility that they need to make decisions about appropriate assistive technology devices for individual students. Although the IDEA uses the term “device”, IEP teams should remember that assistive technology also includes assistive technology hardware and software. Assistive technology may also include technology solutions that are generally considered instructional technology tools, if they have been identified as educationally necessary and documented in the student’s IEP. For example, a classroom computer with a word processing program can be considered assistive technology for a student who demonstrates difficulty in writing and spelling if the IEP team has determined that it is educationally necessary.

As used in this document, assistive technology device includes devices, hardware, and software that are required by a student with a disability. Assistive technology devices can be purchased from a local store or a vendor that specializes in the production and sale of assistive technology devices. Assistive technology devices often need to be modified or customized to meet the individual needs of a student with a disability. For example, a computer keyboard may need to be adapted through the addition of tactile locator dots for a student with a visual impairment. When determining assistive technology needs, IEP teams should consider commercially available solutions that may be used “as is” or that can be modified to meet the student’s needs. However, in some situations it may be necessary to construct a device to meet the student’s unique needs.

A range of assistive technology devices is available. Some are relatively “low technology” and inexpensive. For example, a pencil grip is an assistive technology device that may be used by a student with a physical disability to improve handwritten communication through increasing their grasp of and control over their pencil. An adapted cup with enlarged handles may be used by a student who has difficulty holding a standard cup. Other devices are more “high technology” tools and are often more expensive. An example of a “high technology” tool is an augmentative communication device in which students type in messages on a communication display and they are spoken aloud.

Assistive technology devices are available in a variety of categories to address functional capabilities of students with disabilities. These categories include but are not limited to:
Guidelines and Procedures

**Academic and Learning Aids:** Electronic and non-electronic aids such as calculators, spell checkers, portable word processors, and computer-based software solutions that are used by a student who has difficulty achieving in his or her educational curriculum.

**Aids for Daily Living:** Self-help aids for use in activities such as eating, bathing, cooking, dressing, toileting, and home maintenance.

**Assistive Listening Devices and Environmental Aids:** Electronic and non-electronic aids such as amplification devices, closed captioning systems, and environmental alert systems that assist a student who is hard of hearing or deaf with accessing information that is typically presented through an auditory modality.

**Augmentative Communication:** Electronic and non-electronic devices and software solutions that provide a means for expressive and receptive communication for students with limited speech.

**Computer Access and Instruction:** Input and output devices, alternative access aids, modified or alternative keyboards, switches, special software, and other devices and software solutions that enable a student with a disability to use the classroom computer.

**Environmental Control:** Electronic and non-electronic aids such as switches, environmental control units, and adapted appliances that are used by a student with a physical disability to increase his or her independence across all areas of the curriculum.

**Mobility Aids:** Electronic and non-electronic aids such as wheelchairs (manual and electronic), walkers, scooters that are used to increase personal mobility.

**Pre-vocational and Vocational Aids:** Electronic and non-electronic aids such as picture-based task analysis sheets, adapted knobs, and adapted timers and watches that are used to assist a student in completing pre-vocational and vocational tasks.

**Recreation and Leisure Aids:** Electronic and non-electronic aids such as adapted books, switch adapted toys, and leisure computer-based software applications that are used by a student with a disability to increase his or participation and independence in recreation and leisure activities.

**Seating and Positioning:** Adaptive seating systems and positioning devices that provide students with optimal positioning to enhance participation and access to the curriculum.

**Visual Aids:** Electronic and non-electronic aids such as magnifiers, talking calculators, Braille writers, adapted tape players, screen reading software applications for the computer, and Braille note-taking devices that assist a student with a visual impairment or blindness to access and produce information that is typically present in a visual (print) modality.

(Adapted from the Assistive Technology Guidelines for Kentucky Schools, Department of Education)
A particular student with a disability may require assistive technology solutions from one or more of the above categories. For example, a student with a severe intellectual disability may use an augmentative communication device to supplement his or her communication skills, adaptive switch toys to participate in leisure activities, and an adapted keyboard for accessing the software applications on the classroom computer.

The above listed categories of assistive technology devices are not disability specific. For example, a student with a learning disability who has difficulty focusing on the teacher’s lecture in class due to processing difficulties may require an assistive listening device to amplify the teacher’s voice in a classroom. Students with various types of disabilities use adapted tape recorders originally developed for visually impaired and blind children to access audio-taped reading materials.

The need for assistive technology devices is determined by the student’s IEP committee. Typically, assistive technology solutions are identified through consideration of assistive technology or through an assistive technology assessment. Once an assistive technology device has been determined educationally necessary, the student’s IEP team should document the required device(s) in the IEP. Information on considering and assessing the need for assistive technology devices and documenting assistive technology devices is included in subsequent sections of this manual.

**Assistive Technology Service:**

As defined in IDEA, an assistive technology service is

any service that directly assists a child with a disability in the selection, acquisition, and use of an assistive technology device. The term includes:

(a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;

(b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;

(c) Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices;

(d) Coordinating and use 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 a disability or, if appropriate, that child’s family, and
(f) Training or technical assistance for professionals (including individuals or rehabilitation services), employers, or other individuals who provide services to employ, or are otherwise substantially involved in the major life functions of children with disabilities.  

(Section 300.6)

As stated in the IDEA, assistive technology services are provided to assist in the selection, acquisition, and use of an assistive technology device. Often IEP teams focus their energies on the device itself and forget that the assistive technology services, as described in this document, are critical to the student's use of the device. For some students, appropriate assistive technology devices are identified through an assessment that be conducted in the student’s customary environment. After a device has been selected to meet the student’s needs, the next step or “service” is to actually provide the assistive technology device for the student's use. After the device has been obtained, and modified if necessary, all appropriate individuals should be trained in the use of the device. The device should be made available for the student’s use across instructional settings as needed.

Required assistive technology services should be addressed in the student's IEP. Information on addressing assistive technology services in the IEP is included in subsequent sections of this manual.
Guidelines and Procedures

Procedures for Providing and Assessing Assistive Technology

Considering Assistive Technology Needs

Requirement:
Each IEP team in the school system will consider assistive technology as a part of the development, review, and revision of the student’s IEP.

Procedures:
The IEP team will utilize the Assistive Technology Consideration Checklist (Appendix A) as a framework for considering the need for assistive technology devices and services. When completing the Assistive Technology Checklist, the IEP team should:

• Review the instructional and access areas that are relevant for the student and determine the required tasks within each of the areas.

• Determine whether or not the student can accomplish the required tasks within each of the standard classroom tools.

• If the student cannot accomplish the required tasks using available standard classroom tools, the IEP team should determine whether or not the student can accomplish the required tasks with modifications, accommodations, and assistive technology solutions that are currently in place.

• If the student cannot accomplish the tasks independently with standard classroom tools or with modifications, accommodations, and assistive technology solutions that are currently in place, then the IEP team must determine what additional solutions (including assistive technology) are required.

The IEP team may use the Assistive Technology Consideration Checklist as a framework for discussing assistive technology during the consideration of special factors or they may choose to record all information on the checklist and place it in the student’s special education file.

The consideration process may include an opportunity for the student to use assistive technology on a trial basis in order to obtain information on the potential effectiveness of the
assistive technology device. Assistive technology for trial use may be available within the classroom or school. Contact the school system assistive technology facilitator/assistive technology team to obtain additional technology for trial use if needed.

Possible conclusions of the consideration process include:

- The student independently accomplishes required tasks within the relevant instructional or access areas using standard classroom tools. Assistive technology is not required.
- The student accomplishes the required tasks within the instructional or access areas using standard classroom and modifications and accommodations that are currently in place. Assistive technology is not required.
- The student accomplishes the required tasks within the relevant instructional or access areas with assistive technology that is currently in place. Assistive technology is required. Document required assistive technology devices and services in the IEP. Monitor the use of the assistive technology and make changes as needed.
- The student cannot accomplish the required tasks within the relevant instructional or access areas with modifications, accommodations, and/or assistive technology that is currently in place.
- If potential assistive technology solutions are known to the IEP team, trial use of the identified assistive technology solution may be documented in the IEP and implemented. Following the trial use period, the assistive technology should be documented in the student’s IEP if the team determines that it is required.
- If potential solutions are not known to the IEP team, a referral should be made to the school system assistive technology facilitator/assistive technology team for a student consultation.

The outcomes of the consideration process will be documented in the consideration of special factors component of the IEP. Minimal compliance with effective consideration of assistive technology will include checking yes or no to the question “Does the student require assistive technology devices and services?” If the IEP team determines that the student requires assistive technology devices and/or services, they will include a feature description of the required assistive technology in this section as well.
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Requesting Assistance:
The IEP team will request assistance in completing the consideration process when they are unable to determine whether or not the student requires assistive technology or when they are unable to identify assistive technology solutions that would be appropriate to meet the student’s needs.

The following procedure will be used for requesting additional assistance:

- Refer the student for an assistive technology consultation to the school system assistive technology facilitator/assistive technology team using the referral form found in Appendix C. Submit a copy of the Student Background Information Guide and a copy of the Assistive Technology Consideration Checklist with all possible sections completed. Send the completed referral packet to:
  Assistive Technology Facilitator
  Dept. of Special Education
  864 Broad Street, Augusta, GA. 30901

If the IEP team, in consultation with the school system assistive technology facilitator/assistive technology team, cannot identify appropriate assistive technology solutions through assistive technology consideration, the student will be referred for an assistive technology evaluation.

Evaluating Assistive Technology Needs

Requirement:
An assistive technology evaluation will be completed when the IEP team determines that the student’s assistive technology needs cannot be effectively addressed through assistive technology consideration.

Requesting an AT Evaluation:
IEP teams may request a assistive technology evaluation for a student from the school system assistive technology facilitator/assistive technology team when needed.

The following procedures will be followed when requesting assistance from the school system assistive technology team/assistive technology facilitator:

- Refer the student to the school system assistive technology facilitator/assistive technology team using the referral form found in Appendix C.

- The following supporting documents are required:
  o Student Background Information Guide
  o Completed Assistive Technology Consideration Checklist
Signed Parental Consent for Evaluation form listing assistive technology as an area to be evaluated.

Following receipt of a completed referral packet, the school system Assistive Technology Facilitator/Assistive Technology Team will schedule the evaluation.

Assistive technology evaluations for assistive listening devices will be conducted by an audiologist in consultation with the student’s IEP team.

Assistive technology evaluations for seating, positioning, and mobility aids will be conducted by a physical therapist and/or occupational therapist in consultation with the student’s IEP team.

Assistive technology evaluations for daily living aids will be conducted by an occupational and/or physical therapist in consultation with the student’s IEP team.

The evaluation team in collaboration with the student’s IEP team may determine that an extended trial use period of a particular assistive technology device (or devices) is required prior to finalization of the evaluation process.

When the assistive technology evaluation has been completed, the results of the evaluation, including recommendations for assistive technology devices, will be recorded in a written report. The written report may be in the form of a narrative or the completed Assistive Technology Evaluation Protocols may serve as documentation of the evaluation.

The assistive technology evaluation report will be made available to the student’s IEP team for their review.

Assistive technology devices and services determined to be educationally necessary based on the assistive technology evaluation will be documented in the student’s IEP.
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Documenting Assistive Technology in the IEP

Requirement:
Assistive technology devices and services that have been determined educationally necessary by the IEP team will be documented in the student’s IEP.

Procedures:
The IEP team will document required assistive technology devices and services in the component or components of the IEP that are most relevant to the student.

Assistive technology devices and services may be documented in one or more of the following components of the IEP:

- Present levels of performance: This component of the IEP includes statements regarding the student’s current level of functioning across curricular areas. This is an appropriate place to discuss how assistive technology will be used to remediate deficits and to provide compensatory technology for enhancing access to the classroom curriculum.

  Example:
  John demonstrates difficulty completing all writing assignments using standard classroom tools such as pencil and paper. His writing samples are characterized by spelling, grammar, and punctuation errors. He uses a hand-held spell checker to aid him in editing his hand written communication. John also uses a computer-based word processing program with built-in spell check, grammar, and punctuation check.

- Consideration of special factors: The need for assistive technology devices and services will be documented for each student in the consideration of special factors component of the IEP. If through consideration, the IEP team determines that assistive technology devices and/or services are required, a description of the devices and services will be provided.

  Example:
  Does the student require assistive technology devices and services? X Yes ___No
  If yes, describe: Susie uses an auditory trainer to amplify the teacher’s or speaker’s voice in all classroom activities (example: lecture and class discussion) other than one on one instruction with the teacher or a paraprofessional.

- Special Education and Related Services: This component of the IEP includes documentation of the special education and related services that the IEP team has determined educationally necessary. Assistive technology provided as a part of the
Guidelines and Procedures

- student’s special education and related services in typically addressed in the present performance levels and the goals, objectives, and benchmarks sections of the IEP. Assistive technology may be addressed in the portion of the IEP which lists special education and related services.

Examples:
- Moderately Intellectually Disabled: 25 hours/week 3-15-05 through 3-15-06
- Speech Language Impaired: 1 hour/week 3-15-05 through 3-15-06
- Occupational Therapy: 1 hour/week 8-15-05 through 3-15-06

Susan requires access to her augmentative communication device across all special education and related services. The classroom teacher as well as the speech-language pathologist and occupational therapist will be responsible for providing training in the programming and use of the augmentative communication device.

Example: Moderately Intellectually Disabled: 25 hours/week 3-15-05 through 3-15-06
Speech Language Impaired: 1 hour/week 3-15-05 through 3-15-06
Occupational Therapy: 1 hour/week 3-15-05 through 3-15-06

- Supplementary Aids and Services: Assistive technology should be documented in this section of the IEP if the student is using the technology in the general education setting.

Example: Shaunda will have access to a portable word processor in all of her general education classes.

- Modifications Needed for Participation in Statewide and District-wide Assessments: Assistive technology that the student requires to participate in statewide and district-wide assessments should be documented in this component of the IEP. The type of technology that is used by the student will determine whether or not the test is considered a standard or non-standard administration. In order for a student to be able to use assistive technology on State and District-wide testing, the student must have used the technology in his/her curriculum and it must have been documented. An assistive technology device may not be implemented by anyone (including an IEP team) for the sole purpose of testing.

Example: Due to her severe visual impairment, Shantae requires that all testing materials including directions and, if appropriate, answer sheets should be provided for her use in Braille.

- Instructional Modifications or Supports for School Personnel: This component of the IEP provides the place to document the instructional modifications and supports that are required by the school personnel in order to implement the student’s IEP. When completing this component of the IEP, the team should determine what modifications
and supports, if any, are required by the school personnel. This is an appropriate place to document technical support and training in assistive technology, if required.

Example:
Paul's general education and special education teachers will receive training in the use and programming of his augmentative communication device. Training and technical assistance may be provided by the school system staff, through the Georgia Project for Assistive Technology, or through the manufacturer's representative.

• Annual Goals, Benchmarks, and Objectives: Typically, if a student is using assistive technology, it is addressed in the goals, benchmarks, and objectives. The assistive technology is simply a tool that assists the student in accomplishing the objective. The IEP team should determine the goals, benchmarks, and objectives first and then decide how technology will be used to accomplish the goals, benchmarks, and objectives.

Example:
Kira will write a three to five sentence paragraph with less than two misspelled words when using a hand-held spell checker to correct misspelled words.

• Statement of Transition Services: This component of the IEP is the place to address assistive technology that may be required by the student in post-secondary environments. When addressing assistive technology for students transitioning out of the school system, it is important to address required assistive technology devices and funding for assistive technology devices. It is also important to address training and technical support for the student and family, if appropriate.

Example:
Cohn's school staff, vocational rehabilitation counselor, and family will contact public and private agencies to assist him in obtaining funding for an augmentative device that can be used after he graduates from school. They will begin contacting agencies at the beginning of his senior year. The vocational rehabilitation counselor will identify potential sources for technical support that will be available to Cohn after he graduates.

• Minutes of the IEP Meeting: The minutes of the IEP meeting may also include information about assistive technology that is discussed in the IEP meeting.

Example:
The IEP committee members present discussed Donnita’s recent assistive technology assessment. Based on the recommendations of the assessment and her performance, it was recommended that she needs to have access to her augmentative communication device in all school settings.

The documentation of assistive technology devices and services will be clearly written so that all IEP team members, including parents, have a full understanding of how the assistive devices and services will be provided. It is not always necessary to name the specific name brand of an assistive technology device. Unless the IEP team has determined that a particular make and model of a device is required, it is best to describe features of the required technology. For
example, the IEP team may use the description of a “talking word processing application with a built-in spell check” rather than the name of a particular program.

The IEP will be amended as the student’s technology needs change.

Requesting Assistance:
If the IEP team has difficulty determining the most appropriate means of addressing assistive technology in the IEP, they should seek consultation from the school system assistive technology facilitator/assistive technology team.

Assistive Technology Implementation and Integration

Requirement:
The student’s IEP team will implement the student’s assistive technology intervention program as outlined in the student’s IEP. In certain situations, it may be beneficial to develop an assistive technology intervention plan to serve as a guide in implementing the assistive technology intervention program.

Procedures:
The IEP team will follow school system procedures to ensure that the recommended assistive technology is made available to the student as required in the IEP.

The IEP team will contact the school system assistive technology facilitator/assistive technology team to obtain the required assistive technology if it is not readily available in the school setting. The required assistive technology may be available in another school, in the school system’s loan program, or through the Georgia Project for Assistive Technology’s loan program. If the device is available in the school system’s loan program, the school staff will submit a request for loan form that is available in this manual.

The IEP team will install, modify, customize, and program the obtained assistive technology to meet the student’s individual needs. If the school staff requires assistance with these tasks, they should complete a referral for on-site assistance using the forms provided in this manual.

The school staff will participate in learning courses as needed to obtain the skills and expertise necessary to implement the assistive technology intervention program. Learning training may be requested from the school system assistive technology facilitator using the forms available in this manual. Professional learning courses are also conducted through the Georgia Project for Assistive Technology. Courses are listed on the project’s web site at www.gpat.org.

The IEP team will ensure that the assistive technology is made available in all relevant environments. If the student requires the assistive technology in the home setting, the school staff will complete the agreement for home use of assistive technology form found in this manual.
The school staff will ensure that the available assistive technology is integrated into all appropriate curricular activities.

When equipment is not in working order, the school staff will contact the school system assistive technology facilitator to obtain directions as to how they should proceed in getting the device repaired. The assistive technology intervention program will be modified as needed based on student needs and curriculum.

**Requesting Assistance:**
The student’s IEP team may request assistance from the school system assistive technology facilitator when needed. The following types of assistance are available:

- Device Customization
- Device Maintenance and Repair
- Device Loan Program
- Device Training and Support

Please complete the appropriate forms found in Appendix C of this manual.
Monitoring the Use and Effectiveness of Assistive Technology

Requirement:
The student’s IEP team will monitor the student’s use of the recommended assistive technology and make changes in programming as needed.

Procedures:
The student’s IEP team will collect data on the student’s use of assistive technology as outlined in the IEP or assistive technology intervention plan.

The IEP team will analyze the data to determine the continued appropriateness of the assistive technology intervention and to make changes in programming as needed.

The school staff will make changes in the student’s assistive technology intervention plan as needed based on data collected by the team.
Appendix A

Assistive Technology Consideration Checklist and Resource Guide
Appendix B

Assistive Technology
Intervention Plan
Appendix C

Required Forms
REQUEST FOR SERVICES

Teacher’s Name: ____________________________  School: __________________________
Grade and Program: __________________ E-mail Address: __________________________
Telephone Number: _________________________  FAX Number: _____________________

Student’s Name (if Student consultation): ________________________________________

TYPE OF SERVICE REQUESTED

Please indicate the type of service that you are requesting by placing a √ in the left column.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Required Forms to be Submitted with this Form:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student consultation</td>
<td>• AT Consideration Checklist</td>
</tr>
<tr>
<td></td>
<td>• Copy of Current IEP</td>
</tr>
<tr>
<td>Classroom consultation</td>
<td>• Classroom Consultation Information Form</td>
</tr>
<tr>
<td></td>
<td>• Copy of Current IEP</td>
</tr>
<tr>
<td></td>
<td>• AT Consideration Checklist</td>
</tr>
<tr>
<td>Device technical support</td>
<td>• Technical Support Request Form</td>
</tr>
<tr>
<td>Professional learning course</td>
<td>• Course Request Form</td>
</tr>
</tbody>
</table>

What specific instructional or educationally relevant areas would you like to see addressed during this consultation or evaluation? What do you want the student to be able to do that he or she is not able to do at this time?

What information (results) do you hope to gain as a result of this consultation or evaluation?

_________________________  __________________________
Referring Teacher Signature  Date

PLEASE RETURN ALL REQUIRED FORMS TO THE ASSISTIVE TECHNOLOGY FACILITATOR
Dear Parent:

Your child’s school has requested assistance from the school assistive technology team/facilitator to aid the school staff in developing and/or implementing an assistive technology intervention program for your child. The assistive technology facilitator/team will work with your child’s teachers and related service providers (e.g. speech/language pathologist, occupational therapist, and physical therapist) to determine your child’s assistive technology needs and to make recommendations for assistive technology devices and services.

Upon receipt of the request packet completed by the school staff and your permission to work with your child, a visit will be scheduled to your child’s classroom. If you would like to be informed of the date, time, and location of the visit or would like to be present during this visit, please consult your child’s teacher. Following the visit, the school will be provided with a written report that will include recommendations to your child’s IEP team regarding assistive technology devices and services. You may request a copy of this document from the school.

Please indicate below your agreement for this request for the assistive technology facilitator/team to work with your child during the on-site technical assistance visit. Please note that you are also giving the Assistive Technology Facilitator/Team permission to review your child’s educational records. If you have any questions about this request for permission or would like additional information about the nature and purpose of this visit, please contact your child’s teacher.

Sincerely,

Assistive Technology Facilitator

Please complete below and return to your child’s teacher as soon as possible.

Student Name: ____________________________ Parent Name: _______________________

___ Yes, I do give my permission for the school system assistive technology team/facilitators to work with my child during this on-site technical assistance visit. I understand that the purpose of this visit is to assist the school staff in developing an assistive technology intervention program for my child. I also give my permission for the assistive technology team/facilitators to review my child’s educational records.

___ No, I do not give my permission for the school system assistive technology team/facilitators to work with my child during this on-site technical assistance visit. It is my understanding that a visit cannot be scheduled without my permission.

________________________________________                ____________________________
Parent Signature Date
Dear Parent:

Your child’s school has referred your child for an assistive technology evaluation to aid them in developing and/or implementing an assistive technology intervention program for your child. The assistive technology facilitator/team will work with your child’s teachers and related service providers (e.g. speech-language pathologist, occupational therapist, and physical therapist) to determine your child’s assistive technology needs and to make recommendations for assistive technology devices and services.

Upon receipt of the request packet completed by the school staff and your permission to work with your child, a visit will be scheduled to your child’s classroom. If you would like to be informed of the date, time, and location of the visit or would like to be present during this visit, please consult your child’s teacher. Following the visit, the school will be provided with a written report that will include recommendations to your child’s IEP team regarding assistive technology devices and services. You may request a copy of this document from the school.

Please indicate below your agreement for this request for the assistive technology facilitator/team to conduct an assistive technology evaluation. Please note that you are also giving the assistive technology facilitator/team permission to review your child’s educational records. If you have any questions about this request for permission or would like additional information about the nature and purpose of this evaluation, please contact your child’s teacher.

Sincerely,

Assistive Technology Facilitator

Please complete below and return to your child’s teacher as soon as possible.

Student Name: _________________________________

Parent Name: __________________________________

Yes, I do give my permission for the school system assistive technology team/facilitators to conduct an assistive technology evaluation of my child to assist them in developing an assistive technology intervention program for him/her. I also give my permission for the assistive technology team/facilitators to review my child’s educational records.

No, I do not give my permission for the school system assistive technology team/facilitators to conduct an assistive technology evaluation of my child to assist them in developing an assistive technology intervention program for him/her. It is my understanding that a visit cannot be scheduled without my permission.

Parent Signature ____________________________ Date __________________________
CLASSROOM CONSULTATION INFORMATION FORM

Teacher: ____________________________ School: ____________________________
E-Mail ____________________________ Telephone: ____________________________

Student Information:
Please provide the following information on the students in the class.

<table>
<thead>
<tr>
<th>Number of Students</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Range of Students</td>
<td></td>
</tr>
<tr>
<td>Types of Disabilities</td>
<td></td>
</tr>
</tbody>
</table>

Describe difficulties that the students are experiencing across instructional areas (academics, communication, mobility, aids to daily living, play/leisure, listening/hearing, etc.) What do you want the students to do that they are unable to do?

Intervention and Technology Solutions Implemented:
What types of modifications, accommodations, and instructional strategies have been implemented to address these concerns?

What types of assistive technology solutions are currently available in the classroom? Have they been successful?

Describe any specific difficulties that you are experiencing with any of the technology solutions listed above?
What have you or other school staff done to address these difficulties?

**Expected Outcomes:**

What specific areas would you like for us to address during this consultation?

What information or results do you hope to obtain based on this consultation?

**Additional Information:**

Please provide any additional information that you think would be beneficial for us as we plan and conduct this assistive technology consultation:

___________________________________________     _____________________________
Staff Member                                    Position

Date Completed
Technical Support Request Form

Contact Person: ___________________________ School: ______________
Address: __________________________________________________________________
Telephone: ______________________ FAX: ______________

Device Information:
Name of Device-Hardware-Software: ________________________________
Manufacturer: ___________________________________________________________________
Version-Model: __________________________________________________________________
If computer based, type of computer: ________________________________

Problem:
What do you think that the problem is with the device, software, or hardware?

Have you read the manual to obtain troubleshooting assistance?

Have you contacted the manufacturer for technical support?

What has been done within your school to correct/address the problem?

__________________________________________________________________________
Signature- Contact Person Date
COURSE REQUEST FORM

Name of Person Requesting Course:_______________________________________________

School:______________________________________________________________________

Address: ____________________________________________________________________

Telephone:___________________________________________ FAX:_____________________

Course Information:
Name of Course/Area to be Addressed:_____________________________________________

Knowledge Level of Participants:      _____Introductory       _____Intermediate     _____Advanced

Location of Course: ________________________________

Desired Date or Dates for Course:_________________________________________________

Projected Number of Participants: _________________________________________________

Age Levels Taught:_____________________________________________________________

Program Areas Represented:_____________________________________________________

Available Equipment:
Please indicate which equipment you will have available for use during this course:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overhead projector</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screen for overhead projector</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microphone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computers (If appropriate for course)</td>
<td></td>
<td></td>
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<tr>
<td>Type:</td>
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<td></td>
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<tr>
<td>Number:</td>
<td></td>
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<tr>
<td>Software (If appropriate for course)</td>
<td>List programs here and number of copies available.</td>
<td></td>
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</tr>
</tbody>
</table>

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Projected Outcomes:

What do you expect the participants to learn during this course?

How will the information gained in this course enhance classroom instruction?

How will the information gained in this course improve student achievement?

Additional Information:
Please include any additional information that will be beneficial to us in planning for this course.

Signature-Person Requesting the Course _____________________________

Date
# Assistive Technology Loan Agreement

Student: ________________________  Parent/Guardian: ________________________________
Teacher: _______________________  School: ________________________________________
Program: ______________________

Location/Address where equipment will be used:
_____________________________________________________________________________

Checkout Date____________ Review Date: ________________ Return Date__________________

Condition:_________________________ Replacement Value:__________________________

I have received the following: (include device, brand/vendor, model number, serial number, sped number)
_____________________________________________________________________________

Other Accessories:
_____________________________________________________________________________

I have received the above listed equipment on loan from Richmond County Board of Education, Department of Special Education. I understand that it is currently being used by my child at school, and the use of this equipment at home may assist in growth and generalization of his/her skills. I agree to the following conditions:

1. I understand that I am responsible for the security and care of this assistive technology equipment and that this/these device(s) are the property of the Richmond County Department of Special Education, and not that of the parent, student, or school’s. I will return the above item(s) to the Special Education Department on the specified check-in date. I will further report any damage or loss of the equipment to the school and the Special Education Department.

2. I will participate in training sessions in order to understand the appropriate use and care of this equipment.

3. I will consistently send this device to school with my child during the school year. I understand that if my child attends school without this equipment, this agreement is subject to review.

4. I understand that this agreement will be reviewed at least annually or more often at the discretion of the parent, teacher, or other school staff. Parent and teacher should document student’s progress with the equipment prior to the review date stated above.

5. I will return the equipment to the school on the due date.

6. I must inform my child’s teacher if we move from the residence listed above. I further understand that if we move from Richmond County, this equipment will remain with Richmond County and should be returned to the school.

7. If this agreement is for a computer, we understand that no other software may be loaded without the approval of the Assistive Technology Staff, nor should it be used in any other manner than specified by the RCBOE.

__________________________         ____________________________        ______________
Parent/Guardian               Date   Assistive Technology Staff     Date          Teacher Date
Assistive Technology Home Use Agreement

Student Information:

Student: ____________________________________ School: ______________________
Student Number: ___________________________ Grade: ______________________
Parent(s): _________________________________ Telephone: __________________
Address: ________________________________________________________________

Device Information:

Device: ______________________________________________________________________
Serial Number: ____________________________ Inventory Number: __________________
Accessories or Additional Components (Include inventory numbers if appropriate): _________
Name: ____________________________ Inventory Number: __________________
Name: ____________________________ Inventory Number: __________________
Name: ____________________________ Inventory Number: __________________

Purpose of Device (How will it be used by the student?)
___________________________________________________________________________
___________________________________________________________________________

Device Training:

Date Student/Parent Trained in Use and Care of Device: _______________________________

Parent Agreement and Signature:

Please read and initial each statement below:

I/we accept responsibility for the assistive technology device listed above. I/we agree to
be responsible for the repair of or replacement of the device for damage or loss due to neglect or
misuse.

I/we agree to inform the school system of any damage done to the device or to inform
them when the device is in need of repair.

I/we understand the purpose of the device and agree not to use it for any other
purposes.

I/we agree to return the device to the school system if and when my child’s IEP team
determines that the device is no longer educationally necessary in the home environment.

Parent(s) Signature ____________________________ Date ____________________________
ASSISTIVE TECHNOLOGY
BACKGROUND INFORMATION

Identifying Information:
Student Name ______________________ DOB __/__/__ Age __________
School System____________________ School ______________________
Teacher ________________________________ Grade Level _________

I. Educational Information

A. Special Education Eligibility (Place “P” for Primary Disability and “S” for Secondary Disability(ies) as documented on IEP)

- _____ Orthopedically Impaired
- _____ Mildly Intellectually Disabled
- _____ Moderately Intellectually Disabled
- _____ Severely Intellectually Disabled
- _____ Profoundly Intellectually Disabled
- _____ Speech-Language Impaired
- _____ Learning Disabled
- _____ Autistic
- _____ Significantly Developmentally Delayed
- _____ Severely Emotionally Disturbed
- _____ Traumatic Brain Injured
- _____ Deaf
- _____ Vision Impaired
- _____ Blind
- _____ Other Health Impaired
- _____ Severe Brain Injured
- _____ Behavior Disordered
- _____ Pervasive Developmental Disorder

B. All Special Education Services (List services indicated in student IEP)

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Hours Per Week</th>
<th>Name of Provider</th>
</tr>
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<tbody>
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</table>

C. Time in Regular Education Class (Hours per week)

Is this student served in a regular education class? _____ Yes _____ No
If yes, specify locations and time and if teacher or paraprofessional support is provided

<table>
<thead>
<tr>
<th>Location and Time</th>
<th>Support Provided?</th>
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<tbody>
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</tbody>
</table>
### Guidelines and Procedures

#### II. Medical Diagnosis

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Cerebral palsy</td>
</tr>
<tr>
<td></td>
<td>Autism (specify)</td>
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<tr>
<td></td>
<td>Down's syndrome</td>
</tr>
<tr>
<td></td>
<td>Neurological disease (specify)</td>
</tr>
<tr>
<td></td>
<td>Traumatic Brain Injury</td>
</tr>
<tr>
<td></td>
<td>Other syndrome (specify)</td>
</tr>
</tbody>
</table>

#### III. Current Status

### A. Vision (Please complete with input from vision teacher if appropriate)

- **Date of most recent formal test/screening:**

- **Results:**

- **Wears glasses?**
  - Yes
  - No

- **Acuity with glasses**

- **Is the student’s vision consistent across environments and time of day?**

- **Based on formal and informal measures, student exhibits:**
  - no visual impairment
  - suspected visual impairment
  - documented visual impairment

- **Explain:**

- **If no formal test/screening results are available, please complete the following information:**

  - **Does the student visually track/follow people or objects?**
  - **Does the student accurately reach toward desired items?**

  - **In what position should an object be placed for the student to optimally fixate on it?**

  - **Does the student appear to be able to distinguish between light and dark?**

  - **Does the student appear to be able to distinguish between objects and colors?**

- **Additional Comments:**

#### If the student is visually impaired or blind, please complete the following information:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>acuity</td>
<td>visual field</td>
</tr>
<tr>
<td></td>
<td>tracking</td>
<td>nystagmus</td>
</tr>
<tr>
<td></td>
<td>scanning</td>
<td>strabismus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>figure ground</td>
</tr>
<tr>
<td></td>
<td></td>
<td>color blind</td>
</tr>
</tbody>
</table>
Guidelines and Procedures

Briefly describe any additional vision concerns and attach a copy of the most recent vision examination, if available:

Specify any vision technology currently used by student:

Classroom materials:
Does the student require any of the following modifications to materials? Yes No
Please check all that apply.

- Darker lines
- Increased print size (specify)
- Increased space
- Personal copy of overhead/board materials
- Alternate background/font color (specify)

Additional Modifications:

During Computer Usage:
Describe student position at computer

Describe any visual modifications made to the computer display (font, color, enlarged mouse arrow, etc.)

B. Hearing

Date of most recent formal auditory testing/screening:
Results:

Does the student wear hearing aids? Yes No

Based on formal measures, student exhibits:

- no hearing loss
- suspected hearing loss
- mild hearing loss (left ear right ear both) Aided Unaided
- moderate hearing loss (left ear right ear both) Aided Unaided
- severe hearing loss (left ear right ear both) Aided Unaided
- deaf

If no formal test/screening results are available, please complete the following information:
Does the student startle to unexpected noises?

Does the student appear to localize or respond to sound?

Does the student appear overly sensitive to certain sounds? Specify
Guidelines and Procedures

Does the student seem to hear better on one side or the other? ______ Specify side ____________

Additional Comments: ________________________________

If the student is hearing impaired or deaf, please complete the following information:

Briefly describe any hearing concerns and attach copy of most recent audiological examination, if available:

Specify any hearing technology currently used by the student:

C. Cognitive and Academic Status

PLEASE DO NOT ABBREVIATE NAMES OF TESTS AND SUBTEST AREAS.

Date of most recent psychological assessment: __________ Specify: ____________________________

Results ________________________________

Date(s) of most recent achievement test: ______ Specify instrument(s) and results: ________________

Grade Equivalency:
Basic Reading level ______ Spelling level ______ Math Calculation______ Math Reasoning____
Reading Comprehension______ Written Expression______ Listening Comprehension ________

Date of most recent adaptive behavior assessment(s): __________________________ Specify instrument(s) and results: __________________


Guidelines and Procedures

Briefly describe student’s writing abilities/written communication skills including adaptations used:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Briefly describe student’s reading skills (decoding/comprehension) including adaptations used:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Briefly describe student’s processing skills (visual, auditory, and visual-motor):
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Please complete the following for pre-academic students or students in functional programs:

<table>
<thead>
<tr>
<th>Alerts to sound</th>
<th>Demonstrates functional use of objects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipates routines</td>
<td>Matches to sample</td>
</tr>
<tr>
<td>Demonstrates object permanence</td>
<td>Sorts</td>
</tr>
<tr>
<td>Demonstrates cause/effect</td>
<td>Has a sight vocabulary, approx. #</td>
</tr>
<tr>
<td>Identifies familiar people/objects</td>
<td>Attends to task for __seconds/__minutes</td>
</tr>
<tr>
<td>Imitates within repertoire</td>
<td>Vocal and/or __ motor</td>
</tr>
</tbody>
</table>

D. Behavior

Briefly describe any behavioral concerns (e.g. self-stimulatory, aggressive, attention seeking, etc.): ______
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

E. Communication

PLEASE DO NOT ABBREVIATE NAMES OF TESTS AND SUBTEST AREAS

Date of Formal Measures of Receptive/Expressive Language: __________________________ Specify instrument(s) and results: __________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
**Guidelines and Procedures**

Date of Informal Measures of Receptive/Expressive Language: ____________________ Specify methods:

<table>
<thead>
<tr>
<th>Method 1</th>
<th>Method 2</th>
<th>Method 3</th>
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</thead>
<tbody>
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</tbody>
</table>

Additional comments: ____________________________________________________________

Based on the results of formal and informal testing, the student exhibits:

- [ ] no communication impairment
- [ ] communication impairment

If the student exhibits a communication impairment, please provide the following information:

- **Oral motor skills**
  - [ ] structure is adequate for speech production
  - [ ] structure is inadequate for speech production - Describe: ______________________

- **Receptive Communication Skills**
  - [ ] Student anticipates familiar routines
  - [ ] Student follows verbal commands within repertoire, # of steps ______
  - [ ] Student understands single words (___1-10 words ___11-20 words ___More than 20)
  - [ ] Student understands common phrases
  - [ ] Student understands sentences

- **Expressive Communication Mode**: (Check all modes of communication currently utilized by the student)
  - **Nonsymbolic Communication**
    - [ ] Facial expressions
    - [ ] Eyegaze
    - [ ] Gestures
    - [ ] Vocalization (e.g. laughing, crying)
  - **Symbolic Communication**
    - [ ] Manual Signs Type __________________________Number ___________
    - number of signs combined for communication ___________
    - [ ] Verbal
    - [ ] word approximations
    - [ ] single word utterances 1-10 words 11-20 words 21-30 words 30+ words
    - [ ] phrases/sentences 2/3 words more than 4 words

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**Guidelines and Procedures**

Briefly describe speech intelligibility: ____________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

**Augmentative Communication System**
Briefly describe systems previously and/or currently used including symbol set and access technique: ____________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Primary mode of communication: ____________________________

Preferred mode of communication: ____________________________

**Communication Interactions:**
Does student independently initiate communicative interactions?  ____Yes  ____No
Initiations are consistent across _______ speakers _______ environments

Does student independently respond to communicative interactions?  ____Yes  ____No
Responses are consistent across _______ speakers _______ environments

Describe: __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**Communication Functions:**
Check all functions currently expressed by the student:
- _____ gain attention
- _____ express basic wants and needs
- _____ request activity choices
- _____ express rejection to indicate an undesired item/object/activity
- _____ express recurrence of a desired item/activity
- _____ request adult/peer assistance when needed
- _____ provide social greetings/farewells
- _____ express comments related to activity
- _____ respond appropriately to yes/no questions
- _____ respond appropriately to “wh” questions
- _____ express “finished” to indicate completion of an activity

**Communication Environments:**
- _____ community
- _____ home
- _____ classroom
- _____ worksite
- _____ lunchroom
- _____ playground
- _____ other Specify: ________________________________

**Communication Partners:**
- _____ teachers
- _____ peers
- _____ family
- _____ other Specify: __________________________________

**F. Motor**

COMPLETE WITH INPUT FROM OCCUPATIONAL AND/OR PHYSICAL THERAPIST, IF STUDENT RECEIVES THESE SERVICES.

Date and results of formal/informal motor assessment: ____________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Based on the results of **formal** and **informal** measures, student exhibits:

- No motor impairment
- Motor impairment

If the student exhibits motor impairment, please supply the following information:

**Ambulation**
- Student is ambulatory
- Student requires adaptive/assistive equipment for ambulation
  Specify: ______________________

**Seating and Positioning**
What seating and positioning does the student use most often (adapted chair, prone stander, bean bag mat, etc.)?

Specify:

What is optimal seating and positioning for the student?

- Student utilizes a wheelchair
  Type of wheelchair: ______________________

Wheelchair adaptations/features that promote stability (Check all that apply):
- head support
- strapped foot rest
- trunk support
- arm positioning - adductor pad
- knee abductor pommel
- seatbelt

Laptray is available: Yes No
Laptray is used: for position for activities
List other seating and positioning equipment utilized by the student:

- Current seating and positioning system is adequate
- Current seating and positioning system is inadequate

Seating and positioning concerns:

**Body Tone**
Student's general body tone is:

<table>
<thead>
<tr>
<th>Tone</th>
<th>At rest:</th>
<th>During activities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotonic (floppy)</td>
<td></td>
<td>Hypotonic (floppy)</td>
</tr>
<tr>
<td>Hypertonic (spastic)</td>
<td></td>
<td>Hypertonic (spastic)</td>
</tr>
<tr>
<td>Athetoid (fluctuating)</td>
<td></td>
<td>Athetoid (fluctuating)</td>
</tr>
<tr>
<td>Mixed</td>
<td></td>
<td>Mixed</td>
</tr>
</tbody>
</table>
### Guidelines and Procedures

**Reflexes**

Student exhibits abnormal reflexes  
- _____Yes  _____No
- _____Startle
- _____Asymmetric Tonic Neck Reflex (ATNR) - To what side? 
- _____Symmetric Tonic Neck Reflex (STNR)
- _____Extensor thrust
- _____Other- Describe: 

Describe how the student’s active body tone and reflexes affect motor control when completing functional activities: 

Does the student use these reflexes to facilitate motor actions? 

**Range of Motion**

- _____Student does not exhibit range of motion limitations
- _____Student exhibits range of motion limitations
  - Describe all areas involved: 

  Can the student move his/her head in a controlled manner? 

**Consistency of Responses**

- _____Student's motor responses are consistent
- _____Student's motor responses are affected by fatigue
- _____Student's motor responses are affected by change of position (Describe optimal positioning):

**Fine Motor**

Describe the student’s fine motor skills including the completion of ADL’s and handwriting:

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Guidelines and Procedures

Describe the student’s most reliable motor response (e.g. right hand, switch contacted with head/cheek):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Sensory Integration
Does the student have sensory integration issues? Yes No Describe: ____________________________

G. Current Technology Use

Please list ALL assistive technology (including devices, switches, computer hardware and/or software, etc.) currently used by the student at school and/or home:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How often does this student make use of the AT that is available? ____________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

When it is used, how successful and independent is the student?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What could be done to increase the student’s effective use of appropriate assistive technology now in place?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Provide information about the computers available for use:

Typical school platform: Windows Specify version(s) 95 98 2000 NT XP
Macintosh Specify OS(s) OS 9 OS X

What types of computers are now available for student use? Where?
____________________________________________________________________________________
____________________________________________________________________________________

What types of computers could be made available for student use? Where?
____________________________________________________________________________________
____________________________________________________________________________________

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How often, for how long, and for what type of use does the student have access to these computers? __________

H. Consideration Checklist

Please complete the attached Consideration Checklist and return it with this form. You will be asked to provide information about required tasks across instructional and access areas. Also, include the accommodations, modifications, and technology solutions currently in place. A resource document is included with the checklist to provide sample tasks, accommodations, modifications, and technology tools.

I. Additional Information

Background Information Provided By:

Name ________________ Position ________________ Date ________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________