**Assistive Technology Procedures**

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**References**

**Jill Gierach, Editor. "Assessing Students’ Needs for Assistive Technology (ASNAT) ." June 2009. <http://wati.org/>.**

**Consideration:** At any time, the IEP Team considers whether a student needs AT to meet IEP goals. Use the Assistive Technology Consideration Form

AT is not needed to support IEP goals.

AT currently being used is supporting progress toward IEP goals.

AT currently being used is not supporting progress toward IEP goals.

AT is not currently being used but is needed to support progress toward IEP goals.

AT has been considered for the student and no further action is needed at this time.

AT is documented in the IEP, reviewed continually and annually at IEP meetings.

IEP Team completes an AT Referral Form obtains parental consent and sends to the district AT Contact. An AT assessment will be completed.

Assistive Technology is needed to support IEP goals.

AT is trialed, data collected and documented. Use Trial Use Form.

The IEP Team recommends additional special strategies/accommodations or tools. Use AT Checklist.

**OR**

**Assistive Technology Consideration Process**

1. The IEP team must include someone with knowledge about assistive technology.
2. The IEP team will focus on the annual goals that the student is expected to accomplish.
3. The IEP team will reach one of the following conclusions:
	1. *Assistive Technology is not needed to support IEP goals.*
	2. *Assistive Technology currently being used is supporting progress toward IEP goals. Document AT in the IEP.*
	3. *Assistive Technology currently being used is not supporting progress toward IEP goals. Recommend additional special strategies/accommodations and/or AT tools or Refer for AT assessment.*
	4. *Assistive Technology is not currently being used but is needed to support IEP goals. Refer for AT assessment.*

The IEP team will complete the WCSD Assistive Technology Consideration Form

(pages 1a-b).

If additional special strategies/accommodations will be tried, use the WCSD Assistive Technology Checklist (pages 2a-c).

**Assistive Technology Referral Process**

If an IEP Team considers the need for assistive technology and determines the student needs assistive technology device(s)/service(s), the following procedures will be followed:

1. When a referral for an assistive technology assessment is made, the IEP team leader will complete the WCSD Assistive Technology Referral Form (pages 3a-b) and obtain parental consent for the assistive technology assessment (page 3c).
2. The IEP team will document the AT timeline in the meeting minutes.
3. The district will conduct assistive technology assessments as recommended by the IEP team and complete the WCSD Assistive Technology Trial Use Form

(pages 4a-b).

**Assistive Technology Loan Process**

1. IEP team determines that the student needs access to a WCSD owned assistive technology device at home or in other settings in order to receive a Free Appropriate Public Education (FAPE).
2. The assistive technology device will be provided. Parent/Guardian will sign an Assistive Technology Loan Agreement (page 5).
3. If Parent/Guardian agrees for their child to use a privately owned device at school, they will sign a Privately Owned Assistive Technology Use Agreement (pages 6a-b).

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| --- | --- | --- |
| **Name:** | **Birth Date:** | **Date:** |
| **Teacher:** | **School:** | **Grade:** |
| **Initial IEP** **[ ]**  | **Annual IEP** **[ ]**  | **Special Review IEP** **[ ]**  |

**Review and indicate any tasks for which there are concerns about the student’s ability to function as independently as possible because of disabilities.**

**Review the goals and objectives of the IEP to determine if any functional limitations will impede progress.**

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| **Task** | **Describe****current special strategies/accommodations**(**Actions** taken by student/teacher to complete the task?) | **Describe****current AT tools**(**Objects** used by the student to complete the task?) | **Comments**(Additional relevant information) |
| *Reading Example* | *Extended Time, Simplify Text* | *Color Overlays, Text to Speech* | *Student reads independently with additional supports but is still below grade level.* |
| **🞏 Motor aspects of writing**🞏 Not a Concern |  |  |  |
| **🞏 Computer Access**🞏 Not a Concern |  |  |  |
| **🞏 Composing Written Material**🞏 Not a Concern |  |  |  |
| **🞏 Communication**🞏 Not a Concern |  |  |  |
| **🞏 Reading**🞏 Not a Concern |  |  |  |
| **🞏 Learning/Studying**🞏 Not a Concern |  |  |  |
| **🞏 Math****🞏 Not a Concern** |  |  |  |

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| **Task** | **Describe****current special strategies/accommodations**(**Actions** taken by student/teacher to complete the task?) | **Describe****current AT tools**(**Objects** used by the student to complete the task?) | **Comments**(Additional relevant information) |
| **🞏 Recreation and Leisure**🞏 Not a Concern |  |  |  |
| **🞏 Activities of Daily Living (ADLs)**🞏 Not a Concern |  |  |  |
| **🞏 Mobility**🞏 Not a Concern |  |  |  |
| **🞏 Environmental Control**🞏 Not a Concern |  |  |  |
| **🞏 Positioning and Seating**🞏 Not a Concern |  |  |  |
| **🞏 Vision**🞏 Not a Concern |  |  |  |
| **🞏 Hearing**🞏 Not a Concern |  |  |  |

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| **Decision** | **Summary of Consideration** |
| **🞏** | *Assistive Technology is not needed to support progress toward IEP goals.* |
| **🞏** | *Assistive Technology currently being used is supporting progress toward IEP goals. Document AT in the IEP.* |
| **🞏** | *Assistive Technology currently being used is not supporting progress toward IEP goals.* **🞏** *Recommend additional special strategies/accommodations and/or AT tools* ***or* 🞏** *Refer for AT assessment* |
| **🞏** | *Assistive Technology is not currently being used but is needed to support progress toward IEP goals. Refer for AT assessment* |

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| **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 | **COMPOSITION OF WRITTEN MATERIAL**􀂈 Picture Supports to write from/about􀂈 Pictures with words􀂈 Words Cards/Word Banks/Word Wall􀂈 Pocket Dictionary/Thesaurus􀂈 Written templates and Guides􀂈 Portable, talking spellcheckers/dictionary/thesaurus􀂈 Word processing software􀂈 Word prediction software􀂈 Digital templates􀂈 Abbreviation expansion􀂈 Word processing with digital supports􀂈 Talking word processing􀂈 Multimedia software with alternative expression of ideas􀂈 Tools for citations and formats􀂈 Voice recognition software |
| **COMMUNICATION**􀂈 Concrete Representation􀂈Simple speech generating device􀂈Speech generating device with levels􀂈 Speech generating device with icon sequencing􀂈 Speech generating device with dynamic display􀂈 Text based device with speech synthesis | **READING**􀂈 Standard Txt􀂈 Book adapted for access􀂈 Low-tech modifications to text􀂈 Handheld device to read individual words􀂈 Use of pictures/symbols with text􀂈 Electronic text􀂈 Modified electronic text􀂈 Text reader􀂈 Scanner with OCR and text reader􀂈 Text reader with study skill support |
| **COMPUTER ACCESS**􀂈 Positioning of student􀂈 Standard Keyboard/Mouse with accessibility/accessfeatures 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:  | **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 |

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| **MOTOR ASPECTS OF WRITING**􀂈 Environmental and seating adaptations􀂈 Variety of pens/pencils􀂈 Adapted pen/pencil􀂈 Writing templates􀂈 Prewritten words/phrases􀂈 Label maker􀂈 Portable word processor􀂈 Computer with accessibility features􀂈 Computer with word processing software􀂈 Alternative keyboards􀂈 Computer with scanner􀂈 Computer with word prediction􀂈 Computer with voice recognition software | **ORGANIZATION****Self-Management**􀂈 Sensory regulation tools􀂈 Movement and deep pressure tools􀂈 Fidgets􀂈 Auditory􀂈 Visuals**ORGANIZATION****Information Management**􀂈 Tabs􀂈 Sticky notes, index cards􀂈 Highlighters􀂈 Key words􀂈 Study guide􀂈 Task analysis􀂈 Digital highlighters and sticky notes􀂈 Handheld scanners/electronic extraction􀂈 Electronic organization􀂈 Study grid generators/grading rubric􀂈 Online search tools􀂈 Online web trackers􀂈 Online sorting file tools􀂈 Digital graphic organizers􀂈 Online manipulatives, interactive, tutorials, animations**Time Management**􀂈 Checklists􀂈 Paper planners/calendars􀂈 Schedules (visual)􀂈 Portable, adapted timekeepers􀂈 Electronic reminders􀂈 Digital planners (PDA) cell phones􀂈 Web-based planning tools**Material Management**􀂈 Low-tech organizers􀂈 Checklists􀂈 Container system􀂈 Coding system􀂈 Electronic filing and storage􀂈 Portable electronic storage􀂈 Computer-based tools |

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| **RECREATION AND LEISURE**􀂈 Typical toys/puzzles/balls/utensils/instruments adapted;adjustable equipment; flexible rules; add visual/auditoryclarity􀂈 Specially designed utensils/equipment􀂈 Electronically/mechanically adapted utensils andequipment􀂈 Electronic aids – remote controls, timers, CD players,speech generating devices􀂈 Computer-facilitated and computer-based activities􀂈 Online and virtual recreational experiences | **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􀂈 Video Phone |
| **VISION****Computer access**􀂈 Color scheme􀂈 Large operating system features􀂈 Built-in magnification􀂈 Fully-featured magnification􀂈 Magnification with screen reader􀂈 Screen reader􀂈 Screen Reader with Braille device**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**Mobility**􀂈 Cane􀂈 Monocular􀂈 Braille/talking compass􀂈 Electronic travel device􀂈 GPS device | **VISION****Pictorial Information**􀂈Enlarged format􀂈CCTV􀂈Models or objects􀂈Tactile graphics􀂈Tactile-audio graphics**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 notetaker**Note taking**􀂈 Slate and stylus􀂈 Digital recording device􀂈 Computer-based recording software􀂈 Electronic Braille note taker |

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.)

[ ]  Speech/Language [ ]  Significant Developmental Delay [ ] Specific Learning Disability

[ ]  Cognitive Disability [ ]  Other Health Impairment

[ ]  Hearing Impairment [ ]  Traumatic Brain Injury [ ]  Autism

[ ]  Vision Impairment [ ]  Emotional/Behavioral Disability

[ ]  Orthopedic Impairment – Type

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Age Group**[ ]  Birth to Three | [ ]  | Early Childhood |  [ ]  Elementary |
| [ ]  Middle School | [ ]  | Secondary |  |
| **Classroom Setting**[ ]  Regular Education Classroom | [ ]  | Resource Room |  [ ]  Self-Contained |

[ ]  Home [ ]  Other

**Current Service Providers**

[ ]  Occupational Therapy [ ]  Physical Therapy [ ]  Speech Language

[ ]  Other(s)

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

[ ]  History of seizures [ ]  Fatigues easily

[ ]  Has degenerative medical condition [ ]  Has frequent pain

[ ]  Has multiple health problems [ ]  Has frequent upper respiratory infections

[ ]  Has frequent ear infections [ ]  Has digestive problems

[ ]  Has allergies to

[ ]  Currently taking medication for

[ ]  Other – Describe briefly

 **Other Issues of Concern**

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

[ ]  None [ ]  Low Tech Writing Aids

[ ]  Manual Communication Board [ ]  Augmentative Communication System

[ ]  Low Tech Vision Aids [ ]  Amplification System

[ ]  Environmental Control Unit/EADL [ ]  Computer – Type (platform)

[ ]  Manual or Power Wheelchair [ ]  Word Prediction

[ ]  Voice Recognition

[ ]  Adaptive Input - Describe [ ]  Adaptive Output - Describe [ ]  Other **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

**RERRAL 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student’s Name: \_\_\_\_\_\_\_\_\_ DOB:

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

School Contact Person: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian:

Your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has been referred for an assistive technology assessment. This assessment is to determine whether or not your child may benefit from the use of assistive technology in his/her school setting. Your permission is required to begin the assessment process. The results of the assessment will be shared with you and a copy of the assessment report will be provided to you.

Please check Yes or No and sign below.

Check One:

[ ]  Yes, I give permission for my child to be assessed for assistive technology. I have received the Notice of Procedural Safeguards.

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

Parent/Guardian Signature Date

[ ]  No, I do not give permission for my child to be assessed for assistive technology. I have received the Notice of Procedural Safeguards.

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

Parent/Guardian Signature Date

|  |  |  |
| --- | --- | --- |
| **Name:** | **Birth Date:** | **Date:** |
| **Teacher:** | **School:** | **Grade:** |
| **Task Being Addressed:** |
| **Criteria for Success:** |
| **AT Tried** | **Dates Used** | **Criteria Met?** | **Comments** (advantages, disadvantages, preferences, performance) |
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| **Recommendations For IEP:** |
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**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In considering the individual needs for your child, the IEP team has determined that assistive technology devices(s) are necessary for your child to receive a free, appropriate public education (FAPE).**

**The following assistive technology device(s) are available for loan from Williamsburg County School District Office of Special Services:**

|  |  |  |
| --- | --- | --- |
| **Device** | **Value** | **Inventory #** |
|  |  |  |
|  |  |  |
|  |  |  |

**Your signature below indicates that you agree to device loan terms. You agree to be responsible for the device(s) listed above and to return it in the same condition that it was loaned. If you have any questions or concerns, please contact WCSD Assistive Technology contact, Deloris Williams, at 843-355-5571 or 5533, ext. 6178 or** **dswilliams@wcsd.k12.sc.us****.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date**

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

**Mailing Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number**

**Student Name:**

**Parent/Guardian Name:**

**Address:**

**Telephone:**

**School:**

**Teacher:**

**Effective Dates of Agreement:** **to**

**Description of privately owned assistive technology equipment:**

**Terms of Agreement**

1. “Privately owned equipment” means assistive technology equipment owned/provided by the parent(s) for the student to use at school.
2. I, the undersigned, agree with Williamsburg County School District (WCSD) that my child may use the privately owned assistive technology equipment described above.
3. I agree that WCSD will not be responsible for any damage or loss of any privately owned equipment while such equipment is in the care, custody or control of WCSD.
4. WCSD agrees that it will take reasonably precautions to protect the privately owned equipment but that it is in no way responsible for damage to or loss of this equipment.
5. WCSD staff have explained to me that the District is required to offer my child a free appropriate public education (FAPE) under the law which includes providing necessary assistive technology equipment. I understand the District’s offer of a FAPE for assistive technology equipment. I also understand that the privately owned equipment I am authorizing my child to use at school may be more technologically advanced that that which the District is required to provide to my child under law.
6. I understand that at any time I may revoke my consent for my child’s use of privately owned assistive technology equipment at school and that this revocation must be presented in writing to WCSD Office of Special Services at least 30 days prior to the effective date of revocation. I may then request that WCSD provide appropriate assistive technology equipment to my child in accordance with the law. I understand that the assistive technology equipment may be different and may be a lower level of technology than the privately owned equipment my child has been using at school.
7. I agree that WCSD staff have sole authority to decide how the privately owned equipment is used at school.
8. I understand that this agreement will be in effect until my child’s annual IEP meeting. At that time, a new agreement will need to be executed by me and the District in order for my child to continue to use privately owned equipment at school.

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Signature of Parent/Guardian Date Signed

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Signature of Authorized District Staff Date Signed

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Position of Authorized District Staff