



Richland Parish School System

Assistive Technology Policy and Procedures

Revised 2023

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.

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Definition of Assistive Technology

Part I:

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:

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)

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. A classroom computer with a word processing program, for example, 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 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 are 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. A student who has difficulty holding a standard cup may use an adapted cup with enlarged handles. 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:

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/Hearing: 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 sheet, 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 participation and independence in recreation and leisure activities.

Seating and Positioning: Adaptive seating systems and positioning devices that provide students with optimal positions 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 it typically present in a visual (print) modality.

Recreation and Leisure- specialized equipment for the playground, CD's, timers, flexible rules, and adapted materials/equipment

(Adapted from the Assistive Technology Guidelines for Kentucky Schools, Department of Education and WAIT 2009)

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 toy 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 recorders originally developed for visually impaired and blind children to access audio-reading materials.

The student's IEP committee determines the need for Assistive technology devices. 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 **describe the required device(s) in the IEP without naming a specific brand name.** Information on considering and assessing the need for Assistive technology devices and documenting Assistive technology devices is included in the 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 of 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 caregivers.

(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 the IDEA specifies should 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 if appropriate, modified, all appropriate individuals should be trained in the use of the device and 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.

Procedures for Providing and Accessing Assistive Technology

Part II:

Considering Assistive technology Needs

Requirements: Bulletin 1508 requires a screening be conducted at or prior to the SBLC Meeting as part of the Pre-Referral process.

Each IEP team in the school system will consider Assistive technology as a part of the development, review, and revision of the students IEP. Consideration of eligibility must be given for every student with a disability who is eligible for an IEP.

Screening Procedures

It is the primary responsibility of the student's teacher along with the assistance of other service providers to utilize the Assistive Technology Consideration Checklist (Appendix A) included in the pre-referral packet.

When completing the Assistive Technology Checklist, the SBLC and other involved school personnel should:

1. Gather information related to the student, program, and environmental factors. Identify areas that are keeping the student from accessing the general curriculum.
2. Considering the area (s) identified in step one, determine whether or not the student can accomplish the required task with any special strategies, accommodations, or technology already in use within the classroom.
3. Based on the information from step one and step two, determine if the student requires Assistive technology to complete the task identified. (Refer to the checklist of possible AT resources for examples of possible technology solutions.)

The consideration process during screening 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 Assistive Technology specialist/AT Team to obtain additional technology for trial use if needed.

IEP Team's Consideration of Assistive Technology

The IEP team will complete the Assistive Technology Checklist and attach it to the student's IEP.

Possible conclusions of the screening/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 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 AT devices and services in the IEP Monitor the use of AT 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 are currently in place.
 - If the IEP Team knows potential Assistive Technology solutions, trial use of the identified Assistive technology solution may be documented in the IEP and implemented. Following the trial use period, the results of the trial with a description of the appropriate Assistive technology device should be documented in the student's IEP if the team determines that it is required.
 - If the IEP team does not know potential solutions, a referral should be made to the school system's Assistive Technology specialist/Team for a student observation/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 this statement-**The student does/does not require Assistive technology devices and services at this time.** If the IEP team determines that the student does require Assistive technology devices and /or services, they will include a description of the required Assistive technology in this section as well.

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 specialist/assistive technology team using the referral form found in (Appendix C).
- Submit a copy of the General Student information from the current IEP
- Submit a copy of the Assistive Technology Consideration Checklist with all possible sections completed.
- Send the completed referral packet to the AT coordinator.

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

Part III:

Evaluating Assistive Technology Needs

Requirement:

An assistive technology evaluation will be completed when the IEP team in consultation with the school system assistive technology specialist/assistive technology team, determines that the student's assistive technology needs cannot be effectively addressed through assistive technology consideration or if the initial AT screening indicates a need for an evaluation. Students may also be referred for an evaluation upon parent request.

Requesting an AT Evaluation:

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

- A referral for an Assistive technology evaluation must be completed on the approved form. (Appendix C) and submitted to the AT Coordinator. This activity should be conducted immediately following the initial screening. If an evaluation is indicated for a child referred for an **initial** evaluation, the AT referral should be submitted by the Pupil Appraisal Evaluation Coordinator.
- If the determination comes after consideration during the IEP meeting, the Teacher with IEP Authority shall submit the referral.

The AT Referral packet should include:

- Parent Permission to conduct further screening and observation by the AT team.
 - Assistive Technology consideration checklist with all possible sections completed.
 - General Student Information Section of the IEP
- Once this referral is received, the AT coordinator will review the referral information and will make arrangements for the AT team to conduct further screening and observation to determine if further evaluation is warranted.
 - The referral source will be notified concerning the AT team's decision whether or not further evaluation is indicated.

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.

Part IV

Documenting Assistive Technology in the IEP

Requirement:

Assistive technology devices and services that have been determined educationally necessary by the IEP team will be described/documentated in the student's IEP.

Procedures:

The IEP team will describe 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:

1. 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:

[The Student'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 the student after he graduates.

2. General Student Information:

Example:

Evaluation Results: The 10/19/05 Assistive Technology evaluation revealed that [The Student] demonstrated difficulty completing all writing assignments using standard classroom tools such as pencil and paper.

Academic, Developmental and Functional Needs: [The Student] demonstrates deficits in spelling grammar, and punctuation errors.

Assistive Technology Devices/Services: [The Student] should have access, within the classroom setting, to a hand-held spellchecker to aid him in editing his hand written communications and computer-based word processing program with built-in spell check, grammar, and punctuation check.

Accommodations: Due to her severe visual impairment, [The Student] requires that all testing materials including directions and, if appropriate, answer sheets should be provided for her use in Braille. Her answers will be transferred onto a scorable answer document as written by [The Student].

3. Instructional Plan:

Present Levels of Academic Achievement and Functional 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:

[The Student] 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. [The Student] demonstrates proficiency in manipulative devices, such as a keyboard/calculator. [The student] has access to a hand-held spell checker and a computer-based word processing program to aid him in editing his hand written communication.

Annual Goals (and Objectives for Students Participating in Alternate

Assessment): Typically, if a student is using Assistive technology, it is addressed in the goals and objectives. The Assistive technology is simply a tool that assists the student in accomplishing the objective. **The IEP team should determine the goals and objectives first and then decide how technology will be used to accomplish them.**

Example:

[The Student] 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.

4. Program/Services Page:

Supports needed for School Personnel: This section provides the place to document consultation and training needed in Assistive technology and identify the discipline responsible for the training (OT, SLP, PT, Regional center for Assistive Technology, etc).

Example:

The Speech Language Pathologist will consult with instructional personnel and provide training, if needed, in the use and programming of [The Student's] voice output device.

Accommodations for LEAP: 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 may determine that additional LEAP accommodations are needed.

Example for the student who uses Braille:

Braille and Transferred Answers would both be indicated in addition to any other accommodations needed.

5. Accommodations Needed Page: Assistive Technology must be documented in this section of the IEP if the student is using the technology in the school setting. This technology must agree with that justified in General Student Information and that determined necessary for LEAP accommodations on the Program/Service page.

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. 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. If the IEP team determines that only one particular model will meet the student's need, then the specific model should be listed by name.

The IEP team must reconvene when Assistive Technology devices are needed to address areas other than those identified in the most recent evaluation. It is not necessary to reconvene the IEP for upgrades for existing technology identified in the most recent evaluation.

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 specialist/Assistive technology team.

Part V:

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. (Appendix B)

Procedures:

When appropriate, the IEP team will develop an assistive technology intervention plan (Appendix B) to ensure that the assistive technology is implemented as documented in the student's IEP. This plan outlines the projected outcomes of the intervention, the action steps required to achieve the outcomes, the staff responsible to implementing the action steps, and a plan for evaluating the effectiveness of the intervention (Appendix C). A sample assistive technology intervention plan is available in this manual.

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.

Requesting Assistance

The student's IEP team may request assistance from the school system's Assistive Technology specialist when needed. The following types of Assistive technology are available. The appropriate form to request assistance is found in (Appendix C).

- **Device Loan Program**

The IEP team will contact the school system assistive technology specialist/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 loan program for Region 8's Center for Assistive Technology. 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.

- **Device Customization**

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.

- **Device Maintenance and Repair**

When equipment is not in working order, the school staff will contact the school system assistive technology specialist to obtain directions as to how they should proceed in getting the device repaired.

- **Device Training and Support**

The school staff will participate in professional learning courses as needed to obtain the skills and expertise necessary to implement the assistive technology intervention program. Professional learning training may be requested from the school system assistive technology specialist using the forms available in this manual.

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.

The Assistive technology intervention program will be modified as needed based on student needs and curriculum.

Part VI:

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 (Appendix C).

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.

Tracking:

To insure Richland Parish's compliance with state guidelines and procedures, the Supervisor of Special Education Services will designate personnel to maintain data on students in the parish regarding technology usage. This will include:

1. Assist with maintaining accurate and detailed inventory of parish's Assistive technology equipment and location of equipment within the parish.
2. Maintain and report all screening, evaluations, consultations, in-services and tech support.
3. To maintain up to date records on all equipment loans.

Appendix A

Assistive Technology Consideration Checklist and Resource Guide

- Initial Screening/Pre-referral activity
- Documentation of Consideration
- Additional Service Request

Richland Parish Schools' Assistive Technology Screening Checklist for Use in Educational Programming

The Assistive Technology Screening Checklist documents physical, fine/gross motor, communication, sensory, academic, recreation and leisure, vocational, and self-help areas in which assistive technology may be considered to enable a student with a disability to access the general education curriculum. It serves as an organizer for considering those skills and activities in which assistive technology would benefit a student's functioning in an academic setting. Please answer the following questions. Be sure to list any accommodation or assistive technology attempted and the results. If the answer is "no", please provide a brief statement describing the problem. This form must be completed for all initial evaluations as part of pre-referral activities.

Student: _____ **DOB:** _____ **Screening**

Date: _____

School: _____ **Grade:** _____ **Person Completing**

Form: _____

Physical Functioning/Gross Motor Abilities:

Can the student independently sit upright, maintain posture, sit on the floor, participate in playing/running, and navigate within his educational setting? Yes No

Fine Motor:

Can the student cut with scissors, use writing utensils, copy from a book, turn pages in a book, draw, form letters, stay on the line, and trace independently? Yes No

Can this student use a standard keyboard and mouse to access a computer? Yes No

Communication Functioning:

Does this student speak to communicate? Yes No

Does this student use a mode other than speech? Yes No If yes, list _____

Is the student's mode of communication understood by others: Yes No

Vision/Hearing:

Is the student able to see printed materials, track/follow visual stimulation and transfer information from a book, chart, or chalkboard to paper without the use of visual aids other than those generally available to all students in the setting? Yes No

Is the student able to adequately hear and respond to instruction within the educational environment? Yes No

Academic Functioning:

Does the student write legibly and at a reasonable rate? Yes No

Does the student accomplish written tasks (paragraphs, essays, short answers)? Yes No

Does the student perform mathematical tasks needed for school and daily living using aids/accommodations generally available to all students within the setting? Yes No

Does the student take notes at the level needed in school and/or in daily living? Yes No

Does the student visually track along a line of print? Yes No

Does the student correctly spell words needed to communicate in written print? Yes No

Does the student read text independently? Yes No

Does this student attend to instruction? Yes No

Does this student demonstrate adequate memory in order to complete tasks assigned: Yes No

Recreation/Leisure:

Is the student able to use the playground equipment, participate in group recreational activities, and other extra-curricular activities independently? yes No

Vocational Functioning (If applicable)

Does the student demonstrate sufficient positioning and stamina to work in a job? Yes No

Is the student able to use vocational equipment, telephones, and computer without modifications generally provided to all students in the setting? Yes No

General Health:

Is the student's health condition adequate for satisfactory school performance? Yes No

Self-Help:

Is the student able to manage daily self-care and daily living activities as well as other students in the educational setting? Yes No

Environmental Control/Sensory:

Is this student able to sit and attend to instruction in a reasonable fashion compared to his peers? Yes No

Does this student demonstrate oversensitivity to sounds, lights, smells, temperature, or touch? Yes No

To be completed by IEP Team and/or Evaluation Team:

Recommendations:

The student has been screened/considered for assistive technology and :

- No further action is required at this time.
- Additional screening and/or possible evaluation by the AT Team is needed.
- The following accommodations and/or classroom strategies are recommended to address the concern:

concern:

Actions Taken:

- Provided a list of recommendations for the IEP Team to consider
- Completed the referral forms required and sent to the AT Team on _____.



WATI Assistive Technology Assessment Checklist

SEATING, POSITIONING AND MOBILITY

Seating and Positioning

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

Mobility

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

COMMUNICATION

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

COMPUTER ACCESS

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

MOTOR ASPECTS OF WRITING

- Environmental and seating adaptations
- Variety of pens/pencils
- Adapted pencil
- Writing templates
- Prewriter, 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

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

READING

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

MATHEMATICS

- Math manipulatives
- Low-tech physical access
- Abacus/meshline
- Adapted math paper
- Adapted math tools
- Math "smart chart", math scripts
- Math tool bars
- On-screen calculator
- Alternative keyboards/portable math processors
- Virtual manipulatives
- Math software and web simulations
- Voice recognition math software

ORGANIZATION

Self-Management

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

(Organization continued in next page)



ORGANIZATION *(continued)*

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 setting 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

RECREATION AND LEISURE

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

VISION

Computer access

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

VISION *(continued)*

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

Mathematics

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

Pictorial Information

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

Note taking

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

HEARING

Hearing Technology

- FM
- Infrared
- Induction Loop
- I:1 Communicators
- Personal amplifier

Alerting

- Visual or vibrating alerting devices

Communication

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

Writing

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

Mobility

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

Appendix B

Assistive Technology Intervention/Action Plan

Richland Parish Schools

Assistive Technology Intervention/Action Plan

Student's Name: _____ Date Plan Written: _____

School: _____ Grade: _____ Exceptionality: _____

Related Services/Primary Services: SLP, OT, PT, APE, Other: _____

Teacher's Name: _____ E-Mail Address: _____

ACTION	RESPONSIBLE PARTY	COMPLETION DATE

Richland Parish Schools

Assistive Technology Intervention/Action Plan

Student's Name: _____ Date Plan Written: _____

School: _____ Grade: _____ Exceptionality: _____

Related Services/Primary Services: SLP, OT, PT, APE, Other: _____

Teacher's Name: _____ E-Mail Address: _____

ACTION	RESPONSIBLE PARTY	COMPLETION DATE
Receive augmentative device	Assistive technology team	When approved
Examine device to ensure all needed parts are present	Assistive technology team	Within 2 days of receipt of device
Reinstate or build the vocabulary currently in her old device to her new device	Assistive Technology team/SLP	Within 10 days of receipt of device
Attend training on care of device	Assistive Technology Team	Within 3 weeks of receipt of device
Implement the device in the classroom	Teachers/support staff	Beginning after training on care and use----ongoing
Ongoing support for staff in use, care, maintenance, troubleshooting, and implementation	Assistive Technology Team	Until age 21

Sample

Appendix C

Request for Services and Required Forms

REQUEST FOR ASSISTIVE TECHNOLOGY SERVICES

Date: _____

Teacher's Name: _____ School: _____

Student(s) _____

Phone Number: _____ FAX Number: _____

E-Mail: _____

TYPE OF SERVICE REQUESTED

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

	Type of Service	Required Forms to be Submitted with this Form
<input type="checkbox"/>	Student Consultation	<ul style="list-style-type: none"> • Student Request Form • Consultation Parent Permission Form • Copy of General Student Information from IEP
<input type="checkbox"/>	Student evaluation (Will only be done subsequent to a student consultation.)	<ul style="list-style-type: none"> • Student Request Form • School system Permission to Evaluate form with assistive technology listed on the form • Copy of General Student Information from IEP • Consideration Checklist
<input type="checkbox"/>	Classroom consultation	<ul style="list-style-type: none"> • Classroom Consultation Information Form
<input type="checkbox"/>	Device technical support	<ul style="list-style-type: none"> • Email AT Coordinator
<input type="checkbox"/>	Inservice Request	<ul style="list-style-type: none"> • Inservice Request Form/Email AT Coordinator

If you would like for us to work with someone else to schedule this service, please provide their contact information:

Name: _____ Position: _____

Address: _____

Phone Number: _____ FAX Number: _____

E-Mail: _____

Teacher

Date

**PLEASE RETURN ALL REQUIRED FORMS TO: ASSISTIVE TECHNOLOGY TEAM
PUPIL APPRAISAL OFFICE
CENTRAL OFFICE**

STUDENT REQUEST FORM CONSULTATION OR EVALUATION

Date: _____

Student(s) _____ Grade Level: _____

Teacher's Name: _____ School: _____

Phone Number: _____

Parents: _____ Phone Number _____

Please note that the student's teacher and all related service providers are expected to be present during this consultation or evaluation.

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?

Teacher

Date

**PLEASE RETURN FORM TO: ASSISTIVE TECHNOLOGY TEAM/AT COORDINATOR
PUPIL APPRAISAL OFFICE
CENTRAL OFFICE**

**PARENT PERMISSION FORM
ASSISTIVE TECHNOLOGY
CONSULTATION**

Dear Parent:

Your child's school has requested assistance from the school assistive technology team/specialist to aid the school staff in developing and/or implementing an assistive technology intervention program for your child. The assistive technology specialist/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. 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 specialist/team to work with your child during the on-site technical assistance visit. Please note that you are also giving the assistive technology specialist/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 Specialist

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

Student's Name: _____

Parent's Name: _____

_____ **Yes**, I do give my permission for the school system assistive technology team/specialists 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/specialists to review my child's educational records.

_____ **No**, I do not give my permission for the school system assistive technology team/specialists 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's Signature

Date

**PARENT PERMISSION FORM
ASSISTIVE TECHNOLOGY EVALUATION**

Dear Parent:

Your child's school has referred you 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 specialist/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 the 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. 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 his request for the assistive technology specialist/team to conduct an assistive technology evaluation. Please note that you are also giving the assistive technology specialist/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 Specialist

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

_____ Yes, I do give my permission for the school system assistive technology team/specialists 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 team/specialists to review my child's educational records.

_____ No, I do not give my permission for the school system assistive technology team/specialists 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's Signature

Date

Classroom Consultation Information Form

Date: _____

Grade Level: _____ Teacher's Name: _____

School: _____ Telephone _____

Student Information:

Please provide the following information on the students in the class.

Number of Student	
Age Range of Students	
Types of Disabilities	

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 difficulty are you experiencing with any of the technology solutions listed above?

What have you or other school staff done to address these difficulties?

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

Signature

Date

PLEASE RETURN REQUEST TO: ASSISTIVE TECHNOLOGY TEAM/AT COORDINATOR
PUPIL APPRAISAL OFFICE/CENTRAL OFFICE

TECHNICAL SUPPORT REQUEST

Date: _____ Student: _____

Contact Person: _____ School: _____

Telephone: _____ FAX: _____

Device Information:

Name of Device-Hardware-Software: _____

Manufacturer: _____

Version-Model: _____

If computer based, type of computer: _____

Where is the equipment located: _____

Problem:

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

Signature-Contact Person

Date

Principal

Date

**PLEASE RETURN REQUEST TO : ASSISTIVE TECHNOLOGY TEAM/AT COORDINATOR
PUPIL APPRAISAL OFFICE
CENTRAL OFFICE**

INSERVICE REQUEST FORM

Name of person Requesting In-service: _____

School: _____

Address: _____

Telephone: _____ FAX: _____

In-Service Information:

Name of Device/software, etc. to be Addressed: _____

Knowledge Level of Participants: ____ Introductory ____ Intermediate ____ Advanced

Location of Inservice: _____

Desired Date or Dates for In-service: _____

Projected Number of Participants: _____

Age Levels Taught: _____

Program Areas Represented: _____

Additional Information:

Please include any additional information that will be beneficial to us in planning for this in-service.

Signature-Person Requesting In-Service

Date

Principal

Date

PLEASE RETURN REQUEST TO: **ASSISTIVE TECHNOLOGY TEAM/AT COORDINATOR
PUPIL APPRAISAL
CENTRAL OFFICE**

SHORT-TERM EQUIPMENT LOAN REQUEST

Date: _____ School: _____

Date Equipment is Needed: _____

School Contact Person (responsible for loan and equipment return): _____ve
Phone: _____

Principal: _____

Please list the equipment you wish to borrow. Be as specific as possible. Equipment that is to be used together should be placed on one form. When several different pieces are desired, separate forms are needed. (ex .you need an AlphaSmart, mounting system and switch- would go on one form-AlphaSmart would go on separate form).

Your signature on this Short-term Agreement Request Form indicates your agreement to the following:

The school agrees to return the equipment at the end of the loan period.

The school agrees to reimburse the special education department for the cost of the equipment listed above should it be lost, stolen, or damaged during the time that the equipment is in the school.

Signature of Principal

Date

**PLEASE RETURN THIS REQUEST TO: ASSISTIVE TECHNOLOGY TEAM/AT COORDINATOR
PUPIL APPRAISAL
CENTRAL OFFICE**

Richland Parish School System

Equipment Loan Request Form

Date of Request: _____

Person Making Request: _____

School: _____ Contact Number: (____) _____

Email Address: _____

Reason for Request: _____

DUE DATE: _____

Your signature on the Agreement Request Form indicates your agreement to the following:

- The parent/student agrees to return the equipment at the end of the loan period.
- The parent/student assumes responsibility for the cost of the equipment listed above should it be lost, stolen, or damaged during the time that the equipment is in possession of the parent/student.

Principal's Signature

Date

Parish AT Contact Signature

Date

Parent's Signature

Date

Student's Signature/Name

Date

For Office Use only:

Date Loaned: _____

Delivered To: _____

Delivered By: _____

Condition of Equipment: _____

Date Returned: _____

Delivered To: _____

Delivered By: _____

Condition of Equipment: _____

Assistive Technology Implementation Plan

Student's Name: _____ Age: _____ Meeting Date: _____

School/Agency: _____ Grade/placement: _____

IEP Team Members:

Title	Printed Name	Signatures

Assistive Technology Devices and Services:

AT devices and services training log and documentation			
Person(s) to be trained	Specific Training Required	Duration of Training	Date Completed

Management and Support of Device		
Location(s) of AT Device (classrooms, recess, therapy, home ..etc)	Required Support (set up, receiving/sending assignments, calibration, programing, recharging, basic troubleshooting, modeling....etc)	Person(s) Responsible

AT Coordinator for repair and advance troubleshooting of AT device:

Date for next Implementation plan update and/or transition plan: _____