



Northeast Tennessee Assistive Technology Cooperative

East Tennessee State University Box 70548 Johnson City, TN 37614 (423) 439-4161

NET-AT

Assistive Technology Evaluation Mental Retardation – High School

Name: Student C
Primary Disability: Mental Retardation
Area(s) of Need: Posture and Pre-vocational
Grade Level: High School
Instructional Setting: Extended Resource
Team Members: Member A, M.S., OTR, NET -AT Team Leader
Member B, NET -AT Team Leader
Member C, NET -AT Team Leader
Member D, ER Teacher
Member E, Vision Specialist

Purpose of Assistive Technology Evaluation:

The evaluation was conducted to give assistance in the areas of motor control, social skills and written communication that will enable Student C to increase her participation and independence in school activities.

Observations:

Student C is a 16-year old high school student referred for an assistive technology evaluation at the request of her parents. Mother reported that her primary concerns were Student C's posture and drooling which could inhibit her ability to work in a vocational setting. Student C was observed in the classroom setting by a member of the NET-AT prior to the team observation session.

Student C qualifies for SPED services under the criteria of mental retardation. She has blindness resulting from total retinal detachment due to retinopathy of pre-maturity. She has a history of seizures. On the date of observation, Student C was undergoing a medication change, with all medications being removed as of that day. She had previously been taking Tegretol and Depakote.

Student C is currently enrolled in an extended resource class at the high school level. She receives vision therapy services for 1 ½ hours twice weekly. IEP goals reflect a curriculum focusing on functional independence in the home and pre-vocational skills, including cleaning, cooking, safety, hygiene, eating with utensils, toileting, sorting and stuffing envelopes. The teacher additionally describes working on Student C's ability to verbally communicate emergency information (e.g., name, address), eating lunch in an appropriate time, setting a table, folding laundry and simple assembly tasks. Student C has good tactile discrimination skills, evidenced by the ability to count coin money.

Vision therapy has been teaching Braille over the prior 2 years, using enlarged dots. Currently,

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Student C can identify letters a-j with approximately 75% accuracy. Success with learning Braille has reportedly been limited by Student C's cognition. Vision therapy is additionally working with orientation and mobility for cane skills.

Student C was observed by the AT team sitting at her desk, assembling pens. She sat with her neck flexed, putting her head in a downward position, facing the desk. The length of her forearms was supported on the desktop. Currently, verbal cues, a clap or simply disengaging conversation is used to cue Student C to hold her head upright. This type of cueing has a temporary effect on Student C's behavior.

In the classroom, Student C currently uses an IBM compatible computer equipped with a keyboard, mouse, Jellybean switch and IntelliKeys. Student C primarily uses the computer to activate simple cause and effect software with auditory feedback. She additionally has access to an adaptive tape player.

Strengths:

- Cooperative attitude
- Good manners
- Memory
- Supportive, knowledgeable family
- Supportive educational team with classroom focus on pre-vocational skills

Areas of Concern:

- Written communication
- Posture
- Drooling
- Social skills

Considerations:

In order for Student C to increase her posture, social skills and written communication skills the team offers the following considerations:

- Use of a scribe for written expression
- Mercury switch to provide an auditory cue for Student C to maintain appropriate posture
- Sensory seat may help to facilitate good posture in sitting
- Postural strengthening exercises
- Name stamp may be offered as Student C needs to produce a legal signature
- Use a chair with a higher back, to provide more support
- Begin workshop visitations to refine transition goals for Student C; contact vocational rehabilitation
- Expand use of peer tutors and role playing for social skills training
- Consider a personal information card for Student C to carry with her that provides emergency information
- Oral motor strategies to decrease drooling: water bottle with sport cap, chewy snacks (e.g. gummy bears, chewing gum, licorice, tootsie rolls), crunchy foods (e.g., pretzel sticks, carrots,

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apples), drinking through a straw, activities to increase tone (e.g., blowing bubbles, kazoo, harmonica, whistle, sucking yogurt through a straw)

*Considerations are recommendations for the IEP team to utilize when taking into account the Assistive Technology needs of a student. The final determination of any AT device(s) and/or software is the decision of the IEP team.

EXAMPLE ONLY