Assistive Technology and Transition

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Acknowledgement

Assistive Technology and Transition

Introduction

The Individuals with Disabilities Education Act mandates the provision of both assistive technology services and transition services for students with disabilities. When a student with a disability requires assistive technology in order to accomplish one or more functional skills, the use of that assistive technology must be included in effective transition planning. The forms in this packet have been specifically designed to assist the student's team in coordinating and managing that planning.

Procedure Guide for Assistive Technology and Transition Planning
This form lays out the sequence of steps involved in using each of the forms. It includes a time line that begins at age 14 or before and ends with graduation.

Assistive Technology Protocol for Transition Planning
This form was developed by Noll, Schwartz, and Canfield (2001) through a grant from the Wisconsin Department of Public Instruction to CESA 11. It is designed to provide the transition team with specific questions that will help them determine if additional assistive technology may be needed in a future environment. It focuses on practical activities and provides a variety of assistive technology solutions. It is included in this packet with permission of the authors.

Student Information Guide for Self Determination and Assistive Technology Management
Throughout the research on transition, the need for self determination is repeatedly identified as a critical component of success. Recent research about assistive technology and transition confirms its importance in continued use of the assistive technology after transition out of high school takes place. This form provides a tool for the team to use in helping the student develop critical self determination and assistive technology management skills. It includes sections on Problem Solving Skills, communication Skills, AT Devise Specific Skills, AT Management Skills, and Goal Setting Skills.

AT Goal Setting Worksheet
This simple form is to give to the student to help him or her think about and plan for the acquisition of specific self determination and assistive technology management skills. It can be used in conjunction with the Student Information Guide for Self Determination and AT Management or the AT Protocol for Transition Planning.

Assistive Technology Planning Guide for Transition
This page is a guide to be used during a Transition Planning meeting. It will help the team move through a decision making process. It provides specific cues at each step of the process to insure that necessary information is considered. It is not intended that you write on this page, but rather that you write information up on a board or chart so that all team members can see it.

Student Portfolio for Successful Transition with Assistive Technology
This series of forms is intended to be completed and the placed in a portfolio that the student will take with him or her upon graduation. Information can be added to it during the last three to four years in school. The intent of this section is to have all necessary in one, easily identifiable place for the individual or his or her family when questions or concerns about the assistive technology surface.

Individual forms included in the Portfolio section:
- **Student's Identifying Information**
- **Student's Documentation**-Recent IEP(s), Assessment Reports, Documentation of Successful accommodations/modification/assistive technology, Documentation of AT Self Determination Skills, Record of eligibility for DVR (if appropriate),
- **Assistive Technology Information**
- **Assistive Technology Emergency Plan**
- **Transition Resources**

Procedure Guide for
Assistive Technology and Transition Planning

At Age 14 or Before:
- Review contents of the *AT and Transition Planning Kit*
- Using the *Assistive Technology Protocol for Transition Planning*, the IEP team (including the parent and student) should review each of the content areas of the Protocol (Daily Living, Transportation, Tolerance of school day/work day, Mobility, Communication, Computer Access, and Literacy) and determine any areas that are of concern or skills that need to be improved.
- Using the *Student Information Guide for Self Determination and Assistive Technology Management*, note which skills are Never Demonstrated, Demonstrated with Assistance, or Demonstrated Independently. Identify skills that need to be developed or improved.
- Using the *AT Goal Setting Worksheet*, discuss the importance of the content with the student. Facilitate the student's identification of goals of interest to him or her.

Each Year at IEP Review
- Repeat the above steps as needed for effective planning. Include in the IEP any skills identified using the *AT Protocol for Transition Planning* and/or the *Student Information Guide for Self Determination and AT Management.*
- Encourage the student to gradually assume more responsibility for participating in and eventually leading the meeting.
- If team decisions need to be made about assistive technology use or other aspects of transition, follow the decision making process taught by the WATI, using the previously mentioned tools to gather information and the *AT Planning Guide for Transition* to guide the team through the decision making process.

At Age 17
- Work with the student to begin completing and compiling the necessary documents for the *Student Portfolio for Successful Transition with Assistive Technology*. Place documents in the *Portfolio* and check them off on the Contents list.

Prior to Graduation
- Check the contents of the *Portfolio*, adding anything that is missing and updating or deleting outdated information.
- Review the contents of the *Portfolio* with the student and his/her parent or guardian, if appropriate.
- Turn the *Portfolio* over to the student (or the students parent or guardian, if necessary).

Assistive Technology Protocol for Transition Planning

Name: _____   **Person Completing Report:** _____
Date of Birth: _____ **Age:** _____   **Date of Report:** _____
Grade: _____   **Expected Date of Graduation:** _____

❖ **Purpose**

The purpose of this protocol is to review the student's assistive technology needs when transition planning.

❖ **Ratings**

In each of the following functional areas, determine if the student has any limitations. If limitations do exist, answer the questions regarding the student's capacities. Consider their abilities with & without assistive technology.

❖ **Please Read and Consider Each Item**

Any **NO** answer is a red flag that the student may confront significant barriers during their transition process. However, these are minimum standards. Even with a **YES** rating, there may still be a benefit from using assistive technology for this function.
Next, consider the examples of types of assistive technology that might be used to address these barriers.

DAILY LIVING

DAILY LIVING ACTIVITIES
Can the student independently..

Yes	No	Eat?
Yes	No	Prepare food?
Yes	No	Do laundry?
Yes	No	Groom and take care of hygiene?
Yes	No	Perform housekeeping activities?
Yes	No	Manage time and follow a schedule?

DAILY LIVING ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Dressing Aids				
Adaptive Clothing				
Adaptive Kitchen Utensils and Dishes				
Roll-in Shower				
Adaptive Hygiene Devices				
Environmental Controls				
Adaptive Grooming Tools				
Adaptive Appliances				
Reachers/Grabbers/Low Tech Aids				
Assistive Time Devices				
Assistive Memory Devices				
Electronic Organizers/Day Planners				
Emergency Response Systems				
Alarm System				
Adaptive Positioning & Seating Devices				
Adaptive Mobility Devices				
Adaptive Bathing Devices				
Color Coded Items (for easier locating & identifying)				
Other				

Comments:

TRANSPORTATION

TRANSPORTATION ACTIVITIES
Can the student...

Yes	No	Drive?
Yes	No	Get in/out of any vehicle to be a passenger?
Yes	No	Transfer into vehicle and load mobility device?
Yes	No	Get into vehicle with ramp or lift?
Yes	No	Independently arrange transportation?
Yes	No	Independently utilize public transportation?

TRANSPORTATION ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Adaptive Driving Equipment				
Car Top or Bumper Carrier for Mobility Device				
Van with Ramp or Lift				
Other				

Comments:

TOLERANCE

TOLERANCE
(to school/community/work environment)
Can the student...

Yes	No	Physically tolerate full day school / work?
Yes	No	Emotionally tolerate full day school / work?
Yes	No	Medically tolerate full day school / work?
Yes	No	Environmentally tolerate full day school / work? (allergies, sensitivities to the environment, etc.)

TOLERANCE ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using Independently
Distance Learning				
Adaptive Seating and Positioning				
Electronic Communication				
Organizers / Day Planners				
Other				

Comments:

MOBILITY

MOBILITY ACTIVITIES
Can the student independently..

Yes	No	Navigate at a reasonable pace?
Yes	No	Navigate outside on varied terrain(i.e.,college campus)
Yes	No	Tolerate and be mobile at this pace to 3 city blocks?
Yes	No	Carry a 5-pound backpack while being mobile?
Yes	No	Operate controls to activate community building access devices? (i.e., electronic doors, elevator, walk light)

MOBILITY ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Power Wheelchair				
Manual Wheelchair				
Powered Scooter				
Walker				
Cane/Crutches				
Grab Rails				
Environment Controls				
Other				

Comments:

COMMUNICATION

ORAL COMMUNICATION ACTIVITIES
Can the student...

Yes	No	Communicate wants & needs to non-familiar communication partner?
Yes	No	Independently operate a telephone?
Yes	No	Independently communicate with non-familiar person on the telephone?
Yes	No	Understand and remember simple verbal instructions?
Yes	No	Understand and remember complex verbal instructions?

COMMUNICATION ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Eye-Gaze Board				
Picture or Spelling Board				
Electronic Voice Output Device				
Computer-Based Speech Device				
Adaptive Telephone				
Adaptive Writing Devices				
Laptop Computer				
TTY				
Relay System				
Voice Output Reminders				
Electronic Organizers				
Others				

Comments:

COMPUTER ACCESS

COMPUTER ACCESS ACTIVITIES
Can the student independently..

Yes	No	Perform manipulative tasks (includes turning computer on/off, entering data, operating mouse, handling paper in an efficient manner?
Yes	No	Access the Internet?
Yes	No	Control the cursor?
Yes	No	See the computer screen?
Yes	No	Manage the keyboard?

COMPUTER ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Keyboard/Built-in Adjustments				
Alternate Keyboard				
On-Screen Keyboard				
Arm Rests/Adjustable Work Station				
Alternate Mouse Function				
Productivity Enhancement Software				
Voice Input				
Voice Output				
Morse Code				
Switch Operator/scanning				
Braille Writer				
Screen Adaptations				
Other				

Comments:

LITERACY

LITERACY ACTIVITIES
Can the student...

Yes	No	Manipulate books and newspapers to read independently?
Yes	No	Comprehend print materials prepared for general public?
Yes	No	See text to read it?
Yes	No	Physically produce written information?
Yes	No	Communicate ideas in a written format at their expected level of proficiency?

LITERACY ADAPTATIONS	Not applicable	Possibly could use	Using but could be improved	Using independently
Page Turner/Book Holder				
Scanning/Optical Character Recogn.				
Picture Texts and Instructions				
Voice Output				
Highlighted Text/Enlarged Text				
Recorded Materials				
Organization Aids				
Talking Word Processor				
Computerized Text Adaptations				
Productivity Enhancement Software				
Signature Stamp				
Electronic Organizers (i.e. palm computers)				
Hand-Held Text Readers & Scanners				
Other				

Comments:

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Student Information Guide for
Self Determination and Assistive Technology Management

Name:_____ Date:_____

Assistive Technology Currently Being Used:_____

(Complete a separate checklist for each type of assistive technology, especially if student has varying skill levels associated with specific assistive technology.)

Skill Demonstration:	Never	With Assistance	Independent	N/A
PROBLEM SOLVING SKILLS				
Student is able to:				
understand and explain strengths and weaknesses				
differentiate wants and needs				
make choices				
consider multiple options and consequences				
identify and contact resources such as social services, consultants and therapists				
understand legal rights and how and when to obtain those rights				
persevere when others don't follow through				
COMMUNICATION SKILLS				
Student is able to:				
initiate communication				
request clarification and information				
ask for assistance (when, where, who, and what to say)				
communicate clear messages				
explain the disability, and needed accommodations				
check for listener's understanding				
successfully repair communication breakdowns				
access and use phone				
access and use internet/written communication				

| | | With | | |
Skill Demonstration:	Never	Assistance	Independent	N/A

AT DEVICE SPECIFIC SKILLS
Student is able to:

Skill	Never	With Assistance	Independent	N/A
set up the AT hardware or software				
tell another how to set up the AT				
identify environmental accommodations needed to use the device				
turn on/off options as needed				
program the device and back up, if needed				
request new features, set ups, options, messages, etc.				
determine when usage of AT is not appropriate or needed				
determine when different AT may be needed				
obtain supplies needed for AT device (batteries, tapes, etc...)				
utilize low tech/no tech back up for AT				

AT MANAGEMENT SKILLS
Student is able to:

Skill	Never	With Assistance	Independent	N/A
recognize when AT is malfunctioning				
trouble shoot simple problems				
identify sources of technical assistance/repair				
contact sources of technical assistance/repair				
ship/take AT to source of repair				
identify sources of funding for repair				
apply for/request funding assistance				
request/obtain back up for AT during repair				
access and use emergency backup plan when device is not available				

GOAL SETTING SKILLS:
Student is able to:

Skill	Never	With Assistance	Independent	N/A
set realistic goals for himself/herself in general				
set realistic goals for use of assistive technology				
follow through on goals when set				
monitor progress toward goal(s)				
reflect on and evaluate progress toward goal(s)				
lead a discussion about goals				

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AT GOAL SETTING WORKSHEET

Name:_____**Date:**_____
_

Directions: As the user of AT, it is important that you be able to tell others about yourself and your AT. It is also important to plan for the future. Please think about the skills below and use them to develop goals that will help you become an independent adult. There are other goals besides these, but these will help you get started.

As an adult I will need to be able to:
- tell people about my disability
- identify things that help me
- ask for help when needed
- set up and operate my AT equipment

As an adult, I will need to know:
- my legal rights
- where information about my AT is kept
- service agencies that can help me after I graduate
- how my AT is paid for
- where to go for help with my AT
- what to do when my AT breaks down
- where to get my AT repaired

Goal 1:_____

_____

_____

Goal 2:_____

_____

_____

Goal 3:_____

_____

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Student Portfolio for Successful Transition with Assistive Technology

PORTFOLIO CONTENTS:

- ◆ **Section I: Student Identifying information**

- ◆ **Section II: Documentation**

- ◆ **Section III: Assistive technology information**

- ◆ **Section IV: Assistive technology emergency backup plan**

- ◆ **Section V: Transition Resources**

Note: Forms are included for these sections. Make as many copies of the individual forms as needed to meet the student's needs.

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STUDENT'S IDENTIFYING INFORMATION

Name: _____

Address: _____

_____

Phone: (_____)_____

Social Security: __ ___ ___ - ___ __ - ___ ___ ___ ___

Parents or Guardian: _____

Address: _____

Phone: (_____)_____

E-mail: _____

Education History:

Miscellaneous Information:

STUDENT'S DOCUMENTATION

This section should contain documentation of disability and necessary accommodations including AT such as:

- ◆ **Recent IEP(s)**

- ◆ **Assessment Reports**

- ◆ **Documentation of successful accommodations/ modifications/AT**

- ◆ **Documentation of AT Self Determination Skills**

- ◆ **Record of eligibility for DVR if appropriate**

- ◆ **Other relevant documentation: _____**

  _____

ASSISTIVE TECHNOLOGY INFORMATION

Device: _____

Purpose of Device: _____

_____

_____

Where Obtained: (Vendor)_____

(Vendor
Address):_____

(Vendor Phone): _____ _____

(Vendor e-mail):_____

Cost: _____

How was device paid for?
_____

Maintenance Requirements/Information: _____

_____

_____

Source of training: _____

WISCONSIN ASSISTIVE TECHNOLOGY INITIATIVE

ASSISTIVE TECHNOLOGY EMERGENCY PLAN

Device: _____

Basic Maintenance Required:

_____

_____

_____

Vendor/Source of Maintenance:
(Name/Company)_____
(Phone)_____
(Address)_____
(Technical Assistance phone number)_____
(Technical Assistance email)_____

Case Manager or AT Consultant that can help with arrangements:
(Name)_____
(Phone)_____
(e-mail)_____

Source for loaner equipment:
(Agency)_____
(Phone)_____

Things can I do until my AT is repaired or replaced:
(e.g. use old AT I still have stored away, use low tech substitute (describe), have someone create/make low tech substitute (name who could do that), etc.)

   1. _____

   2. _____

   3. _____

4. _____

5. _____

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TRANSITION RESOURCES

Agencies (Include Names, Addresses, Phone, E-mail):

County System Responsible (Social services/Case manager):

_____

_____

_____

_____

I am eligible for the following Programs (e.g., Family Support, CIP, Katie Beckett, DVR):

_____

_____

_____

_____

_____

_____

I am on a waiting list for the following Programs:

_____

_____

_____

_____

Assistive Technology Consultant(s)/Centers

_____

_____

_____

_____

Equipment Loan Resources

_____

_____

_____

Vendor (s):

_____

_____

_____