

Technical Assistance Document

ASSISTIVE TECHNOLOGY FOR INFANTS AND TODDLERS WITH DISABILITIES



SoonerStart Early Intervention Program

oklahoma state department of education



special
education
services

"changing times in special education"

Sandy Garrett
State Superintendent of Public Instruction

This document was created in collaboration with:

Oklahoma Assistive Technology Center

and

Oklahoma ABLE Tech

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SoonerStart Early Intervention Assistive Technology Guide

Individuals with Disabilities Education Improvement Act (IDEA)

The federal regulations for implementation of Part C of the Individuals with Disabilities Education Improvement Act (IDEA) states:

§303.13 Early Intervention Services

(1) Assistive technology devices and services are defined as follows:

- (i) Assistive technology device means 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 an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including cochlear implants, or the optimization (e.g., mapping) or the maintenance or replacement of that device.*
- (ii) Assistive technology service means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:*
 - (a) The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;*
 - (b) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;*
 - (c) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;*
 - (d) coordinating and using 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 an infant or toddler with a disability or, if appropriate, that child's family; and,*
 - (f) training or technical assistance for professionals (including individuals providing education or rehabilitation services), or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.*

§300.344 Content of an Individual Family Service Plan (IFSP)

(d) Early intervention services. (1) The IFSP must include a statement of the specific early intervention services, based on peer-reviewed research (to the extent practicable), that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified. The IFSP team should consider a child's assistive technology (AT) needs for each outcome listed on the IFSP.

Determination of Assistive Technology Needs by the IFSP Team

The need for assistive technology (AT) devices and services is based upon whether the infant or toddler requires them to benefit from daily routines in their natural environment and/or to achieve outcomes on the Individualized Family Service Plan (IFSP). The IFSP team is comprised of the parents of the child, other family members (as requested by the family), an advocate or person outside the family (as requested by the family), the resource coordinator, a person or persons directly involved in conducting the evaluation and assessments, and the person(s) who will be providing services. These individuals are considered to be the IFSP team.

- The need for AT devices and services must be determined on an individual basis by the IFSP team. A child's need for AT devices and services must not be based upon a category, severity, or class of disability.
- AT devices and services must be provided as outlined in the IFSP. The IFSP team must specify what, if any, AT device(s) and service(s) are needed to achieve child or family outcomes.

IFSP teams may use the following questions to assist team members in determining if a child needs an AT assessment. Questions may include, but are not limited to the following:

- Is the child able to communicate just like other children without special intervention?
- Is the child able to move around just like other children without special intervention?
- Is the child able to sit independently? Stand independently? Walk independently?
- Is the child able to use typical ways to learn from his/her environment and show what she/he knows without special intervention?
- Is the child able to independently eat, dress, bathe, and take care of age-appropriate self-care needs just like other children without special intervention?
- Is the child able to play with others, toys/games, and alone just like other children his/her age without special intervention?

All infants or toddlers with disabilities are not required to receive AT devices and services. IFSP teams must consider the need for AT devices and services for all infants and toddlers with disabilities when deciding what early intervention services are necessary to achieve outcomes listed on the IFSP and to allow participation in daily routines in the natural environment.

IFSP teams should consider AT devices for children when they are unable to perform activities (including communications exchanges) that typical peers are doing and the inability to perform these skills is preventing participation in activities and routines.

Once the team considers an AT device for a child, the child's IFSP team begins an ongoing process of assessment. It is important to note that assessment is a process that takes place over a period of time, includes observation within the child and family's typical activities and routines, and should involve all relevant team members. The assessment process should focus

on the child's strengths and needs. The team should not start the assessment process with a focus on a particular device, but should concentrate on the matching features of devices to the child's strengths and needs. To assist with the assessment process, Oklahoma ABLE Tech has provided SoonerStart with AT assessment kits for all Regional offices. The kits help ensure that AT is considered for all eligible infants and toddlers.

Assistive Technology Assessment Procedures:

Assistive technology assessment is a systematic process for determining a child's need for assistive technology (AT) to participate in daily activities and routines in natural environments. Assistive technology assessment does not include administering a battery of standardized tests. The process often involves multiple visits over time.

The assessment process should include:

- Observing the child during typical activities and routines over multiple days;
- Collecting information from the child's family, caregivers, services providers, etc. (those involved in child's typical activities and routines) to gain additional information about the child's needs, abilities, and/or daily activities and routines;
- Gathering data about the child's abilities, using formal and informal assessment procedures;
- Determining potential AT devices and/or strategies specific to the child's needs given the daily activities and routines;
- Arranging for AT loan equipment, as needed;
- Implementing trial(s) with AT devices and/or strategies, as needed;
- Formulating a plan for data collection with child's family and service providers during trial periods with devices and/or strategies;
- Recommending and including specific AT devices, strategies, and/or services based on data collected during trials in a comprehensive report;
- Incorporating assistive technology devices and services into the IFSP, as needed, based on the data collected.
- Documentation of AT tried with the child and family, including low and high tech devices and the results of each of the trials. Both ABLE Tech and Oklahoma Assistive Technology Center (OATC) operate short term equipment loan programs to facilitate the trial use of AT. Information about how to borrow from these programs can be found at the end of the FAQs.

Through the assessment process, the child's IFSP team will select the necessary AT device(s). The child's team develops a plan for obtaining the AT device needed. When the IFSP team determines that the child can benefit from AT, they should follow the steps outlined in the SoonerStart Early Intervention Assistive Technology Guidelines (Appendix A). Refer to Appendix B, Assistive Technology Consideration Checklist for a compilation of AT examples.

The resource coordinator, with the assistance of the parent and other team members, should identify funding for the assistive technology devices. When funding is not available, SoonerStart is the payor of last resort.

When equipment cannot be purchased through other resources (i.e., Medicaid, Title V, private insurance, other community, civic and service organizations) in a timely manner, the SoonerStart early intervention program will purchase equipment that is required by the infant or toddler with a disability to promote and enhance access to and function within the child's natural environment and to achieve IFSP outcomes. SoonerStart must fulfill the obligation or responsibility to provide or pay for any AT needed by the child. SoonerStart may not unnecessarily delay the provision of AT devices and services due to funding issues if a child requires such services to benefit from the IFSP.

When the IFSP team recommends an AT device, a specific AT device does not need to be listed on the IFSP. Instead the IFSP should include statements reflecting the child's needs and a description of the device features (ranging from low to high technology) that will assist in meeting those needs. It is important to document how and when the child uses the assistive technology.

Assistive Technology for Transition

Six months prior to the child's third birthday, the IFSP team will develop a transition plan. Assistive technology can play an integral role in the transition process; therefore, a discussion of AT needs and moving equipment along with the child is important. Transition planning will help ensure that children do not lose access to AT they need. Because children may be transitioning to a new environment where activities and routines are different, the IFSP team may want to reassess the need for AT.

Common Questions About Assistive Technology Devices and Services

Should AT be considered for all infants and toddlers with disabilities?

Yes, AT can promote a child's participation in family activities and routines. Professionals should work with children and their families to identify the activities and routines they do or would like to do. Discussing how children participate in activities and routines and what families feel children are learning. Often, AT can help children participate more fully in the activity/routine or the activity itself may provide a context for learning.

Is AT required for all infants and toddlers who have an IFSP?

No, the decision regarding the need for AT must be made on an individual basis.

Who makes the decision if an infant or toddler needs assistive technology devices or services?

The IFSP team makes the decision based on assessment results. Decision making is a team process that should reflect multidisciplinary involvement. The IFSP team should include the parent and persons with experience in providing assistive

technology devices/services. The team must include the resource coordinator and other team members as appropriate.

What are critical components of an assistive technology assessment?

AT assessment should be a systematic process to ensure that decisions regarding the selection of AT devices are based on information regarding the child's abilities, needs, environments, activities, and routines. The AT assessment process includes a team approach, assessment of daily activities and routines, and is ongoing in nature. Although most AT assessments are not standardized, the assessment process should be replicable and use a framework for effective decision making.

What is the role of parents in the assessment process?

Parents provide information about the child's developmental need, as well as their goals and outcomes. If parents believe their child would benefit from assistive technology they should discuss this with other members of the IFSP team. Parents should request an assessment if they are unsure whether or not their child could benefit from AT, or to determine what type of AT would be most helpful.

What are the timelines for buying and providing assistive technology devices and services?

IDEA regulations do not specify a timeline for the provision of assistive technology. However, if the IFSP determines that AT is necessary to achieve outcomes on the IFSP, then it must be provided in a timely manner. The resource coordinator, with the assistance of the parent and other team members, should identify funding for assistive technology devices. When alternative funding is not available, the SoonerStart Program must provide the device. SoonerStart is the payor of last resort.

Are personal use devices excluded?

No, the IFSP decides on a case-by-case basis what AT a child needs to benefit from the early intervention program. If the device, for example hearing aids, is included in the IFSP, SoonerStart is responsible for the provision of that device or ensuring that it is provided at no cost to the parents with the exception of cochlear implants or other surgically implanted devices.

Who is responsible for purchasing assistive technology?

The resource coordinator is responsible for coordinating the acquisition and provision of AT devices. Sometimes, parents may choose to buy devices for their child. There are several other funding sources that may be used to provide needed AT devices:

- Medicaid SoonerCare
- Medicaid Early, Periodic, Screening, Diagnostic, and Treatment
- Medicaid Tax Equity and Fiscal Responsibility Act (TEFRA)
- Supplemental Security Income-Disabled Children's Program (SSI-DCP)
- Family Support Assistance Program
- Private Insurance

- Financial Loan Programs
- Private/Charitable/Community Resources

Who owns the assistive technology device?

It depends on who purchased the device. If SoonerStart purchases the device, then SoonerStart maintains ownership. If the parent's private insurance purchases the device, then it belongs to the family. If Medicaid purchases the device, the family retains the device until it is no longer needed by the child.

Who is responsible for maintenance and repair of equipment?

SoonerStart is responsible for repairs for AT devices used as part of the child's early intervention services. SoonerStart is responsible for ensuring that the child receives substitute equipment while his or her device is being repaired.

What provisions should be made for transfer of equipment when a child transitions from early intervention services under Part C to public school services under Part B?

The IFSP team should consider transferring equipment between SoonerStart and the child's public school district during transition. Agencies that purchase AT can use Memorandum of Understanding or Interagency Agreements to transfer equipment between agencies. Refer to Appendix C, Assistive Technology Devices Purchases/Sales Agreement Form and Sample Depreciation Spreadsheets.

What should happen when an assistive technology device is no longer appropriate for a child?

First, the IFSP team should conduct an AT assessment to determine why the device is no longer meeting the child's needs and also to determine if the child still requires AT to meet their needs. If the AT device is no longer appropriate for a child, the IFSP team needs to show that the child no longer needs AT to achieve outcomes or to determine if another device will meet the child's needs. The early intervention program can then use the old device for another child or for a centralized loan program.

Do parents have the right to request a due process hearing over the provision of assistive technology?

Yes, AT devices and services are included as one of the early intervention services available to infants and toddlers with disabilities under Part C, and are subject to the procedural safeguards required by the IDEA, including the right to request a due process hearing. As specified in the Policies and Procedures for Special Education in Oklahoma, parents or guardians may request a hearing to challenge whether the early intervention program is designed to meet the needs of a child with disabilities.

What are assistive technology resources in Oklahoma?

The child's IFSP team may need the expertise of individuals with specific information about available devices, teaching a child to use a device effectively, or obtaining devices. In Oklahoma the following resources are available:

- The Oklahoma State Department of Education contracts with the Oklahoma

Assistive Technology Center (OATC) for the Assistive Technology Program for Oklahoma Public Schools. OATC, provides a network of AT assistance, materials, and information through the Oklahoma Public Schools Assistive Technology Loan Program. OATC has locations in Oklahoma City and Tulsa. They can be contacted by phone at 800 700-OATC (6282) or refer to their Web site at <www.theoatc.org>.

- Oklahoma ABLE Tech is a federally funded state program that provides short term equipment loan programs (lending library) demonstration centers, training and information and referral on assistive technology. Additionally, ABLE Tech has provided SoonerStart with AT assessment kits for all Regional offices to utilize for appropriate AT evaluation. Oklahoma ABLE Tech has partner locations in Oklahoma City and Tulsa, as well as their main office at the OSU Seretean Wellness Center in Stillwater. The toll free number is (800) 257-1705. For a complete listing of AT devices available for demonstration and/or loan refer to: <<http://okabletech.okstate.edu>>.
- Many other resources exist in Oklahoma to assist in providing AT devices. and include, but are not limited to the following:
 - Durable medical equipment suppliers;
 - Occupational therapists, physical therapists, and speech-language pathologists;
 - State agencies (Oklahoma State Department of Education, Oklahoma State Department of Health, Oklahoma State Department of Human Services, Oklahoma Health Care Authority);
 - United Cerebral Palsy; and
 - For a complete listing please refer to OK Funding for AT at <http://www.ok.gov/abletech/Financing_Activities/OK_Funding_for_AT> or phone 800-257-1705.

APPENDIX A

SOONERSTART EARLY INTERVENTION

ASSISTIVE TECHNOLOGY

GUIDELINES

SOONERSTART EARLY INTERVENTION ASSISTIVE TECHNOLOGY GUIDELINES

Oklahoma Assistive Technology for Infants and Toddlers with Disabilities Birth to Three

INTRODUCTION

Assistive technology is one of the early intervention services authorized under Part C of the Individuals with Disabilities Education Act (IDEA) for children with disabilities birth to three years of age. Oklahoma has allocated funds to help provide assistive technology devices/services for children birth to three when funds are not available from other sources. To access these funds, children must be participating in the SoonerStart Early Intervention program.

DEFINITIONS

Assistive technology device means 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 functional capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, including cochlear implants, or the optimization (e.g., mapping) or the maintenance or replacement of that device.

Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Assistive technology services include:

- * The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary (natural) environment.
- * Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with disabilities.
- * Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices.
- * Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs.
- * Training and technical assistance for a child with disabilities, or if appropriate, that child's family.
- * Training or technical assistance for professionals (including individuals providing early intervention services or other individuals who provide services to, or are otherwise substantially involved in the major life functions of individuals with disabilities).

TYPES OF ASSISTIVE TECHNOLOGY DEVICES

Assistive technology devices fall into one of the following categories:

- ❖ Vision
- ❖ Assistive Listening
- ❖ Self-care
- ❖ Positioning
- ❖ Mobility
- ❖ Communication
- ❖ Early Reading
- ❖ Early Writing
- ❖ Early Math
- ❖ Computer Access
- ❖ Play
- ❖ Environmental Control

ASSESSMENT AND PROVISION OF ASSISTIVE TECHNOLOGY

Assessments for assistive technology devices should be conducted by a multidisciplinary team. This team should include the parent and persons with experience in providing assistive technology devices/services. The team may also include the resource coordinator and other team members as appropriate. The SoonerStart program recommends that assistive technology devices be used as part of the assessment process for fitting, demonstration, and extended trial. Assistive technology devices for assessment have been provided by Oklahoma ABLE Tech via an established Memorandum of Understanding with the State Department of Education and the State Department of Health. Additionally, assistive technology (AT) devices are available for assessment and short-term loans from various statewide programs such as Oklahoma ABLE Tech, Oklahoma Assistive Technology Center, Oklahoma Library for the Blind, and other community based programs.

Assessment for assistive technology devices may occur as part of the initial multidisciplinary evaluation when a child is referred to the SoonerStart early intervention program. It may also occur as part of follow-up to the initial multidisciplinary evaluation or at any other time while the child is receiving SoonerStart services. SoonerStart supports the idea that assessment of the child's development and assistive technology needs is an on-going process rather than a one-time event. The team assessing assistive technology needs should address the following:

1. Child's developmental needs and function.

Individualized Family Service Plan (IFSP) teams will consider the child's age and the need for technology to support the achievement of outcomes that address the child's abilities and overall development. The IFSP team will identify the most appropriate device for the child's current development. Because technology devices and the needs of children and their families change, devices should be used to enhance the child's current development and functioning, and address immediate needs.

2. Equipment and device options.

IFSP teams will consider a range of supports and services that address the needs of children and their families and may include a continuum of options ranging from creative use of existing resources (e.g., household items, toys), to low technology devices, to high technology devices.

The IFSP team will not limit their thinking to only those devices and services currently available within the SoonerStart program.

3. Child and family needs.

IFSP teams will consider devices that fit easily into the family's routines and will assist in the achievement of outcomes. In doing so, appropriate assistive technology devices should assist in the child's development and functional abilities.

4. Assistive Technology Service Coordination

Following the provision of assistive technology, the strategies section of the IFSP will reflect how SoonerStart will train children and caregivers in the use of the assistive technology device(s). Additionally, the IFSP will reflect the coordination of various services, such as other educational and/or rehabilitation plans and programs along with maintenance and repair of the assistive technology device(s) when needed.

5. Funding.

The resource coordinator, with the assistance of the parent and other team members, should identify funding for the assistive technology devices. When funding is not available, SoonerStart is the payor of last resort.

When equipment cannot be purchased through other resources (i.e., Medicaid, Title V, private insurance, other community, civic and service organizations) in a timely manner, the SoonerStart early intervention program will purchase equipment that is required by the infant or toddler with a disability to promote and enhance access to and function within the child's natural environment and to achieve IFSP outcomes. Assistive technology devices and equipment purchased by SoonerStart remain the property of the SoonerStart Program. The equipment may be used by the child/family until the child's third birthday.

During the transition planning process, the SoonerStart team will include information on the child's assistive technology device and service needs and are encouraged to consider the Assistive Technology Device Purchase/Sale Agreement, see note below. SoonerStart may use public or private funding sources to pay for needed assistive technology devices and services; however, SoonerStart is the payer of last resort and will provide the devices and services in a timely manner.

Note: Oklahoma State Department of Education provides a mechanism for school districts, public agencies and/or parents to transfer assistive technology either through sale or transfer. The Agreement can be found within the OSDE Technical Assistance Document, Assistive Technology for Children and Youth with Disabilities.

SOONERSTART ASSISTIVE TECHNOLOGY ACQUISITION PROCESS

Step 1: Assistive technology devices and services are identified as necessary to meet an IFSP outcome.

Step 2: Determine if additional assistive technology assessment is needed.

Step 3: Identify appropriate assistive technology evaluator.

Step 4: Access expertise of local early intervention team members if available within the team or community.

- Step 5:** If assistive technology expertise is not available locally, contact the Oklahoma Assistive Technology Center (OATC) or other appropriate providers for consultation.
- Step 6:** Complete the assistive technology assessment process and make appropriate recommendations.
- Step 7:** Identify all possible resources to cover the cost of the recommended assistive technology devices and services. Possible resources include, but are not limited to the following:
- * **Medicaid** - A funding source that provides reimbursement for medical services for individuals who are financially and categorically eligible. Devices must be medically necessary for the child and must be prescribed by a physician. There must be a statement of the medical necessity to justify the equipment. Medicaid will also reimburse medically necessary services and devices which are unrelated to the child's developmental needs. Contact the local DHS office for more information.
 - * **SSI-Disabled Children's Program (SSI-DCP)** - This state program provides formula, diapers (for children over three), adaptive equipment, including van lifts, and environmental aids. Children must be receiving Supplemental Security Income (SSI) and under 16 years of age to be eligible. Apply at the county DHS office.
 - * **Private pay** - The parent may choose to purchase device(s)/service(s) for the child with private funds. This can occur either when assistive technology is initially recommended by the multi-disciplinary team or during the transition process, at a reduced fair market value, for equipment that was formerly purchased by SoonerStart or other public or private resources.
 - * **Private insurance** - The parent may choose to use their insurance company if their policy covers the cost of assistive technology devices/services. Parents may decline to use private health insurance based on financial cost considerations, such as a out-of-pocket expenses, co-pays, insurance deductions, or decreases in lifetime coverage.
 - * **Alternative resources** - Private foundations, charitable organizations, service clubs, or other local groups may be approached to provide funding support for assistive technology devices/services.
 - * **Other** - A combination of any of the above or some other creative source that results in provision of assistive technology devices/services.
- Step 8:** If the team is unable to access funding for assistive technology devices/services in a timely manner, then SoonerStart resources will be utilized. To access funding through SoonerStart the team must submit the SoonerStart Assistive Technology Request (see attached form) to Early Intervention Administrator, Special Education Section, Oklahoma State Department of Education.
- Step 9:** SoonerStart will review the documentation of the team's AT assessment, the need for AT to support the child's outcome(s), a letter of medical necessity or a letter of justification, and the attempts to access other funding sources within 10 working days. The documentation review is to insure that the IFSP team has provided adequate information regarding assessment and how it relates to the child's IFSP outcomes and all attempts at seeking other appropriate funding sources.
- Step 10:** The SoonerStart team will be contacted within 10 working days to request more information/documentation if necessary or to inform that the reviewed documentation is determined complete.

Step 11: Once the documentation has been reviewed and determined complete, acquisition of the equipment will be coordinated through the SoonerStart Program and provided to the family in a timely manner.

**SOONERSTART EARLY INTERVENTION
ASSISTIVE TECHNOLOGY
REQUEST FOR USE OF SOONERSTART FUNDS**

This request is to be completed by the Resource Coordinator and submitted to the Associate Director for Early Intervention, Special Education Section, Oklahoma State Department of Education. A response will be provided within 10 working days of receipt of this request.

Child's Name: _____

SoonerStart Team: _____

Assistive technology Device(s)/Service(s) Requested: _____

Please provide the information requested in Items 1 through 4 below. If the information is included in existing documentation, you do not need to duplicate on this form, but rather attach relevant documents (evaluation or assessment reports, the IFSP, assistive technology guide, etc.) to support your request.

1. State the IFSP outcome to be addressed by use of AT requested.

2. Identify infant/toddler present abilities and consideration of these abilities in relation to use of specific type of assistive technology requested.

3. Identify the environmental considerations for use of the technology at home, in the community, or other natural environments in which the child may participate.

4. Identify efforts to access other sources of funding and state the results.

**SOONERSTART EARLY INTERVENTION
ASSISTIVE TECHNOLOGY
REQUEST FOR USE OF SOONERSTART FUNDS**

Early Intervention Region: _____

Resource Coordinator: _____

Telephone Number: _____ FAX Number: _____

Date Request Submitted: _____

Identify Assistive Technology Assessment Team Members:

Date Request Approved: _____ Further information requested: _____

Describe further information needed to determine the requested device is appropriate:

If approved, suggested vendors and estimated cost: _____

APPENDIX B

ASSISTIVE TECHNOLOGY

CONSIDERATION CHECKLIST

Assistive Technology Consideration Checklist

Child's Initials: _____		Age: _____	
Diagnosis, Medical Condition, or Developmental Concern: _____			
Dates of AT Consideration:	Results:	Specific Areas to be Assessed:	Disciplines Present:
Initial:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		
Review:	<input type="checkbox"/> Further Assessment Needed <input type="checkbox"/> No AT Needs Identified (all consideration questions answered "yes")		

Assistive Technology Consideration Checklist

Assistive Technology (AT) Category	AT Devices: Currently Used	AT Device Assessments	AT Devices: Extended Trial	AT Devices: Ordered
<p>1. <u>Vision:</u></p> <p>Aids or devices to facilitate the enhancement or interpretation of visual information.</p> <p>Can the infant / toddler see and attend to visual stimulation / information (faces, lights, toys, people moving) in their environment?</p> <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> Mini-lite box <input type="checkbox"/> Mini-lite transparent overlays <input type="checkbox"/> Plexiglass spinner and spinner patterns <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Mini-lite box <input type="checkbox"/> Mini-lite transparent overlays <input type="checkbox"/> Plexiglass spinner and spinner patterns <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Mini-lite box <input type="checkbox"/> Mini-lite transparent overlays <input type="checkbox"/> Plexiglass spinner and spinner patterns <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Mini-lite box <input type="checkbox"/> Mini-lite transparent overlays <input type="checkbox"/> Plexiglass spinner and spinner patterns <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>2. <u>Assistive Listening:</u></p> <p>Aids or devices to facilitate the enhancement or interpretation of auditory information.</p> <p>Can the infant / toddler hear and respond to sounds (voices, door bell, TV, airplane, dog barking) in the environment?</p> <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Assistive Technology Consideration Checklist

Appendix B

<p>3. Self-care:</p> <p>Devices to assist with eating, bathing, dressing, and toileting.</p> <p>Is the infant / toddler able to manage daily self-care and daily living activities?</p> <ul style="list-style-type: none"> • Holds own bottle (7 mos) • Begins finger feeding (8 mos) • Sitting and playing with toys in bathtub (8 mos) • Drinking from cup (12 mos) • Taking off simple clothes (1½ yrs) • Using silverware 50% of meal (2 yrs) <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>4. Positioning:</p> <p>Supports needed to maintain body or joint alignment.</p> <p>Can the infant / toddler _____ on typical surfaces?</p> <ul style="list-style-type: none"> • Lie at birth • Sit (6-8 mos) • Stand (9-11 mos) <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> Versa form 22x34 <input type="checkbox"/> Vacuum pump <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Versa form 22x34 <input type="checkbox"/> Vacuum pump <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Versa form 22x34 <input type="checkbox"/> Vacuum pump <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

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<p>5. <u>Mobility:</u></p> <p>Equipment to promote independent or assisted movement.</p> <p>Is the infant / toddler able to independently move about all areas of the home / community?</p> <ul style="list-style-type: none"> • Roll (8 mos); • Crawl (9-11 mos) • Walking (9-18 mos) <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>6. <u>Communication:</u></p> <p>Strategies and/or technology for communication with others.</p> <p>Can the infant / toddler let wants / needs be known in all situations with all people?</p> <ul style="list-style-type: none"> • Cries / vocalizes (birth - 12 mos); • Uses 1–3 words (12-15 mos) • Uses 15-20 words, jabbbers (18-24 mos) • Uses 50+ words, 2 or 3 word phrases (24-32 mos) <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> Picture Symbols (Boardmaker) <input type="checkbox"/> Big Mack-red <input type="checkbox"/> Every Move Counts Book & Video <input type="checkbox"/> 7-Level Communicator <input type="checkbox"/> VoicePal 8K <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Picture Symbols (Boardmaker) <input type="checkbox"/> Big Mack-red <input type="checkbox"/> Every Move Counts Book & Video <input type="checkbox"/> 7-Level Communicator <input type="checkbox"/> VoicePal 8K <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Picture Symbols (Boardmaker) <input type="checkbox"/> Big Mack-red <input type="checkbox"/> Every Move Counts Book & Video <input type="checkbox"/> 7-Level Communicator <input type="checkbox"/> VoicePal 8K <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Picture Symbols (Boardmaker) <input type="checkbox"/> Big Mack-red <input type="checkbox"/> Every Move Counts Book & Video <input type="checkbox"/> 7-Level Communicator <input type="checkbox"/> VoicePal 8K <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Assistive Technology Consideration Checklist

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<p>7. <u>Early Reading:</u></p> <p>Aids or devices to promote the development of reading.</p> <p>Can the infant / toddler participate in reading activities?</p> <ul style="list-style-type: none"> • hold book / see pictures (6 mos); • look / point at pictures (16 mos) • turn pages (1½ yrs) • listen to stories / repeat phrases within book (2-2½ yrs) • look at books independently (2½-3 yrs) <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Book Worm <input type="checkbox"/> First Words <input type="checkbox"/> First Categories <input type="checkbox"/> Simple Sentences <input type="checkbox"/> Story time Book & CD <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Book Worm <input type="checkbox"/> First Words <input type="checkbox"/> First Categories <input type="checkbox"/> Simple Sentences <input type="checkbox"/> Story time Book & CD <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Book Worm <input type="checkbox"/> First Words <input type="checkbox"/> First Categories <input type="checkbox"/> Simple Sentences <input type="checkbox"/> Story time Book & CD <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>8. <u>Early Writing:</u></p> <p>Aids or devices to promote the development of writing.</p> <p>Can the infant / toddler participate in writing activities?</p> <ul style="list-style-type: none"> • Grasp crayon (11 mos) • Color / paint (18 mos) • Draw lines (2+ yrs) <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Assistive Technology Consideration Checklist

Appendix B

<p>9. <u>Early Math:</u></p> <p>Aids or devices that promote the development of math skills.</p> <p>Can the infant / toddler participate in early math activities?</p> <ul style="list-style-type: none"> • Hold / play with manipulatives – stack blocks (12+ mos); • Nest cups (12-18 mos) • Push Duplos together / pull apart (18 mos – 2 yrs) • String beads (2 yrs) • Pretend play with dishes, spoons, cups (2+ yrs) <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<p>10. <u>Computer Access:</u></p> <p>Programs or devices to allow a child to use a computer for play or learning.</p> <p>Can the infant / toddler use a computer (move the mouse / touch screen and keys) for play or learning?</p> <ul style="list-style-type: none"> • If available and allowed (2½+ yrs) <p>Initial Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p> <p>Review Date: _____ Yes / No</p>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Kid Trac <input type="checkbox"/> Switch Interface Pro 5.0 <input type="checkbox"/> Everybody Has Feet <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Kid Trac <input type="checkbox"/> Switch Interface Pro 5.0 <input type="checkbox"/> Everybody Has Feet <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

<p>11. Play:</p> <p>Technology to promote play opportunities and experiences alone or with others.</p> <p>Can the infant / toddler participate in play and leisure activities?</p> <ul style="list-style-type: none"> • Grasp / shake rattle (5-8 months); • Push buttons on toys (9-12 months) • Stacks (12-18 months) • Explores / likes variety of toys (9+months) • Interactive ball play (12 months) • Pretend play (2 yrs) • Enjoy circle games and story time (2½+ yrs) <p>12. Environmental Control:</p> <p>Equipment that provides a way to assist the child to independently control appliances and fixtures.</p> <p>Can the infant / toddler independently control appliances and fixtures regularly available in the environment?</p> <ul style="list-style-type: none"> • Turn TV on / off (16 months) • Turn lights on / off (16 months) • Open drawers / doors (2 years) <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Play</u></td> <td style="text-align: center;"><u>EC</u></td> </tr> <tr> <td>Initial Date: _____</td> <td style="text-align: center;">Y / N</td> <td style="text-align: center;">Y / N</td> </tr> <tr> <td>Review Date: _____</td> <td style="text-align: center;">Y / N</td> <td style="text-align: center;">Y / N</td> </tr> <tr> <td>Review Date: _____</td> <td style="text-align: center;">Y / N</td> <td style="text-align: center;">Y / N</td> </tr> <tr> <td>Review Date: _____</td> <td style="text-align: center;">Y / N</td> <td style="text-align: center;">Y / N</td> </tr> <tr> <td>Review Date: _____</td> <td style="text-align: center;">Y / N</td> <td style="text-align: center;">Y / N</td> </tr> <tr> <td>Review Date: _____</td> <td style="text-align: center;">Y / N</td> <td style="text-align: center;">Y / N</td> </tr> </table>		<u>Play</u>	<u>EC</u>	Initial Date: _____	Y / N	Y / N	Review Date: _____	Y / N	Y / N	Review Date: _____	Y / N	Y / N	Review Date: _____	Y / N	Y / N	Review Date: _____	Y / N	Y / N	Review Date: _____	Y / N	Y / N	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p style="text-align: center;">Switches</p> <p><i>Target Area (different sizes)</i></p> <input type="checkbox"/> Jelly bean - red <input type="checkbox"/> Specs switch - yellow <input type="checkbox"/> Big Red switch - blue <input type="checkbox"/> Wobble on base <input type="checkbox"/> _____ Sensitivity/No auditory <input type="checkbox"/> Pal Pad switch small <input type="checkbox"/> _____	<p style="text-align: center;">Switches</p> <p>Target Area (different sizes)</p> <input type="checkbox"/> Jelly bean - red <input type="checkbox"/> Specs switch - yellow <input type="checkbox"/> Big Red switch - blue <input type="checkbox"/> Wobble on base <input type="checkbox"/> _____ Sensitivity/No auditory <input type="checkbox"/> Pal Pad switch small <input type="checkbox"/> _____	<p style="text-align: center;">Switches</p> <p>Target Area (different sizes)</p> <input type="checkbox"/> Jelly bean - red <input type="checkbox"/> Specs switch - yellow <input type="checkbox"/> Big Red switch - blue <input type="checkbox"/> Wobble on base <input type="checkbox"/> _____ Sensitivity/No auditory <input type="checkbox"/> Pal Pad switch small <input type="checkbox"/> _____
	<u>Play</u>	<u>EC</u>																							
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Review Date: _____	Y / N	Y / N																							
		<p style="text-align: center;">Switch Accessories</p> <p>Switch latch timer</p> <input type="checkbox"/> Dual Switch-latch timer <input type="checkbox"/> _____ Electrical power adapter <input type="checkbox"/> Power Link 3 <input type="checkbox"/> _____	<p style="text-align: center;">Switch Accessories</p> <p>Switch latch timer</p> <input type="checkbox"/> Dual Switch-latch timer <input type="checkbox"/> _____ Electrical power adapter <input type="checkbox"/> Power Link 3 <input type="checkbox"/> _____	<p style="text-align: center;">Switch Accessories</p> <p>Switch latch timer</p> <input type="checkbox"/> Dual Switch-latch timer <input type="checkbox"/> _____ Electrical power adapter <input type="checkbox"/> Power Link 3 <input type="checkbox"/> _____																					
		<p style="text-align: center;">Mounting</p> <input type="checkbox"/> Sensitrac Pad-Adjustable Arm <input type="checkbox"/> Gooseneck Mounting <input type="checkbox"/> _____ Battery adapter and notch file <input type="checkbox"/> Notching file <input type="checkbox"/> Battery Device Adapter <input type="checkbox"/> AA <input type="checkbox"/> C <input type="checkbox"/> _____	<p style="text-align: center;">Mounting</p> <input type="checkbox"/> Sensitrac Pad-Adjustable Arm <input type="checkbox"/> Gooseneck Mounting <input type="checkbox"/> _____ Battery adapter and notch file <input type="checkbox"/> Notching file <input type="checkbox"/> Battery Device Adapter <input type="checkbox"/> AA <input type="checkbox"/> C <input type="checkbox"/> _____	<p style="text-align: center;">Mounting</p> <input type="checkbox"/> Sensitrac Pad-Adjustable Arm <input type="checkbox"/> Gooseneck Mounting <input type="checkbox"/> _____ Battery adapter and notch file <input type="checkbox"/> Notching file <input type="checkbox"/> Battery Device Adapter <input type="checkbox"/> AA <input type="checkbox"/> C <input type="checkbox"/> _____																					
		<p style="text-align: center;">Switch Activated Devices</p> <input type="checkbox"/> Switch-adapted tape recorder Visual / tactile device for hearing impairments <input type="checkbox"/> Small fan <input type="checkbox"/> Bouncing butterfly <input type="checkbox"/> Vibrating pillow <input type="checkbox"/> _____	<p style="text-align: center;">Switch Activated Devices</p> <input type="checkbox"/> Switch-adapted tape recorder Visual / tactile device for hearing impairments <input type="checkbox"/> Small fan <input type="checkbox"/> Bouncing butterfly <input type="checkbox"/> Vibrating pillow <input type="checkbox"/> _____	<p style="text-align: center;">Switch Activated Devices</p> <input type="checkbox"/> Switch-adapted tape recorder Visual / tactile device for hearing impairments <input type="checkbox"/> Small fan <input type="checkbox"/> Bouncing butterfly <input type="checkbox"/> Vibrating pillow <input type="checkbox"/> _____																					
		<p style="text-align: center;">Resources</p> <input type="checkbox"/> Play and Learn <input type="checkbox"/> Welcome to my preschool	<p style="text-align: center;">Resources</p> <input type="checkbox"/> Play and Learn <input type="checkbox"/> Welcome to my preschool	<p style="text-align: center;">Resources</p> <input type="checkbox"/> Play and Learn <input type="checkbox"/> Welcome to my preschool																					

Assistive Technology Consideration Checklist

Appendix B

Date:	Comments:

APPENDIX C

ASSISTIVE TECHNOLOGY DEVICES

PURCHASE/SALES AGREEMENT FORM

AND

SAMPLE DEPRECIATION SPREADSHEETS

Agreement for the Purchase/Sale or Statement Declining the Sale of Assistive Technology Devices by Oklahoma SoonerStart/School Districts/Public Agencies

Statement of Purpose for Agreement

The SoonerStart, school districts and public agencies that are signatories to the agreement, hereinafter referred to as “the Parties,” recognize the need for continued use of assistive technology devices that were originally purchased for individual infant/toddler/students when the child moves from one school district to another or transitioning to or from other public agency service systems.

As a result, the parties hereby agree to the continued use of such devices by the infant/toddler/student when the child changes school districts or transitions to or from other public agency service systems. Such continued use can be through one of the following methods: (a) by transfer or sale of the devices by the school district or agency to the child new school district; (b) by the transfer or sale of the devices by the school district or agency to the student or the child’s parents or legal guardians; or (c) by any other legal means that are acceptable to the all parties.

The parties further agree that in the event of a transfer or sale of assistive technology devices, they may use the “Agreement for the Purchase/Sale or Statement Declining the Sale of Assistive Technology Devices by Oklahoma School Districts and Public Agencies.”

All transfers or sales of assistive technology devices will be made according to applicable state and federal law, rules, and regulations.

Agreement for the Purchase/Sale or Statement Declining the Sale of Assistive Technology Devices by Oklahoma SoonerStart/School Districts/Public Agencies

Check Appropriate Box:

- Purchase/Sales agreement, between school districts or between a SoonerStart, school district and a public agency or parents. If box is checked, complete Section A.
- Declining sales of assistive technology devices(s). If box is checked, complete Section B.

Section A			
_____ agrees to sell "as is" the assistive technology device(s)			
SoonerStart, school district or public agency			
described below to _____		for use by _____	
purchasing school district, public agency, or person		child/client name	
Description and Price of Device(s):			
_____	Price set by: Appraisal	Current Market Value	Other*
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*If checked, explain _____			
Price determined by calculations as set forth in the Addendum.			
_____ is not liable for any nonconformities in the device(s) after			
SoonerStart, school district or public agency			
it is purchased by the individual's new school district, agency or parent/individual person.			
Signature of superintendent or authorized official of district or public agency selling assistive technology			Date
Signature of superintendent or authorized official of district or public agency, or person purchasing the assistive technology			Date

Section B	
_____ declines to sell the assistive technology device(s)	
SoonerStart, school district or public agency	
requested by _____	
requesting school district, public agency, or parent/individual person	
on _____ for the following reasons:	
<input type="checkbox"/> The assistive technology device is currently being used by another child (children) (client(s)).	
<input type="checkbox"/> The assistive technology device is a "general use" device and is not available for sale. It has been/is being modified for other children/clients.	
<input type="checkbox"/> Other _____	
signature of SoonerStart, superintendent or authorized official of district or public agency	
Date	

Sample Device Depreciation Spreadsheets

Assistive Technology Device	Estimated Useful Life*	Device Age	Estimating Remaining Life	Original Purchase Price	Depreciation	Current Value
Seven Level Communicator	5	2	3	\$300.00	\$120.00	\$180.00
Versa Form	7	2	5	\$150.00	\$42.84	\$107.16
Big Red Switch	7	3	4	\$43.00	\$18.42	\$24.58
Light Box	7	2	5	\$160.00	\$45.70	\$114.30
			TOTAL	\$653.00	\$226.96	\$426.04

*Note: Computers/AAC devices utilizing computer technology: 5 years.
Other types of devices: 7 years.

The above example illustrates how the depreciation model works for this package of devices when the devices are different ages. The depreciation is figured by taking the original purchase price (\$300.00) and dividing it by the estimated useful life (5). The figure attained (\$60.00) is multiplied by the device age (2) and subtracted from the original purchase price (\$300.00). This figure will be the current value (\$180.00) for the remaining life.

Formula

Original Purchase Price	\$300.00
Estimated Useful Life	(÷) 5
Subtotal I	\$60.00
Device age	(x) 2
Subtotal II	\$120.00

Original Purchase Price	\$300.00
Subtotal II	(-)120.00
Current Value	\$180.00