



Assistive Technology Guidelines and Procedures

Introduction to the AT Manual

This manual serves as a guide to educators providing services to children with disabilities as it related to the provision of assistive technology devices and/or services as required by the Individuals with Disabilities Act.

Included are specific procedures for IEP teams to follow as they consider the need for assistive technology and when they implement the use of devices and/or services.

Mid-State Special Education has assembled and trained an Assistive Technology Assessment Team that is available for consultation and may also provide an assessment to determine a student's specific assistive technology needs. There are procedures outlined in this guide for accessing the services of this team.

Portions of this manual are reprinted from the manual created by the Wisconsin Assistive Technology Initiative (WATI) and the Wisconsin Department of Public Instruction (DPI) (5th Edition, June 2009). An acknowledgement page is included at the end of this manual.

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Assistive Technology Laws Affecting School Districts

Assistive Technology Laws Affecting School Districts

As stated in 300.308, each school district is required to insure that assistive technology devices and services are provided if needed by a student in order to receive a free appropriate public education (FAPE).

Definition of Assistive Technology

300.308 Assistive Technology

Each public agency shall ensure that assistive technology devices or assistive technology services or both, as those terms are defined in 300.5 - 300.6 are made available to a child with a disability if required as a part of the child's

- (a) Special education under 300.17;
- (b) Related services under 300.16; or
- (c) Supplementary aids and services under 300.550(b)(2).

Assistive technology devices and services

300.5 Assistive technology device.

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 a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device. (Authority: 20 U.S.C. 1401(1))

300.6 Assistive technology services

Any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Such term includes:

- (A) the evaluation of needs including a functional evaluation, in the child's customary environment;
- (B) purchasing, leasing or otherwise providing for the acquisition of assistive technology devices;
- (C) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of 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 a child with disabilities, or where appropriate that child's family; and
- (F) training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers or others(s) who provide services to employ, or are otherwise, substantially involved in the major life functions of of that child.. [Authority: 20 U.S.C. 1401(2)]

The reauthorization of IDEA '04 aligned with laws found in No Child Left Behind (NCLB). One such alignment was in the identification of the need to provide alternative text formats to students who had difficulty interacting with text found in standard core content text books. This law impacts assistive technology tool choice as well as the delivery of services. IEP teams must identify the text format that matches a student's need. Additionally, they must select the compatible file format for the device the student will use and the service needed to support the student in accessing these correct files.

300.172(a)(1)

Adopt the National Instructional Materials Accessibility Standard (NIMAS), published as appendix C to part 300, for the purposes of providing instructional materials to blind persons or other persons with print disabilities, in a timely manner after publication of the NIMAS in the Federal Register on July 19, 2006 (71 FR 41084).

Consideration

IDEA '97 added the requirement that each IEP Team consider the need for assistive technology as part of the Consideration of Special Factors.

300.346 (a)(2) Consideration of Special Factors.

The IEP Team shall...

(v) consider whether the child requires assistive technology devices and services.

Lack of Guidelines

Neither the law nor the regulations provided guidelines for school districts in the implementation of these requirements. This may be part of the reason that school districts still struggle to comply with the laws relating to assistive technology. One systematic approach to providing effective assistive technology services is *Education Tech Points* (Bowser & Reed, 1998). This approach uses key questions to help school district staff appropriately address assistive technology throughout the delivery of special education services. *Education Tech Points* provides questions about assistive technology to be addressed during: Initial Referral, Evaluation for Eligibility for Special Education, Extended Assessment, Plan Development, Implementation, and Periodic Review. This manual is available as a free download from the www.wati.org website.

Procedures for Considering Assistive Technology

Considering Assistive Technology Needs & the Evaluation Process

Each IEP team in the Mid-State Special Education Joint Agreement will consider assistive technology as a part of the development, review, and revision of the student's IEP.

Procedures:

The IEP team will document consideration of assistive technology needs on page 6A of the IEP under Consideration of Special Factors. When completing the considerations, the IEP team should focus discussion on whether or not assistive technology might be needed to allow the student to make progress toward annual goals. The IEP team must answer this question:

*Does the student need assistive technology services or devices? (Yes or No)
If yes, specify particular devices(s) that were considered.*

If the IEP team determines that the student requires assistive technology devices and/or services, this will be indicated on the Supplementary Aids and Assistive Technology list.

Requesting Assistance:

The IEP team will request assistance in completing the consideration process when they are unable to determine whether or not the students 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:

STEP 1: STUDENT CONSULTATION

- Case manager completes the following and submits to Assistant Director:
 - ✓ **Request for Student Consultation Form with Principal Signature**
 - ✓ **WATI Question Identification Guide** (form on pg.)
- Assistant Director signs **Request for Student Consultation** form indicating receipt and that **Question Identification Guide** are complete and attached
- Program Coordinator receives **Request for Student Consultation** and **Question Identification Guide**. P.C. reviews documentation and may make the following determinations:
 - Consultation is appropriate
 - Consultation provided to case manager by Program Coordinator
 - Consultation results in IEP team determination of AT need and documentation of that decision on the IEP
 - Consultation results in recommendation to IEP team for AT evaluation
 - Case manager schedules IEP Domain Meeting in coordination with the Program Coordinator and an appropriate AT Assessment Team member to consider the need for an AT Evaluation

STEP 2: STUDENT EVALUATION

- An evaluation will only be completed subsequent to a Student Consultation.
- Students may also be referred for an evaluation upon parent request.
- IEP Domain Meeting
 - ✓ Obtain parental consent for evaluation
 - ✓ 60 school-day timeline begins
 - ✓ AT Assessment Team member completes **Domain Meeting Summary Form** and submits to Region Office.
- Region Office notifies staff to go online and complete appropriate information in the AT Assessment Package by the deadline date and submit it electronically to the Region Office.
- Region Office sends completed AT Assessment Package electronically to the AT Assessment Team member.
- AT Assessment Team reviews packet prior to IEP meeting and may conduct further observations and evaluations. The AT Team will prepare a written report for the IEP meetings.

STEP 3: IEP TEAM REVIEW OF EVALUATION

- Case manager schedules IEP meeting in coordination with the Program Coordinator and the designated AT Assessment Team member to consider the results of the evaluation
- IEP team makes determination regarding appropriate assistive technology and documents on IEP. Assistive technology devices and services determined to be educationally necessary based on the assistive technology evaluation will be documented in the student's IEP (AT Plan written on Addendum page). Also, AT plan will include contingencies should a student need an AT device that is not readily available or becomes unusable after the student starts using it. 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.
- Plan and/or trial begins, if appropriate, and is implemented by IEP team.
- Plan/trial is written into the IEP

STEP 4: CONSULTATION FOLLOW-UP

- Designated AT Assessment Team members will consult with case manager on IEP implementation and student progress using assistive technology per IEP.
- If changes are needed in the IEP, another IEP meeting will be held.

IEP Documentation

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

Procedures:

The IEP team will document 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:

- **Consideration of Special Factors:** Check Yes or No. If Yes, a description of the device(s) will be indicated on the Supplementary Aids and Assistive Technology list.
- **Support for School Personnel:** List any in-service needed for staff to assist student in use of assistive technology
- **Addendum of the IEP Meeting:** The addendum of the IEP meeting will include information about the assistive technology plan and AT contingency plan that are agreed upon at the IEP meeting. The plan should include specific information about the AT consideration, AT decision, AT services and support/training provided to the student and, if appropriate, to staff.

The special education teacher (case manager) will monitor the student's successful use of any assistive technology in all appropriate educational environments. The IEP will be amended as the student's technology needs change.

APPENDIX A

Forms

Mid-State Special Education

PO Box 46, 202 Prairie • Morrisonville, Illinois 62546
PH (217) 526-8121 • FAX (217) 526-8205 • www.midstatespec.org

Bond/Fayette Region

Christian Region

Montgomery/Carlinville Region

ASSISTIVE TECHNOLOGY REQUEST FOR STUDENT CONSULTATION

Date: _____

Case Manager's Name: _____

School: _____ Phone: _____

Student's Name: _____ Grade: _____

**Please submit this request for Student Consultation to the Assistant Director in your region.
The following required forms must be submitted WITH this form:**

1. WATI Assistive Technology Consideration Guide
2. Questions Identification Guide

Assistant Director Signature

Date Received

Forward to Program Coordinator

(insert PC name)

Date Forwarded

Consultation Result (completed by PC)

Consultation results in IEP team determination of AT need and documentation of that decision on the IEP

Consultation results in recommendation to IEP team for AT evaluation. Case manager schedule IEP Domain Meeting with

(insert name of designated AT Assessment Team Member)

Program Coordinator Signature

Forwarded to A.D. _____

Date

Mission:

*Everyone, in every position, at Mid-State Special Education
is focused upon student achievement and well-being.*

WATI Question Identification Guide

Student's Name _____ Date of Birth _____

Age _____

School _____ Grade _____

School Contact Person _____ Phone _____

Persons Completing Guide _____

Date _____

Parent(s) Name _____ Phone _____

Address _____

Student's Primary Language _____ Family's Primary Language _____

Disability (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Significant Developmental Delay | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Autism | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Emotional/Behavioral Disability | | |
| <input type="checkbox"/> Orthopedic Impairment – Type _____ | | |

Current Age Group

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Birth to Three | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Elementary |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Secondary | |

Classroom Setting

- | | | |
|--|--|---|
| <input type="checkbox"/> Regular Education Classroom | <input type="checkbox"/> Resource Room | <input type="checkbox"/> Self-contained |
| <input type="checkbox"/> Home | <input type="checkbox"/> Other _____ | |

Current Service Providers

- | | | |
|---|---|--|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Speech Language |
| <input type="checkbox"/> Other(s) _____ | | |

Medical Considerations (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> History of seizures | <input type="checkbox"/> Fatigues easily |
| <input type="checkbox"/> Has degenerative medical condition | <input type="checkbox"/> Has frequent pain |
| <input type="checkbox"/> Has multiple health problems | <input type="checkbox"/> Has frequent upper respiratory infections |
| <input type="checkbox"/> Has frequent ear infections | <input type="checkbox"/> Has digestive problems |
| <input type="checkbox"/> Has allergies to _____ | |
| <input type="checkbox"/> Currently taking medication for _____ | |
| <input type="checkbox"/> Other – Describe briefly _____ | |

Other Issues of Concern _____

Assistive Technology Currently Used (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Low Tech Writing Aids |
| <input type="checkbox"/> Manual Communication Board | <input type="checkbox"/> Augmentative Communication System |
| <input type="checkbox"/> Low Tech Vision Aids | <input type="checkbox"/> Amplification System |
| <input type="checkbox"/> Environmental Control Unit/EADL | <input type="checkbox"/> Computer -- Type (platform) _____ |
| <input type="checkbox"/> Manual or Power Wheelchair | <input type="checkbox"/> Word Prediction |
| <input type="checkbox"/> Voice Recognition | |
| <input type="checkbox"/> Adaptive Input - Describe _____ | |
| <input type="checkbox"/> Adaptive Output - Describe _____ | |
| <input type="checkbox"/> Other _____ | |

Assistive Technology Tried

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn't it work.)

_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	_____
Outcome	
_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	_____
Outcome	
_____	_____
Assistive Technology	Number and Dates of Trial(s)
_____	_____
Outcome	

QUESTION
 What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option? _____

THIS PORTION TO BE COMPLETED BY ASSISTIVE TECHNOLOGY ASSESSMENT TEAM ONLY.

Based on the referral question, select the sections of the at Assessment Package to be completed. (Check all that apply.) Case manager distributes to appropriate building or cooperative staff.

- | | |
|--|---|
| <input type="checkbox"/> Section 1 Seating, Positioning and Mobility | <input type="checkbox"/> Section 7 Mathematics |
| <input type="checkbox"/> Section 2 Communication | <input type="checkbox"/> Section 8 Organization |
| <input type="checkbox"/> Section 3 Computer Access | <input type="checkbox"/> Section 9 Recreation and Leisure |
| <input type="checkbox"/> Section 4 Motor Aspects of Writing | <input type="checkbox"/> Section 10 Vision |
| <input type="checkbox"/> Section 5 Composition of Written Material | <input type="checkbox"/> Section 11 Hearing |
| <input type="checkbox"/> Section 6 Reading | <input type="checkbox"/> Section 12 General |

Mid-State Special Education
ASSISTIVE TECHNOLOGY EVALUATION

Student Name:

Date of Birth:

Attendance Center:

Referred by:

Date of assessment:

Evaluators (may include contact information):

GENERAL INFORMATION: to include medical diagnosis and any pertinent medical history or physical limitations; current level of function in the areas of cognitive, motor, communication/social, self-care, and adaptive behavior/sensory; behavior observation, including motivation level and cooperative level

PURPOSE OF ASSESSMENT: What is it that we want the child to be able to do within the educational program that he/she isn't able to do because of his/her disability?

ASSESSMENT:

Location(s) of Assessment: may include general and/or special education classroom, home, cafeteria, library, media center, playground, bathroom, stairs

Tools Assessed: list specific devices and/or programs used; length of trial period; picture, video or writing samples

Results: each device and/or program trialed, modifications required
Which device(s) and/or program(s) achieved the intended result?

RECOMMENDATIONS: list and descriptions/pictures of options for appropriate devices and/or programs, vendors, estimated cost, modifications required, system requirements

Additional Resources

Assistive Technology Exchange Network (ATEN) – ISBE provides access to assistive technology devices (mostly computers) at no charge to the school district through a grant with United Cerebral Palsy's Infnitec Program

Division of Specialized Care for Children – Services or devices that are part of a medical treatment plan, if pre-authorized, may be supported for children ages birth to 18 with sever chronic physical disabilities and health impairments. In conjunction with DPA, the Home Care Program may provide assistive technology

Illinois Assistive Technology Project – Provides in-service training and materials on a variety of topics related to assistive technology. Training opportunities are provided for consumers, parents, educators, service providers and others interested in assistive technology devices, services and issues.

Illinois Department of Public Aid – May purchase medically necessary devices or services for Medicaid-eligible children. Prior approval required.

Office of Rehabilitation Services - Assistive technology may be purchase by shared funding through ORS if part of transition goals

Special Education Assistive Technology (SEAT)Center at Illinois State University -Focuses on teaching pre-service and practicing professionals the skills they need to meet the technology needs of individual with disabilities through practical, performance-based instruction

Abledata	www.abledata.com
Closing the Gap	www.closingthegap.com
Infnitec Coalition	www.coalitionconnection.org
Disability Resources Monthly Guide	www.disabilityresources.org/AT.html
National Public Website on AT	www.assistivetech.net
Alliance for Technology Access	www.ataccess.org
IL AT Assistance Project	www.ilttech.org/rehabpeopleplaces.asp
AAC Tech Connect	www.aactechconnect.com
AAC Funding Help	www.aacfundinghelp.org

Check the company website for company specific funding packet materials, i.e. www.tobiiati.com; www.Dynavoxtech.com; www.prentrom.com

APPENDIX B

AT Equipment



Infinitec State-wide Equipment Request and Agreement Form

Infinitec Assistive Technology Coalition Center * 7550 West 183rd Street, Tinley Park, IL 60477
Attn: Shannon Cici * (708) 444-8460 ext. 242 * Fax (708) 444-4204



County: _____

Student Name: _____ Sex: M F Birthdate: _____

School Attending: _____ District of Residence: _____ District of Attendance: _____

School Contact Person: _____ Position: _____ Phone: _____

School Address: _____ City/State: _____ Zip: _____

School Contact Person Email: _____ Date equipment needed: _____

Disability	<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Multiple Disabilities
	<input type="checkbox"/> Blind/Low Vision	<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Other Health Impaired
	<input type="checkbox"/> Deaf/Hard-of-Hearing	<input type="checkbox"/> Language Impairment	<input type="checkbox"/> Specific Learning Disability
	<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Traumatic Brain Injury

Please provide Name/Title/Work Phone/Email of individual responsible for equipment during rental period. **EMAIL IS REQUIRED!!**

Name: _____ Title: _____ Work Phone: _____ Email: _____

Equipment Rental Information			Shipping Preference: <input type="checkbox"/> Next Day Air <input type="checkbox"/> Regular Ground (3-6 Days) <input type="checkbox"/> Pick Up Equipment (Call for Appointment, please) <input type="checkbox"/> Other
Equipment Description (Please be as descriptive as possible and include any required accessories)	Equipment Inventory Number	Rental Start Date	
			Ship To: Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____
For Office Use Only			

This section is required. Equipment cannot be shipped unless this information is completed.

Intended Level of User	Intended Location of User	Purpose of Equipment
<input type="checkbox"/> Preschool	<input type="checkbox"/> General Education/Inclusion Classroom	<input type="checkbox"/> Access/increase participation in general curriculum
<input type="checkbox"/> Elementary	<input type="checkbox"/> Tech Lab	<input type="checkbox"/> Access/increase participation in community/vocational setting
<input type="checkbox"/> Middle School	<input type="checkbox"/> Home	<input type="checkbox"/> Access/participation in social networking/internet
<input type="checkbox"/> High School	<input type="checkbox"/> Multiple Environments	<input type="checkbox"/> Access/participation in related service/therapy support
<input type="checkbox"/> Transition		

The above listed equipment is being used by (Agency Name) _____ in accordance with the Infinitec Member Agency Agreement. My signature verifies that I have read, understand, and agree with this equipment request.

District Designee Name/Title: _____ Phone: _____ Date: _____

Please return form to Infinitec for processing.

**Illinois Assistive Technology Program
DEVICE LOAN REQUEST FORM**

I. Complete the following for the person requesting the equipment:

Name: _____

Phone Number: _____ Alternate Phone Number: _____

(Two phone numbers must be provided)

Street Address: _____

Place of Employment: _____

City/State/Zip: _____ County: _____

Fax: _____ Email: _____

Type of Individual or Entity Requesting Equipment (please select only one response which best describes the capacity in which you are requesting the equipment):

- Individual with a Disability
- Family member, guardian or authorized representative
- Educational Organization
- Employer or Business
- Provider of Employment and/or Training Services
- Health, allied health, rehabilitation organization
- Informational Technology Professional

The primary purpose for which I need (or the person I represent needs) an AT device or service is related to:

Education - participating in any type of educational program (If checking education, please include the following)

Grade Level (select one):

- Elementary
- Middle
- High School

Location of Use (select one):

- General education setting
- Home
- Multiple settings

Purpose of Device (select one):

- Access/Participate in general education
- Access/Participate in community or vocation program
- Access/Participate in social working
- Other Specify: _____

School District name and number _____

- Community Living** - carrying out daily activities, participating in community activities, using community services, or living independently
- Employment** - finding or keeping a job, getting a better job, or participating in an employment training program, vocational rehabilitation program, or other program related to employment.
- Information Technology/Telecommunications** - using computers, software, web sites, telephones, office equipment, and media

II. Complete this section for the person who will be using the equipment:

Age: 0-5 6-21 22-65 65+

Disability: _____

Race/Ethnicity: African-American Asian Caucasian Latino
 Other(Specify) _____

III. Equipment Requested:

Name of Item: _____

Name of Item: _____

Name of Item: _____

Name of Item: _____

Please check here if manuals ARE NOT required with equipment requested.

IV. Primary Purpose (please select only one response which best describes the purpose in which you are requesting the equipment):

- Assist in decision making (device trial or evaluation)
- Serve as loaner during device repair or while waiting for funding
- Provide an accommodation on a short-term basis
- Other(Specify) _____

V. Address for delivery where someone is available Monday thru Friday, 9AM to 5PM. Do not use a P.O. Box Number for shipping address -you must include a street reference. If delivery is at a large facility you must specify department and/or room number.

If this address is the same as the person requesting the equipment check here and go to section VI.

Full Name _____ Phone Number _____

Organization/Agency _____

Department: _____

Street Address: _____ Apartment/Room#: _____

City/State/Zip: _____

VI. Please read and sign BOTH the Borrower's Responsibility and Liability and the Release of Liability Statements. The person who is the responsible party for this loan should sign these statements.

BORROWER'S RESPONSIBILITY AND LIABILITY

I/We understand and agree that I/We am/are responsible for the proper handling, storage, use, care, maintenance and return of the device(s), component(s) or accessory(ies) loaned to me/us hereunder.

I/We shall pay all costs for shipping and return of all device(s), component(s) or accessory(ies) to the Illinois Assistive Technology Program on or before the due date indicated herein or upon written demand for the same.

In the event that I/We lose the device(s), component(s) or accessory(ies), I/We shall be liable for the current replacement value thereof. Further, I/We shall immediately contact Illinois Assistive Technology Program at 1-800-852-5110 V/TTY to report such loss.

In the event of a theft of the device(s), component(s) or accessory(ies), I/We shall not be responsible therefore if I/We immediately report the theft to the local law enforcement agency and provide a copy of that report to the Illinois Assistive Technology Program.

In the event that the device(s), component(s) or accessory(ies) thereto malfunction, I/We shall immediately notify the Illinois Assistive Technology Program at 1-800-852-5110 V/TTY.

I/We may be required to provide collateral or other security to the Illinois Assistive Technology Program for securing my/our obligations hereunder. I/We shall be responsible for any and all damages or diminution in value of the device(s), component(s) and accessory(ies) beyond normal wear and tear to be determined in the sole discretion of the Illinois Assistive Technology Program.

I/We shall also remit to Illinois Assistive Technology Program any and all insurance proceeds representing the value of any device(s), component(s) or accessory(ies) thereto provided by insurance policies covering my/our residence or its contents, including but not limited to homeowner's or renter's insurance.

I/We shall not pledge, assign, transfer or otherwise give any interest in and to the device(s), component(s) and accessory(ies) to any third party. Illinois Assistive Technology Program shall receive and I/We shall pay and be responsible for any and all costs associated with return of the device(s), component(s) and accessory(ies), including but not limited to costs and fees of litigation, reasonable attorney's fees and costs, repossession costs and any other costs reasonably incurred by the Illinois Assistive Technology Program.

Venue shall lie in the Seventh Judicial Circuit, Sangamon County, Illinois, for any and all litigation regarding the device(s), component(s) or accessory(ies).

I/We understand it is illegal to copy or distribute any proprietary software or hardware loaned through the Illinois Assistive Technology Program. Upon completion of the loan, if I/We have installed such software on my/our computer, I/We shall remove said software.

In the sole discretion of the Illinois Assistive Technology Program, my/our ability to further participate in any such programs or grants or loans from the Illinois Assistive Technology Program and all of its related programs may be suspended for a period of time or indefinitely for failure to abide by the Loan Request Form and all of its obligations, including but not limited to, failure to return the device(s), component(s) or accessory(ies) in a timely manner; failure to pay for any and all costs or fees which are the responsibility of the borrower(s); and the return of any devices(s), component(s) or accessory(ies) in a condition beyond normal wear and tear.

Signature of Borrower

Date

Signature of Borrower

Date

RELEASE OF LIABILITY

I agree to indemnify and hold harmless the Illinois Assistive Technology Program and any and all employees, agent or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits, and actions by any party against the Illinois Assistive Technology Program and any and all employees, agent or representatives of same, in connection with loan(s) from the Illinois Assistive Technology Program.

Signature of Borrower

Date

Return your completed, signed request form to Illinois Assistive Technology Program, Attn: Lynette Strode, 1 West Old State Capitol Plaza, Suite 100, Springfield, Illinois 62701

Assistive Technology & Equipment Requisition

Student Item(s) Requested for: _____

Date of Requisition: _____

School District: _____

School Building: _____

Reason for Requisition: _____

Catalog Page #	Quantity	Item Description	Unit Cost	Total Cost

Please include shipping & handling charges.

TOTAL _____

Company _____

Address _____ City/State/Zip _____

Phone # _____ Fax # _____

Approval Section:

Requested by

Date

Mid-State Special Education Assistant Director

Date

District Superintendent

Date

APPENDIX C

Policy and Law

Mid-State Special Education

ASSISTIVE TECHNOLOGY POLICY

- Each district will pay for the assistive technology needs of its students, which includes the purchase and maintenance of equipment
- Districts will use the approved form for the purchase of AT
- Districts will pick up the current maintenance costs on existing equipment. Since MSSE holds these maintenance contracts, MSSE will bill each district for its portion of the cost.
- MSSE will continue to pay for all assistive technology evaluations
- MSSE will keep an inventory of AT equipment, regionally and across the cooperative
- MSSE will continue to purchase and make available general instructional materials related to services such as OT, PT, vision and hearing

**Adopted by the MSSE Executive Committee
December 16, 2008**

The Law Regarding Assistive Technology

What is the school district's responsibility in regard to assistive technology?

The school district is mandated by state and federal law (the Individuals with Disabilities Education Act) to provide assistive technology to all students with disabilities if it is required for them to receive a free appropriate public education (FAPE). The need for assistive technology must be considered at every student's IEP meeting. That means at least one person on the IEP team needs to know something about assistive technology. If assistive technology is deemed necessary, it will be written into the student's Individualized Educational Program. The law says: *Each public agency shall ensure that assistive technology devices or assistive technology services, or both, as those terms are defined in §§300.5-300.6, are made available to a child with a disability if required as a part of the child's - (1) Special education; (2) Related services; or (3) Supplementary aids and services.* How does the IEP team know if assistive technology is "needed" or "required"?

The only way to truly know whether assistive technology will make a significant difference for a student is try it out. For instance if a student is struggling with getting meaning from printed text, the IEP team may think that the student will benefit from having text scanned into a computer and spoken. The only way to determine if this will work is to try it. If the student has never tried the assistive technology, the IEP team should write the trial use of the technology into the IEP, rather than the purchase or permanent acquisition of the assistive technology.

What are assistive technology services?

They are any service that is needed to help the student acquire or use the assistive technology. Assistive technology services include: (a) assessing the student's need for assistive technology, (b) fitting, adapting, maintaining, and repairing the assistive technology as needed, (c) training the student to use the assistive technology, and (d) training the school staff, and if necessary, the family to use the assistive technology.

Does the school district have to buy the assistive technology?

The school district is required to "provide" the assistive technology. They may borrow or rent a device or seek donated funds to purchase it, in addition to school district funds. Some children receive Medical Assistance (MA) and MA may approve the purchase of some assistive technology. When MA purchases the technology, it is the property of the family.

Does the district have to send the assistive technology home?

The IEP team must decide if the assistive technology is needed at home. The law states: *On a case-by-case basis, the use of school-purchased assistive technology devices in a child's home or in other settings is required if the child's IEP team determines that the child needs access to those devices in order to receive FAPE.* (Authority: 20 U.S.C. 1412(a)(12)(B)(i))

Reed, P. & Lahm, E. (2005) Wisconsin Assistive Technology Initiative (general edition)

Copyright Law as it applies to Scanning of Textbooks for Students with
Disabilities

PL 104-197 was signed into law in 1996 by President Bill Clinton. Its purpose was to make non dramatic literary works accessible to individuals with disabilities. It was originally HR 3754. Here is an excerpt from the law itself with bold emphasis added to highlight the application to textbooks in schools.

(a) IN GENERAL.—Chapter 1 of title 17, United States Code, is amended by adding after section 120, the following new section:

§ 121. Limitations on exclusive rights; reproduction for blind and other people with disabilities.

(a) Notwithstanding the provisions of sections 106 and 710, it is not an infringement of copyright for an authorized entity to reproduce or to distribute copies or phonorecords of a previously published, nondramatic literary work if such copies or phonorecords are reproduced or distributed in specialized formats exclusively for use by blind or other persons with disabilities.

(b) (1) Copies or phonorecords to which this section applies shall—

(A) not be reproduced or distributed in a format other than a specialized format exclusively for use by blind or other persons with disabilities;

(B) bear a notice that any further reproduction or distribution in a format other than a specialized format is an infringement; and

(C) include a copyright notice identifying the copyright owner and the date of the original publication.

(2) The provisions of this subsection shall not apply to standardized, secure, or norm referenced tests and related testing materials, or to computer programs, except the portions thereof that are in conventional human language (including descriptions of pictorial works) and displayed to users in the ordinary course of using the computer programs.

(c) For purposes of this section, the term

(1) 'authorized entity' means a nonprofit organization or a governmental agency that has a primary mission to provide specialized services relating to training, education, or adaptive reading or information access needs of blind or other persons with disabilities;

(2) 'blind or other persons with disabilities' means individuals who are eligible or who may qualify in accordance with the Act entitled "An Act to provide books for the adult blind", approved March 3, 1931 (2U.S.C. 135a; 46 Stat. 1487) to receive books and other publications produced in specialized formats; and

(3) 'specialized formats' means Braille, audio, or digital text which is exclusively for use by blind or other persons with disabilities."

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(general edition)

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Jill Gierach, Editor

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