Assistive Technology and Transition

Canfield, T & Reed, P. (2001)

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Acknowledgement

The authors would like to thank the many educators and parents who provided suggestions and ideas that led to this publication. We continue to learn from each of you.

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You may make as many copies as you need for your own use as long as you maintain credit for the authors and the Wisconsin Assistive Technology Initiative (WATI). In addition, if you would prefer to purchase these forms in hard copy along with an expandable portfolio with labeled compartments, it is available for sale. Look for it on the WATI web site at www.wati.org

Assistive Technology and Transition

Introduction

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

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

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

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

**AT Goal Setting Worksheet**

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

**Assistive Technology Planning Guide for Transition**

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

**Student Portfolio for Successful Transition with Assistive Technology**

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

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

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

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

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

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

**Name:**
**Date of Birth:**
**Age:**
**Grade:**

**Person Completing Report:**
**Date of Report:**
**Expected Date of Graduation:**

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

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

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

### DAILY LIVING
#### DAILY LIVING ACTIVITIES
Can the student independently...

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat?</td>
<td></td>
</tr>
<tr>
<td>Prepare food?</td>
<td></td>
</tr>
<tr>
<td>Do laundry?</td>
<td></td>
</tr>
<tr>
<td>Groom and take care of hygiene?</td>
<td></td>
</tr>
<tr>
<td>Perform housekeeping activities?</td>
<td></td>
</tr>
<tr>
<td>Manage time and follow a schedule?</td>
<td></td>
</tr>
</tbody>
</table>

#### DAILY LIVING ADAPTATIONS

|---------------|-------------------|--------------------------------------|---------------|--------------------------|------------------------|------------------------|----------------------|-------------------------------|----------------------|------------------------|----------------------------------|--------------------------|-------------|------------------------------------------|--------------------------|----------------------|-----------------|-------|

#### TRANSPORTATION
#### TRANSPORTATION ACTIVITIES
Can the student...

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Drive?</td>
<td></td>
</tr>
<tr>
<td>Get in/out of any vehicle to be a passenger?</td>
<td></td>
</tr>
<tr>
<td>Transfer into vehicle and load mobility device?</td>
<td></td>
</tr>
<tr>
<td>Get into vehicle with ramp or lift?</td>
<td></td>
</tr>
<tr>
<td>Independently arrange transportation?</td>
<td></td>
</tr>
<tr>
<td>Independently utilize public transportation?</td>
<td></td>
</tr>
</tbody>
</table>

#### TRANSPORTATION ADAPTATIONS

<table>
<thead>
<tr>
<th>Adaptive Driving Equipment</th>
<th>Car Top or Bumper Carrier for Mobility Device</th>
<th>Van with Ramp or Lift</th>
<th>Other</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically tolerate full day school / work?</td>
<td></td>
</tr>
<tr>
<td>Emotionally tolerate full day school / work?</td>
<td></td>
</tr>
<tr>
<td>Medically tolerate full day school / work?</td>
<td></td>
</tr>
<tr>
<td>Environmentally tolerate full day school / work? (allergies, sensitivities to the environment, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

#### TOLERANCE ADAPTATIONS

<table>
<thead>
<tr>
<th>Distance Learning</th>
<th>Adaptive Seating and Positioning</th>
<th>Electronic Communication</th>
<th>Organizers / Day Planners</th>
<th>Other</th>
</tr>
</thead>
</table>

Comments:

Comments:

Comments:

Over
### Assistive Technology Protocol Continued

#### MOBILITY

**MOBILITY ACTIVITIES**

Can the student independently...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Perform manipulative tasks (includes turning computer on/off, entering data, operating mouse, handling paper in an efficient manner?)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can the student independently navigate at a reasonable pace?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tolerate and be mobile at this pace to 3 city blocks?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Carry a 5-pound backpack while being mobile?</td>
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</tbody>
</table>

**MOBILITY ADAPTATIONS**

- Power Wheelchair
- Manual Wheelchair
- Powered Scooter
- Walker
- Cane/Crutches
- Grab Rails
- Environment Controls
- Other
- Comments:

#### COMPUTER ACCESS

**COMPUTER ACCESS ACTIVITIES**

Can the student independently...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
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</tbody>
</table>

**COMPUTER ADAPTATIONS**

- Keyboard/Built-in Adjustments
- Alternate Keyboard
- On-Screen Keyboard
- Arm Rests/Adjustable Work Station
- Alternate Mouse Function
- Productivity Enhancement Software
- Voice Input
- Voice Output
- Morse Code
- Switch Operator/scanning
- Braille Writer
- Screen Adaptations
- Other
- Comments:

#### COMMUNICATION

**ORAL COMMUNICATION ACTIVITIES**

Can the student...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</tbody>
</table>

**COMMUNICATION ADAPTATIONS**

- Eye-Gaze Board
- Picture or Spelling Board
- Electronic Voice Output Device
- Computer-Based Speech Device
- Adaptive Telephone
- Adaptive Writing Devices
- Laptop Computer
- TTY
- Relay System
- Voice Output Reminders
- Electronic Organizers
- Others
- Comments:

#### LITERACY

**LITERACY ACTIVITIES**

Can the student...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
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</table>

**LITERACY ADAPTATIONS**

- Page Turner/Book Holder
- Scanning/Optical Character Recogn.
- Picture Texts and Instructions
- Voice Output
- Highlighted Text/Enlarged Text
- Recorded Materials
- Organization Aids
- Talking Word Processor
- Computerized Text Adaptations
- Productivity Enhancement Software
- Signature Stamp
- Electronic Organizers (i.e. palm computers)
- Hand-Held Text Readers & Scanners
- Other
- Comments:
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Student Information Guide for
Self Determination and Assistive Technology Management

Name:________________________________________________ Date:___________________

Assistive Technology Currently Being Used:__________________________________________

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

<table>
<thead>
<tr>
<th>Skill Demonstration:</th>
<th>Never</th>
<th>Assistance</th>
<th>Independent</th>
<th>N/A</th>
</tr>
</thead>
</table>

**PROBLEM SOLVING SKILLS**
Student is able to:
- understand and explain strengths and weaknesses
- differentiate wants and needs
- make choices
- consider multiple options and consequences
- identify and contact resources such as social services, consultants and therapists
- understand legal rights and how and when to obtain those rights
- persevere when others don't follow through

**COMMUNICATION SKILLS**
Student is able to:
- initiate communication
- request clarification and information
- ask for assistance (when, where, who, and what to say)
- communicate clear messages
- explain the disability, and needed accommodations
- check for listener's understanding
- successfully repair communication breakdowns
- access and use phone
- access and use internet/written communication

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**Skill Demonstration:** With

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Assistance</th>
<th>Independent</th>
<th>N/A</th>
</tr>
</thead>
</table>

### AT DEVICE SPECIFIC SKILLS
Student is able to:
- set up the AT hardware or software
- tell another how to set up the AT
- identify environmental accommodations needed to use the device
- turn on/off options as needed
- program the device and back up, if needed
- request new features, set ups, options, messages, etc.
- determine when usage of AT is not appropriate or needed
- determine when different AT may be needed
- obtain supplies needed for AT device (batteries, tapes, etc...)
- utilize low tech/no tech back up for AT

### AT MANAGEMENT SKILLS
Student is able to:
- recognize when AT is malfunctioning
- trouble shoot simple problems
- identify sources of technical assistance/repair
- contact sources of technical assistance/repair
- ship/take AT to source of repair
- identify sources of funding for repair
- apply for/request funding assistance
- request/obtain back up for AT during repair
- access and use emergency backup plan when device is not available

### GOAL SETTING SKILLS:
Student is able to:
- set realistic goals for himself/herself in general
- set realistic goals for use of assistive technology
- follow through on goals when set
- monitor progress toward goal(s)
- reflect on and evaluate progress toward goal(s)
- lead a discussion about goals

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AT GOAL SETTING WORKSHEET

Name:___________________________________ Date:_______________

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

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

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

Goal 1:__________________________________________________________

_________________________________________________________________

_________________________________________________________________

Goal 2:_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Goal 3:_________________________________________________________________

_________________________________________________________________

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Student Portfolio for Successful Transition with Assistive Technology

PORTFOLIO CONTENTS:

- Section I: Student Identifying information
- Section II: Documentation
- Section III: Assistive technology information
- Section IV: Assistive technology emergency backup plan
- Section V: Transition Resources

Note: Forms are included for these sections. Make as many copies of the individual forms as needed to meet the student’s needs.
This section should contain documentation of disability and necessary accommodations including AT such as:

- Recent IEP(s)
- Assessment Reports
- Documentation of successful accommodations/modifications/AT
- Documentation of AT Self Determination Skills
- Record of eligibility for DVR if appropriate
- Other relevant documentation: __________________________

______________________________________________________________
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ASSISTIVE TECHNOLOGY INFORMATION

Device: _____________________________________________

Purpose of Device: ____________________________________

___________________________________________________________________________

___________________________________________________________________________

Where Obtained: (Vendor)_____________________________________________________

(Vendor Address): ____________________________________________________________

(Vendor Phone): ____ ______________

(Vendor e-mail): ______________________________________________________________

Cost: ________________________________

How was device paid for?
___________________________________________________________________________

Maintenance Requirements/Information: ________________________________

___________________________________________________________________________

___________________________________________________________________________

Source of training: ____________________________________________________________

Device: ____________________________________________________________

Basic Maintenance Required:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Vendor/Source of Maintenance:
(Name/Company)_______________________________________________________
(Phone)______________________________________________________________
(Address)____________________________________________________________
(Technical Assistance phone number)_____________________________________
(Technical Assistance email)_____________________________________________

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

Source for loaner equipment:
(Agency)_______________________________________________________________
(Phone)______________________________________________________________

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

1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
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TRANSITION RESOURCES

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

County System Responsible (Social services/Case manager):

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

I am on a waiting list for the following Programs: