

ASSISTIVE TECHNOLOGY ASSESSMENT AND IMPLEMENTATION PROCESS



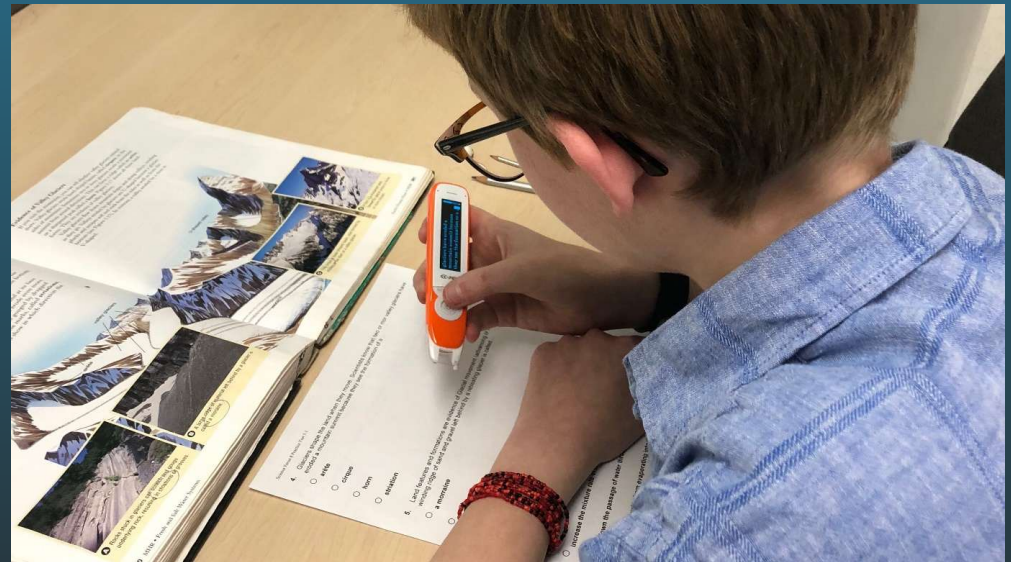
“Technology is not just a tool. It can give learners a voice that they may not have had before.”

George Couros

What is Assistive Technology?

Assistive Technology is identified in IDEA 2004 as:

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 children with disabilities.



Instructional Technology

Instructional technology is provided across classrooms to support curriculum. Examples of instructional technology include digital textbooks in the Student Portal, desktop and laptop computers, and interactive white boards.



AT Consideration



Assistive Technology must be considered at every IEP meeting.

AT consideration is a dynamic, continuous process in which the IEP Team asks:

- What do you want to know about the student's skills and abilities?
- How can Assistive Technology help the school team find out?
- Are there AT tools and strategies that would help the student achieve their IEP goals?
- Has the student had the **opportunity** to use instructional or assistive technology?

Who Can Receive Assistive Technology?

Assistive technology is provided to students with **IEPs/504s** to support their access to the curriculum. AT is directly tied to a student's IEP goals or 504 accommodations.

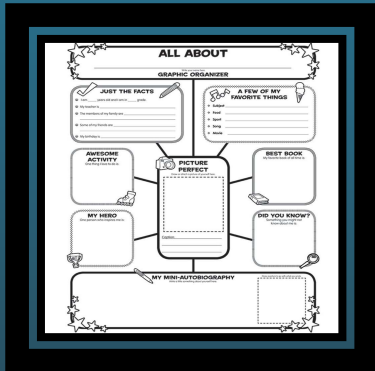
Students who do not have 504s or IEPs may still benefit from assistive technology through M-DCPS's BYOD policy.

mdcpsinnovation.bring-your-own-device

Accommodations

- BYOD
- Alternate modes of response – keyboarding, dictation, use of a scribe, oral response
- Provide copy of notes
- Allow annotation and marking of answers directly in workbook
- Highlighting of answers
- Reduction of work if mastery is shown
- Increased time for classwork/homework (specified amount of time)
- Increased wait time for response
- Token economy/reward systems
- Movement breaks
- Multisensory presentation of material
- Visual supports
- Agenda/ Communication Log
- To Do List
- Email/One Drive for assignments
- Verbal prompt to turn in assignments
- Designated safe zone/safe person

The Continuum of Assistive Technology



No-Tech

graphic organizers,
graph paper,
binders as slant
boards,
highlighters,
highlight tape,
translucent colored
folders



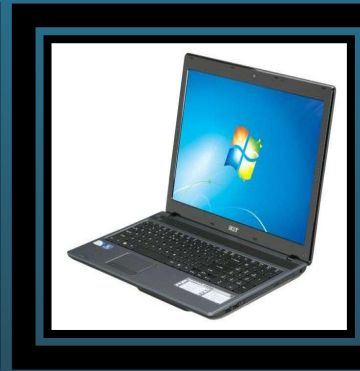
Low-Tech

pencil grips, EZC
readers, page-
ups, adapted
paper/raised line
paper, highlight
tape, adapted
pens/pencils,
universal holders



Mid-Tech

switches,
calculators,
voice-output
devices, timers,
digital recorders,
adapted
keyboard, screen
magnifier,



High-Tech

laptops, tablets,
iPods, smart
phones, smart
watches,
accessibility
software/apps,
accessibility
features



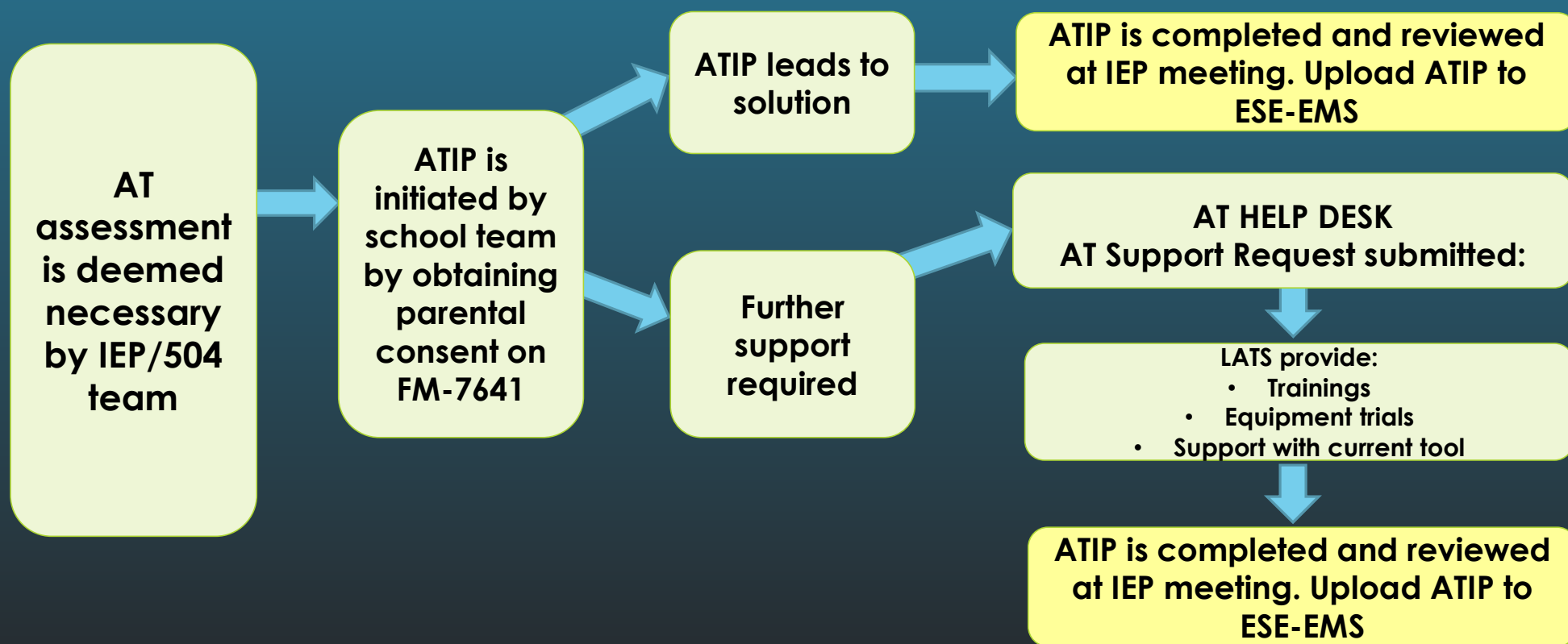
Specialty High-Tech

eye-gaze
communication
devices, head-
tracking, EMG
controlled
devices

Expert Model vs. Collaborative Model

- Best practice for assistive technology has moved towards coaching and collaboration, rather than the expert model.
- The school staff who work with the students daily are the experts in their students.
- Collaboration allows for varied opinions, levels of experience, and skill-sets
- **Options are better than recommendations**

Assistive Technology Process Summary



Form 7641 Parental Consent for AT Assessment


The ATIP process starts with Parental Consent (FM 7641). The process should reach a conclusion prior to 60 school days.

The 60 school day** timeline for completion begins when the parent(s) sign consent.

The timeline for completion is a maximum, **not** a minimum. AT can be implemented and documented as soon as a solution is found.

**The 60 school day timeline does not include weekends, holidays or teacher planning days.

Miami-Dade County Public Schools Click Form



DATE (MM/DD/YYYY)		
PRINT STUDENT'S NAME (LAST)	(FIRST)	(M.I.)
STUDENT ID. NO.		

NOTICE OF INTENT AND PARENTAL/GUARDIAN CONSENT TO CONDUCT AN ASSISTIVE TECHNOLOGY ASSESSMENT

To the Parent(s) or Guardian(s) of: _____

An **Assistive Technology Assessment and Implementation Plan (ATIP)** is being requested to determine if there are assistive technology tool(s) and/or strategies that your child may need to access the curriculum in one or more of the following areas: **Writing, Reading, Math, Communication, and Organization.**

An Assistive Technology Assessment includes at least one trial of a tool or tools in the student's learning environments and documentation of the results obtained from the trial.

After the assessment/trial period, an IEP meeting may be scheduled with you to discuss the results of the assessment and to document the AT tools and strategies that are needed to support your child in meeting his/her IEP goals.

Before returning this notice, please complete the following: (Check all that apply.)

Yes No I/We understand the reason for this assessment.

Yes No I/We request a meeting to discuss this proposed assessment.

Yes No I/We give consent for this assessment. **If yes, please sign and date.**

Consent: _____

Parent/Guardian Signature Date

Please return this form and address any questions about this screening to:

(Name/Title)

at

(Telephone)

(Name/Title)

at



(Telephone)

FM-7641E Rev. (07-21)

ATIP - Form 7067

Assistive Technology Implementation & Assessment Plan

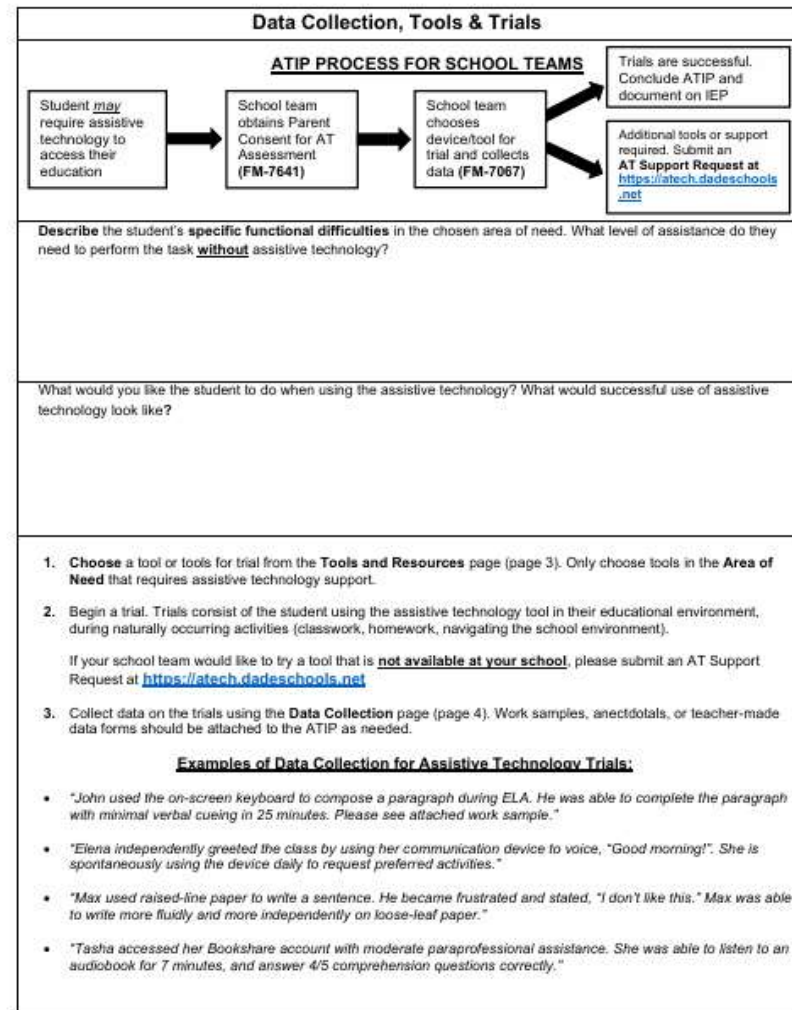
Page 1 – Student Demographics and School Team Information

 Miami-Dade County Public Schools Office of Exceptional Student Education Assistive Technology Assessment and Implementation Plan K-12 AT Website: https://atech.dadeschools.net <small>ATTAP: https://info.fl DOE.org/docu share/dsweb/Get/Document-6801/dps-2013-65.pdf AIMTAP: https://info.fl DOE.org/docu share/dsweb/Get/Document-5764/dps-2010-70.pdf</small>																																											
REQUIRED: FM 7641 - Signed Notice of Intent and Parental/Guardian Consent to Conduct an Assistive Technology Assessment																																											
Date of Signed FM 7641:		60 School-day Completion Date for AT Assessment*:																																									
<ul style="list-style-type: none"> The ATIP process should be completed within 60 school days. If a device or tool is successfully identified prior to the 60-day timeline, the ATIP is completed, and the results are documented on the IEP. The 60 school days do not include weekends, holidays, teacher planning days. NO adjustments in due date can be made due to student absences. The completed ATIP is uploaded to the ESE-EMS and kept in the student's Cumulative Record after it is reviewed at an IEP meeting. It is not submitted to the Assistive Technology Department. For detailed information on the ATIP process, view a guide at https://atech.dadeschools.net 																																											
Student's Name (Last, First):	Student's ID #:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____ Grade: _____																																								
Exceptionality(ies):		Medical Diagnosis(es):																																									
<p>1. Choose 1-2 areas that require Assistive Technology support.</p> <p><input type="checkbox"/> Writing <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Communication <input type="checkbox"/> Organization</p> <p>2. List the current IEP goal(s), or 504 Plan area of need, that requires assistive technology support.</p> <p>3. What IEP or 504 Plan accommodations are in place to support the identified area of need?</p>																																											
<p>In the table below, identify the school support team members who will serve as the assessment team. Team members should work directly with the student.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Student</th> <th style="width: 15%;">Title</th> <th style="width: 30%;">Name</th> <th style="width: 20%;">Email</th> <th style="width: 20%;">Telephone</th> </tr> </thead> <tbody> <tr> <td>Parent</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Teacher</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Speech Language Pathologist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Occupational Therapist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Physical Therapist</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Staff Member (Describe role)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other Staff Member (Describe role)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Student	Title	Name	Email	Telephone	Parent					Teacher					Speech Language Pathologist					Occupational Therapist					Physical Therapist					Other Staff Member (Describe role)					Other Staff Member (Describe role)				
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School Administrator's Signature: _____			Date: _____																																								

ATIP - Form 7067

Assistive Technology Implementation & Assessment Plan

Page 2 – Directions, Data Collection, Tools & Trials



ATIP - Form 7067

Assistive Technology Implementation & Assessment Plan

Page 3 – Tools and Resources

Area of Need	Tools and Resources
Select (check) a tool or tools to trial from the chosen Area/s of Need. If the tool you would like to trial is not available at your school, please submit an AT Support Request at https://atech.dadeschools.net	
<input type="checkbox"/> Writing	<input type="checkbox"/> Pencil grip or adaptive writing tool <input type="checkbox"/> Lined paper, handwriting grid, raised line paper <input type="checkbox"/> Graphic organizers (paper or digital) <input type="checkbox"/> Slant board / 3-ring binder on desktop <input type="checkbox"/> Computer/Laptop, or keyboard (standard or adapted) <input type="checkbox"/> Stylus/adapted stylus <input type="checkbox"/> On-screen keyboard <input type="checkbox"/> Touchscreen monitor <input type="checkbox"/> Dictation/ Speech-to-text
<input type="checkbox"/> Reading	<input type="checkbox"/> Guided reading strips (Ex.) E2C Readers <input type="checkbox"/> Bar or page magnifier <input type="checkbox"/> Built-in computer screen magnifier <input type="checkbox"/> Digital textbooks <input type="checkbox"/> Bookshare <input type="checkbox"/> Read-aloud/ Text-to-speech <input type="checkbox"/> Scanning pen <input type="checkbox"/> Reading software/app
<input type="checkbox"/> Math	<input type="checkbox"/> Manipulatives <input type="checkbox"/> Math cue cards, step cards, graph paper <input type="checkbox"/> Number frame / Digital number frame <input type="checkbox"/> Calculator / Talking calculator <input type="checkbox"/> Math software/app
<input type="checkbox"/> Communication	<input type="checkbox"/> Visual supports <input type="checkbox"/> Picture communication symbols, boards <input type="checkbox"/> Communication apps <input type="checkbox"/> Speech generating devices (mid and high-tech)
<input type="checkbox"/> Organization	<input type="checkbox"/> Colored folders <input type="checkbox"/> Check-off lists/ To-do List <input type="checkbox"/> Graphic organizers, visual schedules <input type="checkbox"/> Timers/ Visual timers <input type="checkbox"/> Organizational software/app

ATIP - Form 7067

Assistive Technology Implementation & Assessment Plan

Page 4 – Data Collection:
Documentation

DATA COLLECTION: Trials of Tools in the Student's Customary Environments			
DATA MAY INCLUDE: work products, classwork, grades, time needed for completion of assignments, percentage of work completed in allotted time, increased number of communication exchanges or increased length/detail of messages communicated, etc. Attach additional data and work samples as needed . (See page 2 for examples of data)			
Week	Dates/Times	Tool Used	Outcome (Student Response)
Week 1			
Week 2			
Week 3			
Week 4			
<p>CHECK IN: If the selected tools have <u>not been effective</u> at this point, or your school team requires additional support, submit an AT Support Request through the AT Help Desk. https://atech.dadeschools.net.</p>			
Week 5			
Week 6			
Week 7			
Week 8			

ASSESSMENT CONCLUSION

Trial successful: the assistive technology tool/s supported the student in performance of the task.

Tool/s selected: _____

Task (How will student use the tool/s?): _____

Environment(s): Where will the student use the tool/s? _____

Set-up/ maintenance required: _____

Team member responsible: _____

Level of support needed: Monthly Weekly Daily Multiple times per day

Document results of the ATIP on 504 Plan or IEP. **UPLOAD COMPLETED ATIP (FM-7067) to ESE-EMS.**

Trial unsuccessful: the assistive technology tool/s **did not support** the student's performance.

What alternative tools/accommodations will be used to support the student's performance and curriculum access?

Document results of the ATIP on 504 Plan or IEP. **UPLOAD COMPLETED ATIP (FM-7067) to ESE-EMS.**

Choosing AT to Trial

When choosing AT to trial, consider:

- Student's age and developmental level
- Student's interests/motivators/preferred rewards
- Student's skill set
- Student's endurance
- Complexity of the task
- Length of the task
- Portability of device
- Environment/s where device will be used
- Who will manage, store, and maintain the device

Functional Activities
+
Assistive Technology Tools
=
DATA for the ATIP

Tips for Using Assistive Technology and AAC

1. Practice using the device/s daily.
2. Start in small increments, (5 minutes) with careful observation of signs for fatigue.
3. Model using the technology yourself.
4. Include pause time. AAC use takes longer than verbal speech.
5. Don't combine cognitively challenging tasks with motorically challenging tasks.

**“For people without disabilities,
technology makes things easier.”**

**“For people with disabilities,
technology makes things possible.”**

- IBM training manual

Support: AT Help Desk

If you need assistance, training, or would like to try a device that is not available at the school, please visit the assistive technology webpage.

To request support go to:

<https://atech.dadeschools.net>

Fill out an AT Support Request:



atech.dadeschools.net

PARENTS: We are here to help! Please contact ESE@dadeschools.net for support with Assistive Technology for your child!

If you are an M-DCPS staff member who requires support with a student's assistive technology device or have any questions regarding assistive technology, please click below:

[CLICK HERE TO SUBMIT AN AT SUPPORT REQUEST](#)



NOTE: The AT Help Desk is only for M-DCPS Staff/Faculty.

TEACHERS: [Click here for a sample of the Assistive Technology Implementation Plan \(ATIP\) form](#)

HELPFUL INFORMATION



GENERAL AT QUESTIONS?

NOTE: Ask A LAT is only for M-DCPS Staff/Faculty.



**Google Class Code:
zwbcw75b**