

From Page 3 of Special Education Rules, published by the Utah State Office of Education, Revised 10/9/07

1. **Adaptive behavior.** The effectiveness or degree to which the individual meets the standards of personal independence and social responsibility expected of students of comparable age and cultural group.
2. **Assistive technology device.** 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 student with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such a device.
3. **Assistive technology service.** Any service that directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:
 - a. Evaluating the needs of a student with a disability, including a functional evaluation of the student in the student's customary environment.
 - b. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by students 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 a student with a disability or, if appropriate, that student's family.
 - f. Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of students with disabilities.

From Page 63 of Special Education Rules, published by the Utah State Office of Education, Revised 10/9/07, Underline added to focus on assistive technology

- (3) The results of the initial or most recent evaluation of the student, and
 - (4) The academic, developmental, and functional needs of the student.
- b. The IEP team, in conducting a meeting to develop, review and, if appropriate, revise a student's IEP, must consider the following special factors:
- (1) In the case of a student with limited English proficiency, consider the language needs of the student as those needs relate to the student's IEP;
 - (2) In the case of a student who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student;
 - (3) Consider the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode;
 - (4) Consider whether the student needs assistive technology devices and services; and
 - (5) In the case of a student whose behavior impedes the student's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior.
 - (a) When making decisions on behavioral interventions, the IEP team must refer to the *USOE Special . . .*

UATT Teams and the School Districts They Serve
As of 4-24-13

<u>Team</u>	<u>District(s) Served</u>	<u>Team Leader</u>	<u>Work Phone</u>
A	Davis	Erek Engar	801-402-6464
B	Weber	Mona Oversteg	801-476-3990
C	Ogden City	Nadean Lescoe	801-737-8932
D	Alpine	Starla Blackburn	801-310-1374
E	Salt Lake City, Tooele x167	Merrie Smithson	801-481-4608
F	Daggett, Duchesne, Uintah ext 2824	Alisa Thacker Amelia Garner	435-781-3125 435-725-4547
G	Jordan	Judy Roberts	801-446-3215
H	Beaver, Iron, Millard	Chad Fletcher	435-592-3306
I	Grand, San Juan	Carrie Fisher	435-259-5628
J	Granite, Murray	Lesa Stone	385-646-4508
K	Juab, Sevier, No. Sanpete, So. Sanpete, Piute	Patricia Smith	435-462-2485
L	Logan 7600	Monique Carlsen	435-755-2337 x
M	Carbon, Emery	Janice Bruno	435-637-9150
N	Washington	Holly Stankosky	435-652-4771
O	No. Summit, So. Summit, Morgan, Park City, Rich	Marci Mitchell	435-640-5597
P	Garfield, Kane	Flora Howard	435-676-1344
Q	Granite	Jen Hanks	801-646-4567
R	Davis	Susan Hamblin	801-402-2272
S	Utah Schools for the Deaf and Blind	Denise Warren	801-464-2045
T	Box Elder	Debbie Manning	435-744-2468
U	Nebo	Jason Shelley	801-491-2165
V	Cache	Robert Woodbury	435-563-6229
W	Provo, Wasatch	Merideth Grover	801-374-4910
X	Canyons	Priscilla Garcia	801-826-7007
Y	Tooele 1140	Tracy Stewart	435-833-1900 x
Z	Murray	Joelle Rasmussen	801-264-7434

Tintic and Wayne Districts contract with other UATT Teams and work with the staff at The Computer Center for access to equipment.

Sample Letter for New UATT Members

Dear UATT Leadership Council,

I would like to have _____ serve as a member of the UATT team in this area. _____ will replace _____ on the team. In support of _____'s assignment on the UATT team, I will provide him/her with at least one day each month where he/she will be excused from his/her regular district assignment to participate in UATT service including:

- attending training to become an assistive technology (AT) expert and a resource on AT issues for our district
- conducting AT evaluations for students who have been referred to the UATT team
- conducting follow-up service for students who have previously been evaluation for AT devices and services
- consulting with teachers and parents of students who need AT services

It is understood that _____ will continue to serve on the UATT team until he/she is replaced.

School Principal or Local Administrator

Special Education Director or Coordinator

New UATT Members contact information:

We need the EXACT name, date of birth and gender as it appears on your driver's license or you cannot travel for UATT training. Each information item below is required for UATT travel.

Name _____
Date of Birth _____ Gender _____
Home Address _____ Work Address _____
City _____ Zip _____ City _____ Zip _____
Home Phone: _____ Work Phone: _____
Home Email _____ Work Email _____
Team Letter _____ Work Fax _____
Please check one - UATT Competency Level 1 _____ Level 2 _____ Level 3 _____
EMERGENCY CONTACT : Name _____ Phone _____

Mail or email to: UATT Leadership Council Chair
C/O Starla Blackburn

Utah Assistive Technology Teams
1595 West 500 South
Salt Lake City, UT 84104
Email: starlablackburn@utah.gov

Effective Date: 7-8-08

Utah State Board of Education Travel Policies

~ Revised for In-State and Out of State Travel by UATT members ~
(non-state employees and USDB)
subject to change

WE WILL NOT PAY FOR RENTAL CARS WHILE ATTENDING A CONFERENCE!

Travel Reimbursement DEADLINES:

Trips with paid lodging and/or per diem **shall be submitted for reimbursement within 30 days after the travel.** Unless traveling in the month of June, there will be no travel reimbursements accepted after May 31st.

Out-of-State Travel:

Airline and hotel/motel needs.

UATT Travel Coordinator: **Lynn Marcoux (801) 887-9380**
Lmarcoux@utah.gov

Central Travel Account (CTA):

All airline tickets must be purchased using the Central Travel Account referencing a travel authorization number. Airline tickets issued through the Central Travel Account are not reimbursed to you. **The state will not reimburse the employee for the cost of airline travel if it is charged to an individual credit card.**

The State Division of Finance will not honor any reimbursement requests for airfare or travel arrangements that are not made through the UATT Travel Coordinator/State Travel.

Exceptions to this policy may be granted when the travel will be reimbursed by a third party other than the state, and the third party makes the travel arrangements and pays for the expenses directly through its own travel agency.

Reimbursement by a Third Party:

Any UATT member who receives a travel reimbursement from a third party for travel should not be enriched by the reimbursement beyond what the travel policy allows.

Travel expenses reimbursed by a third party may be handled in one of the following ways:

▷ Deposit the total third party reimbursement with the state as a refund of expenditure and obtain a regular travel reimbursement from the state.

▷ Retain the amount reimbursed by the third party, up to the amount allowed by the travel policy, and accept no state reimbursement.

Note: Now that the airlines are charging for more than one bag or some for one bag, and if you are required to fly on these airlines and pay an extra baggage fee on an out of state trip, you may be reimbursed up to \$20 for these fees. However, if you have to pay over \$20, a receipt will be required.

In-State Travel:

Travelers should secure their own in-state lodging reservations. keeping in mind the appropriate limits for reimbursements.

With in-state travel, you must live more than 50 miles from your normal daily commute to the conference to qualify for a hotel stay unless there is a conference sponsored nighttime event scheduled that makes it unsafe for you to drive home. The state also dictates that you must live 100 miles or more from the conference to be eligible for meal reimbursement. If the conference, training or workshop does not include meals, you may be on your own for this expense.

Be sure to request the state rate if you want full reimbursement for your in state hotel stay. Hotels Who Honor State Per Diem are available at:

<http://fleet.utah.gov/travel/instate.html>

If you have questions about how to insure you get the state rate, contact Lynn Marcoux at 801-887-9380.

Lodging:

While taking safety and additional travel requirements into account, UATT members are encouraged to find the most economical accommodations available. Reservations should be confirmed with a credit card, and the traveler should have the confirmation number when he/she checks in at the hotel.

Prior approval is required for overnight stays of 50 miles or less. (Rule: Total mileage used, less the normal daily commute mileage)

Lodging at Other Than a Hotel/Motel:

Travelers who choose to stay with friends or relatives may be reimbursed **\$25 per night** with no receipt required. Those who use a personal camper or trailer home at a campground or trailer park,(not a private residence) may be reimbursed actual costs up to \$40 with a signed receipt.

Incidental Travel Expenses:

The traveler will be reimbursed for actual out-of-pocket costs for incidental items such as baggage tips. All tips must be explicitly detailed on the reimbursement form. **The maximum tip amount allowed is \$1 per bag. All other incidental expenses must be substantiated by original receipts.**

Miscellaneous Meal Reimbursement:

Meals included in the registration fee and complimentary meals will reduce the meal allowance. Also meals provided at a "Bed and Breakfast" will reduce the breakfast meal allowance. However, meals provided on airlines will not reduce the meal allowance.

Continental breakfasts should be claimed as a provided meal. If the traveler has to make other arrangements for breakfast, receipts are required for up to the allowed amount.

(In order to be reimbursed, we will need the original itemized receipt showing the actual meal you had, NOT the charge receipt.)

▷ If a meal does not suit your dietary needs, if you are a diabetic or have another dietary restriction, please let us know before your trip so we can notate the restriction on your travel plan that is sent in to the state when approval is being sought. If it is not part of the planning, we will not be able to accommodate your plan for reimbursement.

Meal Allowance for Overnight Trips:

The meal reimbursement is determined by the time of day the traveler leaves "home base" (the location the employee leaves from and/or returns to), the days at the location, and the time of day he/she returns to "home base - tips and tax on meals are included in the per diem amount. The 24-hour period is divided into four quarters. (Breakfast = B, Lunch= L, Dinner = D)

The Day Travel Begins:

1 st quarter	Leave between 12:01 am and 6:00 am	B L D
2 nd quarter	Leave between 06:01 am and 12:00 noon	L D
3 rd quarter	Leave between 12:01 pm and 6:00 pm	D
4 th quarter	Leave between 06:01 pm and 12:00 midnight	NO MEALS

The Day Travel Ends:

1 st quarter	Return between 12:01 am and 06:00 am	NO MEALS
2 nd quarter	Return between 06:01 am and 12:00 noon	B
3 rd quarter	Return between 12:01 pm and 07:00 pm	B L
4 th quarter	Return between 07:01 pm and 12:00 midnight	B L D

Rates:

In State	B = \$ 9.00	L = \$ 13.00	D = \$16.00	Total \$38.00/day
Out of State	B + \$10.00	L = \$ 14.00	D = \$23.00	Total \$47.00/day

Meal Allowance for Non-Overnight Trips:

If the destination is at least 100 miles from "home base" the traveler may be reimbursed for meals as follows:

Breakfast Traveler leaves "home base" before 6:01 am

Lunch - When the trip meets one of the following:
- Trip warrants entitlement to breakfast and dinner
- Traveler leaves "home base" before 10:00 am and returns after 2:00 pm
the department director provides *prior written* approval

Dinner Traveler leaves "home base" before 2:00 pm and returns after 7:00 p m

Mileage Reimbursement Rates:

Private vehicle paid at: \$.36 cents per mile (up to 15,000 miles per calendar year)

District vehicle for mileage reimbursement paid at: \$.32 cents per mile (paid to District Office)

Rule of Thumb: We are not paid to travel to and from work

Reimbursable mileage will be calculated as mileage over and above the travelers normal commute mileage. In other words, any mileage submitted for a trip must have the traveler's commute mileage subtracted from the total.

Regardless of whether your mileage is in connection with a one day trip or an over- night trip, the commute mileage must be subtracted from the total mileage.

When reporting local travel, exact addresses should be used with an explanation as to why it was necessary. Personal travel to restaurants, movies etc. are not reimbursable.

Incidental Ground Transportation Expenses:

The traveler will be reimbursed for official business use of taxi, bus, and other ground transportation expenses. **The traveler should not use a taxi if a more economical method of transportation (shuttle-bus) is readily available.** Submit a schedule of payments, including date "to" destination, "from" destination, type of travel location and dollar amount. **For individual amounts of \$20 or more, an original receipt is required.** [Taxi fare to or from the Salt Lake City Airport is not reimbursable.](#)

Rental cars in an exceptional case must be pre-authorized by USOE. It would be best if the request was made at the time of registration, but at least two months before the travel date. Please send Lynn Marcoux a written request for the exception before travel plans are made.

Parking Expenses:

The state will reimburse UATT members for airport parking. **The maximum reimbursable rate is \$7 per day with an airport parking receipt.**

****** If you use a private vehicle, either the mileage for two round trips to the airport or one round trip plus the parking may be reimbursed.

The state will NOT reimburse travelers for valet parking.**

With the skyrocketing costs of these conferences, we would suggest that if you live more than 45 miles away from the airport and are not comfortable leaving your vehicle in long term parking at the airport, it would be best if you found someone to carpool with that is willing to.

Driving a Private Vehicle vs. Flying:

When UATT members choose to drive to an out of state meeting or conference instead of flying, the maximum reimbursement they will receive is the lowest reasonable air fare or the driving mileage, whichever is less. The policy is the same when a third party is paying the travel expenses. **Travelers who choose to drive will not be reimbursed for parking fees, toll fees or per diem in excess of flying time.** When in doubt, please contact Lynn at Lmarcoux@utah.gov, or 801-887-9380.

Please note that as of 2008, there are restrictions regarding driving a state or school district vehicle out of the state of Utah. This is a major liability to the state as insurance companies will only cover the fleet within the state of Utah. If you take a district owned vehicle out of state while on UATT business, you may not be covered in case of an accident. Contact your district and request clarification on these restrictions.

UATT TEAM TRAVEL CHECKLIST For Travel within the State of Utah

With in-state travel, you must live more than 50 miles from your normal daily commute to the conference to qualify for a hotel stay unless there is a conference sponsored nighttime event scheduled that makes it unsafe for you to drive home. The state also dictates that you must live 100 miles or more from the conference to be eligible for meals. If the conference, training or workshop does not include meals, you may be on your own for this expense.

All mileage will be verified through MapQuest.

Two Months before Travel:

(For conference travel only)

- Check to make sure the conference you wish to attend has been approved. For workshops and training at UCAT, please refer to the underlined statement above.
- Check to make sure your team leader has included you on the Team Training Plan as outlined in the UATT Policy and Procedures Manual, as a potential traveler to this conference. *(This is not applicable to workshops and trainings at UCAT)*
- Check with your team leader to verify how much money was reserved for you to travel so you will be sure to stay within your budget.
- Refer to www.mapquest.com and compare the distance from the place of your normal daily commute to the conference center. This will determine your eligibility for an overnight stay. The state rules that you must live 50 miles or more from the conference center or training destination to warrant the need for a hotel room. For meals, the travel must be greater than 100 miles.

Note: Meal allowance for non-overnight trips. If the destination is at least 100 miles from home base, the traveler may be reimbursed for meals as follows:

- Breakfast: Traveler leaves "home base" before 6:01 am. (In state rate \$8.00)
- Lunch: When the trip meets one of the following: (In state rate \$11.00)
- Trip warrants entitlement to breakfast and dinner
 - Traveler leaves "home base" before 10:00 am and returns after 2:00 pm.
 - Department director provides *prior written* approval.
- Dinner: Traveler leaves "home base" before 2:00 pm and returns after 7:00 pm.
(In state rate \$16.00)

- Check with your team leader to see if there are any team mates who will also be attending the conference, workshop or training. Once learned, you may now contact them to secure a room mate and a driving companion(s). (If you choose to drive alone, you will only receive ½ of the mileage) If no one else from your team is going to this conference, please contact Lynn Marcoux for assistance in securing a room mate from another team. If, from the time of your registration to the time of the conference, your potential room mate has canceled his/her travel, please call Lynn Marcoux to rearrange a new room mate. You must have a room mate for travel per the UATT Policy and Procedure Manual, or you will forfeit 75% of your hotel reimbursement.

- If there are any special circumstances in regard to your travel, please send a written e-mail or letter to Lynn Marcoux immediately for state approval before registration is sent in.
- Refer to the UATT website www.UATT.org to review the UATT Policy and Procedures Manual on state travel and to print off the necessary forms you will need.
- Refer to the conference website to print off the registration forms.
AAC in the Mountains: www.creativecommunicating.com
- Send your fully prepared registration form to Lynn Marcoux at UCAT, 1595 W. 500 So. Salt Lake City, UT 84104, Lmarcoux@utah.gov or fax to 801-887-9382.
- Please call or e-mail Lynn to make sure your registration has been received. Once the conference packet is sent to state travel, the conference is closed.
- Refer to the conference booklet or on-line conference web-site, to find the suggested conference hotel and contact one of the hotels listed to secure a room. Please be sure to make these reservations early to be sure you receive the conference discounted rate as this is the rate that will be reimbursed to you. **Do not use a discount broker such as Expedia as we are unable to reimburse for hotels using such services.** IF you do not choose to stay at the suggested hotel, you will only be reimbursed at the Utah state rate which is \$80.00 plus tax. If you choose not to stay at a conference hotel please remember, UATT policy states it is unable to reimburse for a rental car. If traveling to UCAT for a workshop or training, you must ask for the state rate when booking a hotel room.

Note: If you are sharing the hotel expenses with your room mate, each person must have an original copy of the receipt with their own name on it.

Also, if you are paying for a room that you are not occupying, your name must be on that receipt as the payor and the names of those who actually occupied the room must be on that receipt as well. IF this is not done, you may be denied reimbursement.

Two Weeks before Conference:

- If you have not received your confirmation, please contact Lynn Marcoux immediately.
- Confirm driving arrangements with team mates and your room mate. You will only be reimbursed ½ of the mileage charges if you drive alone.

Three Days before Conference:

- Please refer to the website www.UATT.org for the post conference reimbursement worksheet you will need upon return. Be sure you understand what will and will not be covered before you go!
- Confirm your hotel reservation.
- Confirm last minute details with your room mate and the people in your car pool.

Note: Please do not split the cost of parking or shuttle services etc. without proper documentation as this could delay your reimbursement.

One to Five Days after your Trip:

- Complete the UATT Travel Reimbursement Worksheet completely. If the worksheet is not completed in full, it will be returned to you. This will delay your reimbursement greatly.

- The completed worksheet with original hotel receipt, parking receipt, shuttle receipt, etc, must be mailed or hand carried to UCAT. We must have the original receipts for reimbursement. Please mail to UCAT % Lynn Marcoux, 1595 W. 500 S., Salt Lake City, UT 84104.
- The worksheet may be e-mailed or faxed to Lynn Marcoux at Lmarcoux@utah.gov or to 801-887-9382 if you are not claiming reimbursement for the hotel, parking, shuttle or any other item that requires an original receipt.
- Once you have sent in the worksheet and receipts and Lynn has completed the state form, please be sure to watch your fax machine for the completed state form which Lynn will be sending to you. Please verify, sign and return to the fax number stated on the cover sheet to UCAT at (801-887-9382)

General Information:

Please do not wait until the morning of the conference to call our office with a travel problem as there may not be anyone available to help you. Use this check list to help you plan your trip wisely.

There are many wonderful workshops and training opportunities at UCAT which are all posted on the UATT web-site www.UATT.org. Make a mental note to check the website out each month to schedule the training sessions and secure a substitute teacher which is generously reimbursed if needed, by the UATT general fund. When you decide which workshop or training you wish to attend, please call our office to sign up so we can know how many hand-outs to prepare and make the proper seating accommodations.

Please remember, your reimbursement will take up to 30 days once the completed form is sent to state travel. This is very dependent on how quickly you act. I will dedicate the week after travel as a priority for completing travel reimbursements. The late comers will be done as time allows.

UATT TEAM TRAVEL CHECKLIST For Out of State Travel

Two Months before Travel:

- Check to make sure the conference you wish to attend has been approved. Generally, only the following out of state conferences have been approved: Closing the Gap, ATIA and CSUN.
- Check to make sure your team leader has included you on the Team Training Plan as outlined in the UATT Policy and Procedures Manual, as a potential traveler to this conference.
- Check with your team leader to make sure you understand how much money was reserved for you to travel so you will be sure to stay within your budget.
- Check with your team leader to see if there are any team mates who will also be attending this conference. Once learned, you may now contact them to secure a room mate. If no one else from your team is going to this conference, please contact Lynn Marcoux for assistance in securing a room mate from another team. If, from the time of your registration to the time of the conference, your potential room mate has canceled his/her travel, please call Lynn Marcoux to rearrange a new room mate. **You must have a room mate for travel per the UATT Policy and Procedure Manual, or you will forfeit 75% of your hotel reimbursement.**
- **If there are any special circumstances in regard to your travel, please send a written e-mail or letter to Lynn Marcoux immediately for state approval before registration is sent in.**
- Refer to the UATT website www.UATT.org to review the UATT Policy and Procedures on state travel and to print off the necessary forms you will need.
- Refer to the conference website to print off the registration forms.
 - Closing the Gap: www.closingthegap.com
 - ATIA: www.atia.org/conf.
 - CSUN: www.csun.edu/cod/conf
- Send your fully prepared registration form to Lynn Marcoux at UCAT, 1595 W. 500 So. Salt Lake City, UT 84104, Lmarcoux@utah.gov or fax to 801-887-9382.
- Please call or e-mail Lynn to make sure your registration has been received. Once the conference packet is sent to state travel, the conference is closed.
- Refer to the conference booklet or on-line conference web-site, to find the suggested conference hotel and contact one of the hotels listed to secure a room. Please be sure to make these reservations early to be sure you receive the conference discounted rate as this is the rate that will be reimbursed to you. **Do not use a discount broker such as Expedia as we are unable to reimburse for hotels using such services.** IF you do not choose to stay at the suggested hotel, you will only be reimbursed at the Utah state rate which is \$80.00 plus tax. If you choose not to stay at a conference hotel please remember, UATT policy states it is unable to reimburse for a rental car.

Note: If you are sharing the hotel expenses with your room mate, each person must have an original copy of the receipt with their own name on it.

Also, if you are paying for a room that you are not occupying, your name must be on that receipt as the payor and the names of those who actually occupied the room must be on that receipt as well. IF this is not done, you may be denied reimbursement.

Two Weeks before Conference:

- If you have not received your confirmation, please contact Lynn Marcoux immediately.
- Confirm airport driving arrangements with team mates and your room mate. **You will only be reimbursed ½ of the mileage charges if you drive alone.** The state reimbursement policy will pay for either two round trips to the airport or one round trip plus parking for \$6.00 maximum per day with a receipt.

Three Days before Conference:

- Please refer to the website www.UATT.org for the post conference reimbursement worksheet you will need upon return. Be sure you understand what will and will not be covered before you go!
- Be sure to check with the airline for any changes made to your flight and to see if there are any policy changes in regard to security and departure times.
- Confirm your hotel reservation.
- Confirm last minute details with your room mate.

Note: Please do not split the cost of parking or shuttle services etc. without proper documentation as this could delay your reimbursement.

One to Five Days after your Trip:

- Complete the UATT Travel Reimbursement Worksheet completely. If the worksheet is not completed in full, it will be returned to you. This will delay your reimbursement greatly.
- The completed worksheet with original hotel receipt, parking receipt, shuttle receipt, etc, must be mailed or hand carried to UCAT. We must have the original receipts for reimbursement. Please mail to UCAT % Lynn Marcoux, 1595 W. 500 S., Salt Lake City, UT 84104.
- The worksheet may be e-mailed or faxed to Lynn Marcoux at Lmarcoux@utah.gov or to 801-887-9382 if you are not claiming reimbursement for the hotel, parking, shuttle or any other item that requires an original receipt.
- Once you have sent in the worksheet and receipts and Lynn has completed the state form, please be sure to watch your fax machine for the completed state form which Lynn will be sending to you. Please verify, sign and return to the fax number stated on the cover sheet to UCAT at (801-887-9382)

Please remember, your reimbursement will take up to 30 days once the completed form is sent to state travel. This is very dependent on how quickly you act. I will dedicate the week after travel as a priority for completing travel reimbursements. The late comers will be done as time allows.

If this form is not completed in its entirety, it will not be processed

**UATT Travel Reimbursement Worksheet
Non-State and USDB Employees**

Date: _____

Name: _____

FAX Number: _____

(To send you the form to verify, sign and return to Lynn Marcoux)

Address: _____

City/State/Zip: _____

Date of Departure: _____

Date of Return: _____

Time of Departure: _____

Time of Return: _____

(From your home or workplace)

(To your home or workplace)

Destination & Purpose _____

Lodging:

Lodging Name: _____

Total of Tips to be reimbursed _____

Address: _____

Parking or Shuttle (attach original receipts) _____

City/State/Zip : _____

Amount of Hotel Bill to be reimbursed (attach original receipt) _____

(The hotel bill must show your name in order to be reimbursed)

Name of Roommate: _____

If none, you will be reimbursed at only 25% of the total hotel bill without prior approval.

Person you rode to the airport with _____

If none, you will be reimbursed only 1/2 the mileage reimbursement rate without prior approval.

Mileage: *(Miles traveled will be verified by state travel through MapQuest and paid at .36/mile)*

Address of Place of Departure: _____

(From home or job)

Address of Destination: _____

(Airport, meeting place or hotel / your destination for the travel)

TOTAL MILES _____

Meals: The state per diem is \$36 per day for attending an in-state event and \$45 per day for an out of state event. **Please mark only the meals that were NOT provided at either the hotel or conference/event. (Includes continental breakfast)**

All non provided meals will be paid for at the per diem rate : Breakfast \$9-10 Lunch \$11-14 Dinner \$16-21

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Traveler's Signature: _____ **Date** _____

I, the traveler, hereby certify that all items of expense included in this statement were incurred in the discharge of authorized official business and the amounts shown here are true and accurate. The undersigned hereby certify that the expenses on this form were authorized as essential to official UATT business and payment thereof will not exceed appropriation.

Approved by: _____ **Date** _____

Please check the UATT web site www.UATT.org for rules on state travel. If you have any questions about how to complete this form or about UATT travel policies, please do not hesitate to call Lynn Marcoux at 801-887-9380. Be aware that some travel expenses are not covered. It is better to know what is not covered before the trip than afterwards! Please be frugal with your expenses and stay within your allotted budget! Hotel and mileage rates change occasionally.

Please be aware of them before you make your plans. Send the completed form to: Lynn Marcoux, UCAT, 1595 West 500 South, Salt Lake City, UT 84104. If you do not have receipts, you may fax or e-mail it to me: 801-887-9382 / Lmarcoux@utah.gov.

UATT Equipment Policy

Items in the UATT central inventory are purchased for assessment purposes. UATT members who borrow equipment from the UATT central inventory will have a 30 day check out period. If the equipment is not requested by another UATT member during the 30 day check out period, the person who borrowed the equipment may continue to use the equipment for up to 90 days. After 90 days, the equipment must be returned to The Computer Center. If equipment has been requested by another UATT member after 30 days, it should be returned to The Computer Center as soon as possible. UATT members should not exchange the equipment with the requesting UATT member, but return it to The Computer Center to insure the equipment has all the necessary parts and manuals before it is checked out to another UATT member.

When UATT members return UATT equipment that was damaged through neglect (to give little attention or respect to) or abuse (improper or excessive use or treatment), the district where the equipment was used will be billed for the cost of the repair or the UATT team equipment budget will be reduced by the cost of the repair. If there is no reasonable explanation for the damage to the UATT equipment, it will be considered neglect. If the damage to the device occurred when the equipment was not being used as intended, it will be considered abuse. All other UATT equipment repairs will be paid for with UATT funds.

When a UATT team member returns equipment with confirmed missing parts, the UATT member will have two weeks to find and return the missing parts. If the parts are not returned within two weeks, the District where the equipment was used will be billed for the cost of the replacement parts or the UATT team equipment budget will be reduced to cover the cost of the replacement parts.

UATT members frequently program AAC devices with customized student vocabulary, including the students address, phone number, birthday and other personal information. To protect student confidentiality, all phrases and programmed messages created during the loan period must be removed when the AAC device is returned to The Computer Center. Please remember to remove all personal student information and set the device back to defaults before returning the device. Failure to do so may result in a violation of the Family Educational Rights and Privacy Act (FERPA).

UATT Equipment in the central inventory located at The Computer Center belongs to the Utah State Office of Education. Central inventory equipment is loaned to local UATT teams for evaluation purposes. When teams purchase equipment from the UATT team budget they receive annually through the UATT grant, that equipment is also owned by the Utah State Office of Education. Items purchased for UATT teams are on long-term loans to that team so teams have ready access to a wide array of assessment devices. If a school district is divided, or if a UATT team is divided, UATT equipment will be distributed based on the needs of the local UATT teams. Computer Center staff and UATT team leaders may consult with special education directors to

insure UATT equipment is fairly divided to meet the needs of all UATT teams involved in the district or team division.

Documentation of UATT Competencies

Grandfather Policy - The UATT Leadership Council feels that years of service as well as specific assistive technology training could qualify current UATT members for Level 1, Level 2, or Level 3 competencies. All requests should be submitted in writing by May 8, 2003 to the UATT Leadership Council, c/o Starla Blackburn, 1595 West 500 South, Salt Lake City, UT 84104 or by email to: starlablackburn@utah.gov

Years of Service – Two or more years of service on a UATT team (or other assistive technology assessment team) with a letter of justification to the Leadership Council indicating experience in assistive technology service, training, and skills. In the letter, indicate the level of competency you feel is appropriate for your skill level as indicated by the competency levels described on the form "Documentation of UATT Competencies."

Training - Submit documentation of ATP (RESNA) Certification, NASDSE Certification, or other University assistive technology degree or equivalent certification to the Leadership Council for Level 3 UATT Competency certificate.

If you do not qualify based on years of service or training but feel you have significant skills in conducting assistive technology assessments, submit a letter of justification to the UATT Leadership Council describing the competency level you feel is appropriate and your request will be considered.

Re-certification is required every five years. Through licensure points (i.e. attend or present at UATT Conferences and workshops, local workshops, CTG, CSUN, ATIA, AAC in the Mountains, etc.), UATT members should earn 50 licensure points related to assistive technology to be re-certified.

Team members who leave the UATT team and return - at what competency level should they be when they return?

If they return within one year, they will retain their previous competency level. If they are off the team for more than one year, they will move down one competency level for each year they were off the team.

UATT Transition Policy

There are two transitions in a student's educational experience in which the law mandates that transition services be provided. The two mandated transition times are: 1) when a young child, age 0-3 years, completes early intervention services, and 2) the point at which a young adult completes his or her public education experience and moves to a post secondary environment such as work, higher education, or home.

Additionally, students who transfer from out of state with an IEP that includes assistive technology should initially receive AT products and services comparable to those outlined in the out-of-state IEP. When the new IEP team evaluates the student based on Utah requirements, adjustments in the student's IEP, including AT products and services, may be made.

Other naturally occurring transitions (moving from class to class, moving from one school to another school, or moving from one district to another district) do not have the same legal mandate for transition services. However, in our goal to provide "best practice," these naturally occurring transitions are also times when we should consider how assistive technology can smooth the transition. With this in mind, the UATT Leadership Council, in consultation with Susan Loving (Utah State Office of Education Transition Specialist), Marty Blair (Director of the Utah Assistive Technology Program), and Peter Miner (Director of the Utah Center for Assistive Technology), developed transition guidelines for the UATT Project. We encourage all UATT teams to follow the guidelines as they evaluate the assistive technology (AT) needs of students in Utah.

UATT members who served on the committee to develop transition guidelines include: Sue Lancaster, Tressa Beckstead, Jocelyn Taylor, Lesa Stone, Tracy Stewart, Teresa Gardner, Dale Gardner, Gary Steineckert, Debbie Manning, Lynn Marcoux, Kevin Christensen and Starla Blackburn

UATT Guidelines for Students in Transition

0 to 3 age Transition

Review AT that has been used successfully in the child's early intervention program and consider implementing these tools in the student's educational program. Consider the AT the child used successfully at the early intervention service site and at home.

If the AT the student used successfully in early intervention is owned by the early intervention agency, review AT funding options to provide on-going student access to the AT product/s. If the AT was used at home, talk with the child's parents about using the family owned AT products at school.

Be aware that AT products the student uses in the new environment do not need to be the exact same products used in the early intervention program. However, the AT products must be comparable to what was previously successful.

Determine if the child needs AT to meet the goals in their IEP. If AT is necessary to the student's progress, add a general description of the AT (not the product name) to the student's IEP. For example: Student needs access to a voice output communication device.

Consider additional AT devices that might be developmentally appropriate for the child.

Determine who is responsible for maintenance of the AT.

Determine who will provide AT training and on-going support to the child's family and new service providers.

Many students making the transition from a 0 to 3 program have not used AT but may benefit from AT in their new educational setting. During the initial IEP meeting, AT must be considered as part of "special education, related services, or, in the case of students with disabilities to be educated in regular classes, as supplementary aids and services." If there is a question as to whether or not the student needs AT, a referral to the UATT team for an evaluation should be completed.

As with any student referred to the UATT team, the evaluation procedures outlined in the UATT Policy and Procedures Manual should be implemented.

Post Secondary Transition

IDEA requires transition services are in place when a student reaches age 16. Therefore, if a UATT team provides an assessment for a student age 15 or older, the team must consider the transition needs of that student.

In assessing the students AT needs in the transition process, UATT teams should consider the following: Does the AT being considered allow the student to participate at a level appropriate to their age and ability? Is the student being trained in self-advocacy issues that will empower the student to have a broken device repaired, get additional training on the device, or replace the device when necessary? Will the AT be appropriate for the student's future employment or post secondary education program? Is there a plan to transition equipment or fund new equipment at the time the student leaves the public school? Would a timeline of "AT Tasks to Complete" help the student prepare for transition? Does the student have access to secure storage or a safe method to transport their AT? Are there special environments (PE class, lunchroom, hallway, extra curricular activities) where additional AT would help a student be successful? Does the transition plan address the AT needs of the student? Does the transition plan include training to educate the student on post secondary assistive technology services available through Vocational Rehabilitation, Independent Living Centers, or the Division of Services for People with Disabilities?

Parents should be encouraged to be active participants in the AT assessment and in supporting the student's use of AT, once it is in place. During an assessment, UATT teams should help parents understand that AT support services (programming the device, updating vocabulary, troubleshooting problems, replacing batteries, etc.) are critical to the student's successful use of the AT. Various levels of technology, simple to complex, may be appropriate for the student. Matching the device sophistication level to the level of the AT support system outside of school will help to insure the student's successful use of the AT once he or she transitions out of the school system.

In the IEP meeting, consider some goals and objectives for which parents are responsible. UATT members could train the IEP team to ask parents questions like, “What do you need to get in place for this child who will be using AT? Are product warranties valid? Who will you contact when a battery fails or the equipment breaks down? Have you backed up the vocabulary or software of your child’s electronic device? Do you have a back-up low tech communication book or other system in place? How are you going to help prepare this child for the next phase of life?” Parents should be included in the flow of information and be trained to help their child in the transition process.

Parent training may be necessary for the student to be successful in their use of AT. Training may be provided by vendors, UATT members, or staff at The Computer Center for Citizens With Disabilities. Some parents will need one-on-one training in their own environment to build their confidence in supporting their child’s use of the equipment.

UATT teams should become knowledgeable about the AT resources available in their area so they can share the information with students, parents, and members of the student’s IEP team. AT resources outside the school system in your area may include: Utah Center for Assistive Technology (UCAT), Utah Assistive Technology Program (UATP) including the Assistive Technology lab at Utah State University, Utah Assistive Technology Foundation (UATF), an Independent Living Center (every ILC in Utah has an AT Coordinator), Vocational Rehabilitation, private speech language pathologists and other AT providers (be aware of conflict of interest issues – it may not be appropriate to refer yourself as a contract service provider), Disability Resource Centers (DRC) in colleges and universities, vendors, Division of Services for People with Disabilities (DSPD), Access Utah Network, Community Technology Centers, technology courses in your school district or Adult Education Program, volunteer agencies such as the Lowell Bennion Center at the University of Utah, etc.

If a student is eligible for Vocational Rehabilitation Services, there may be cases when AT products purchased by the school district could continue to be available to the student after completing his or her public school program. See the “Policy for Interagency Assistive Technology Implementation in the State of Utah, A Memorandum of Agreement”. This policy is posted at the UATT web site (go to: www.UATT.org and click on Professional Links) and deals with this issue. Teams may want to be familiar with this multi-agency agreement.

Teach students and parents the AT funding process. If students and their advocates will learn to be pleasant, persistent and persuasive, they will eventually have funding success. Know the funding sources so you can assist parents in moving their child into the various funding systems: Medicaid, private insurance, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Independent Living, Vocational Rehabilitation, foundations and other sources could be explored. The funding specialist at UCAT is willing to consult with UATT members or parents to explore appropriate funding options. Schools can be a funding source for AT. Since IEP teams make the decisions on what AT a student may need for FAPE, UATT members should encourage IEP teams to work with their administration regarding AT funding through the school district when appropriate. One limitation of using the school district as a funding source is that the AT purchased belongs to the school district and not to the student. Each UATT team has the WATI manual “Assessing Students’ Needs for Assistive Technology: A Resource Manual for School

District Teams” prepared by the Wisconsin Assistive Technology Initiative. This manual has a full chapter, on “Funding AT.” Use this chapter as a resource to assist families and IEP teams in the funding process.

UATT members should train the student’s IEP team regarding AT issues. In some cases, IEP teams resist using AT or have little or no knowledge of how to support a student’s use of assistive technology. The student’s IEP team will be invited to participate in the AT assessment, but they do not know the protocol. You may need to train the IEP team as though they are the first people to ever hear about AT devices and services. Help them feel ownership of the need the student has to be successful in their use of AT.

Additional Suggestions

WATI, the Wisconsin Assistive Technology Initiative, has an excellent handout on AT transition services at their web site. The 15 page handout includes an Assistive Technology Protocol for Transition Planning and other forms to assist you in working with students who need AT in their transition. This would be a valuable resource for every UATT team. WATI grants permission to 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.” See: <http://www.wati.org/curriculum/pdf/attransitionpacket.pdf>

The QIAT Consortium (Quality Indicators for Assistive Technology Services in Schools), has developed “Quality Indicators for Assistive Technology Transition.” This document sites six critical points to consider when planning for a student’s transition and lists seven common errors that AT teams make in the AT transition process. See: www.qiat.org and click on the Quality Indicators link. The entire document is excellent, but you can refer to pages 13 and 14 for the Quality Indicators for Assistive Technology Transition.

One UATT member has been teaching her students who use AAC devices to write a letter of self-advocacy to their teacher for the next year. In this letter, the student describes the AT they use and how it will help them in that teacher’s class. The student learns self-advocacy skills and the new teacher is prepared to support the student in their use of AT. The students write the letters each year they have a new teacher or direct service provider. A similar letter could be written to a prospective employer to reduce the company’s concerns about hiring an individual who uses AT.

UATT members should actively train other educators regarding the need to “consider” assistive technology for every student receiving special education services. UATT members should help IEP teams acquire a basic awareness of AT devices and services so they can successfully “consider” AT in IEP meetings as mandated in IDEA.

UATT Equipment Loans and UATT Service for Charter Schools

All public schools in Utah, including charter schools, have access to UATT equipment for the purpose of assessing the assistive technology needs of their students. UATT equipment is generally loaned for a 30 day period to help the IEP team determine if a student needs assistive technology to benefit from their educational program. If the equipment is determined by the IEP team to be necessary for the student's educational program, charter schools may be required by IDEA regulations to purchase the equipment for the student at the end of the assessment period.

There are three possible options charter schools might consider for access to UATT equipment.

Option 1 – Charter schools may borrow equipment from the UATT Equipment Library and use staff at The Computer Center or other assistive technology specialists to assist them with AT evaluations. This is the service model used for school districts (Wayne and Tintic) that are so small they do not have direct access to a UATT team.

1. To access UATT services, charter schools need to follow general procedures as outlined in the UATT Manual. (Especially Student Assessment Procedures as outlined on pages 5-8 of the manual and the UATT Equipment Policy on page 12 of Appendix). There may be some procedures that don't apply. This manual can be found at www.UATT.org

2. It is important that the assessment procedure is followed, including the formal report (page 8 of manual). The assessment needs to be done by a multidisciplinary team. Parents are an important part of this team. If the student has had a UATT evaluation, you may want to contact the UATT team that conducted the evaluation and request a copy of the student's UATT report. If you are able to secure a UATT report, your team may determine that another evaluation is not necessary. If your IEP team agrees with the findings in the UATT student report, you may implement the suggestions.

3. The individuals borrowing UATT equipment must have an understanding of how to use that equipment so that it is used properly. Training is available at The Computer Center. Make arrangements with Starla Blackburn at 801-887-9533 or starlablackburn@utah.gov

4. When equipment is borrowed, the borrowing school is responsible to meet the terms of the borrowing agreement. Specifically, schools must return the equipment in good working condition with all components in tact or they are responsible to replace or repair the item borrowed.

5. The LEA or designee will be the requesting party for UATT equipment and the services of the staff at The Computer Center.

Option 2 – Charter schools may contract with an existing UATT team to request an assistive technology evaluation.

UATT teams have trained assistive technology experts who have access to a large equipment lending library. Charter schools using this option would pay for the services of an existing team by contracting with the UATT team members' school district. Since the team has access to equipment for assessment purposes, there would be no expense for

the equipment used in the UATT student assessment. However, when equipment is borrowed, the borrowing school is responsible to meet the terms of the borrowing agreement. Schools must return the equipment in good working condition with all components in tact or they are responsible to replace or repair the item borrowed.

Option 3 - Charter schools may join together to create one UATT team that would serve the students of charter schools state-wide. If a UATT team is established for charter schools, all charter schools would receive UATT services from this team and not through options one and two above.

Requirements for having a Charter Schools UATT team:

1. Charter schools would need to select individuals who could comprise a multidisciplinary team. This includes at least four (up to six) individuals to serve on the team. UATT teams have at least one speech language pathologist, one special education teacher, one motor assessment specialist (occupational therapist or physical therapist) and others as appropriate, such as school psychologist, administrator, technology expert, or additional special education teachers and speech language pathologists.
2. Charter schools would agree to release the selected UATT team members from their regular school assignment two days per month to participate in UATT related student evaluations, student follow-up services and UATT training.
3. Charter Schools would cover the travel costs of charter school UATT members as they participate in UATT evaluations, follow-up services and in-state UATT training.
4. Charter Schools combining to compose a UATT team would need to make a written request for a UATT team by December 20, 2007 to have their requested added to the UATT Grant budget for the 2008-09 school year. The request should include the names and disciplines of the proposed UATT team members, the names of the Charter Schools to be served by the proposed UATT team, and a commitment to meet the requirements noted above. Send the request to:

UATT Leadership Council
c/o Starla Blackburn
Utah Assistive Technology Teams
1595 West 500 South
Salt Lake City, UT 84104
Phone: 801-887-9533
Fax: 801-887-9382
E-mail: starlablackburn@utah.gov

5. If a charter schools UATT team is established and that team becomes inactive (evaluates 0 students in a given school year), the charter schools will return their UATT team equipment to the UATT central inventory.

Benefits to having a Charter School UATT team include:

1- UATT teams have access to a large lending library of equipment that has been established with IDEA funds over many years of UATT services. These AT products are for assessment purposes. UATT members use the equipment with students for 30 days to determine if the equipment makes a positive difference in the student's educational program.

2- UATT teams receive a basic assistive technology assessment kit with approximately \$5000 worth of equipment. The kit includes a laptop computer, basic software and simple AAC devices.

3- UATT teams receive an annual team equipment budget of \$500 to \$3000. The budget is calculated on a formula which factors in the number of students served by the UATT team and the number of hours of UATT team members service to students.

4- Based on the skill level of UATT team members, UATT teams receive an annual team training budget to support in depth assistive technology training. Level one UATT members generate \$250/year, Level 2 members generate \$500/year, and level 3 members generate \$750/year. Funds can be used to contract with assistive technology experts for training locally, or to send UATT members to national assistive technology conferences such as Closing the Gap, CSUN or ATIA.

Assistive Technology Checklist

Assistive Technology Planning Process

Please use this list for planning and ideas only. **This list is not prescriptive** nor is it inclusive of the full spectrum of AT devices.

Student Name Grade Date

Writing

Mechanics of Writing

- Pencil /pen with adapted grip
- Adapted paper (e.g. raised lines, highlighted lines)
- Slantboard
- Typewriter
- Portable word processor
- Computer
- Other:

Alternate Computer Access

- Keyboard with easy access or accessibility options
- Word prediction, word completion, macros, abbreviation expansion to reduce keystrokes
- Keyguard
- Alternate mouse (e.g. TouchWindow, trackball, trackpad, mouse pen)
- Mouse alternative with on screen keyboard
- Alternate keyboard (e.g. Intellikeys, Discover Board, Tash)
- Mouth stick, head pointer with keyboard
- Switch with Morse code
- Switch with scanning
- Voice recognition
- Other:

Composing Written Material

- Word cards, word book, word wall
- Pocket dictionary, thesaurus
- Electronic dictionary/ spell check (e.g. Franklin Bookman)
- Word processor with word prediction (e.g.Co:Writer or TextHelp) to facilitate spelling and sentence construction
- Multimedia software for production of ideas (e.g. PowerPoint, Overlay Maker with talking word processor)
- Voice recognition software
- Other:

Communication

- Communication book / board

- Eye gaze board
- Simple voice output product (e.g. Big Mack, CheapTalk, talking picture frame, etc.)
- Voice output device with levels (e.g.Macaw, CheapTalk with Levels, Digivox)
- Voice output with icon sequencing (e.g. AlphaTalker, Vanguard, Liberator)
- Voice output with dynamic display (e.g. Dynavox, laptop with Speaking Dynamically)
- Device with speech output for typing (e.g. Link, Write:Out Loud with laptop)
- Other:

Reading/Studying/Math

Reading

- Changes in text size/space/color/background color
- Book adapted for page turning (e.g. with page fluffers, 3 ring binder and folders)
- Use of pictures with text (e.g. Picture It, PixWriter)
- Talking electronic devices for single words (e.g. Reading pen, Franklin Bookman)
- Scanner with OCR and talking word processor
- Electronic Books (e.g. Start to Finish)
- Other:

Learning /Studying

- Print or picture schedule
- Low tech aids to find materials (e.g. color tabs, colored paper or folders)
- Highlight text (e.g. markers, highlight tape, ruler)
- Voice output reminders for tasks, assignments, steps to tasks
- Software for manipulation of objects/concept development (e.g. Blocks in Motion, Thinking Things)- may use alternate input device such as Touch Window
- Software for organization of ideas and studying (e.g. PowerPoint, Inspiration, ClarisWorks Outline)
- Other:

- Math**
- Abacus, Math Line
 - Calculator/calculator with print out
 - Talking calculator
 - Calculator with large keys, large display
 - On screen calculator
 - Software with cueing for math computations
 - Tactile/voice output measuring devices (e.g. clock, ruler)
 - Other:

Aids for Daily Living

- Eating**
- Adapted utensil/ plates
 - Arm support
 - Automated feeding
 - Other:

- Dressing**
- Velcro fasteners
 - Button hook
 - Dressing aids
 - Other:

Aids for Daily Living (Continued)

- Recreation & Leisure**
- Adapted toys and games (e.g. puzzles with handles)
 - Battery interrupters and switches
 - Adapted sporting equipment (e.g. Velcro mitt, lighted or beeper ball)
 - Universal cuff to hold crayons, markers, paint brush
 - Modified utensils (e.g. rollers, stampers, scissors)
 - Articulated forearm support (e.g. ErgoRest)
 - Drawing/graphics computer programs
 - Music or games on the computer
 - Other:

- Home Living**
- Switch
 - Battery interrupter
 - Control unit
 - infrared sender / receiver

- X-10 unit and peripherals

Transition

- Work / School to Work**
- Adaptations as identified to meet individual needs e.g.
 - Scheduling aids (calendars, reminders, task analysis)
 - Switch / device
 - Adapted keyboard
 - Communication aid
 - Keyboard emulator
 - Other:

- Transportation**
- Get in and out of car as a passenger
 - Transfer into vehicle and load mobility device
 - Get into vehicle with ramp or lift
 - Independently arrange transportation
 - Independently utilize public transportation
 - Independently drive self with adaptations
 - Independently drive self

- Tolerance**
- Physically tolerate school/work day
 - Emotionally tolerate full school/work day
 - Medically tolerate full work / school day
 - Environmentally tolerate full work/school day
 - Tolerate with distance adaptations (internet, ITV)

- Adaptations**
- Adaptive seating/ positioning
 - Electronic communication
 - Electronic organizers
 - Adapted computer input
 - Environmental control

Wisconsin Assistive Technology Initiative

Assistive Technology Planning Guide

PROBLEM IDENTIFICATION

Student's Abilities/Difficulties related to Tasks	Environmental Considerations	Tasks: What does the student need to be able to do?
Writing/Use of Hands: Communication: Reading Cognition: Mobility: Vision: Hearing: Behavior: Other:	e.g. classroom, playground, lunchroom, home; IBM compatible computer in room available for all children, voice output device available in classroom, etc.; students sit on floor for calendar, desks arranged in groups of four; chalkboard at end of long room	e.g. produce legible written material, produce audible speech, read text, complete math problems, participate in rec/leisure, move independently in the school environment. <div style="border: 1px solid black; padding: 5px; margin-top: 20px; width: fit-content;"> Task(s) identified for Solution Generation </div>

Solution - Generation	Solution - Selection	Implementation Plan
Brainstorming Only - no decision Resources: AT Checklist Technology Toolbox CTG Resource Directory Co-Net CD AAC Feature Match/Needs First your AT Consultant	Discuss & Select best ideas from brainstorming	AT services needed. AT trial: how long, when, person (s) responsible <div style="border: 1px solid black; padding: 5px; margin-top: 20px; width: fit-content;"> Follow-up Plan </div> Who & When - Set specific date now

Lynch & Reed (1997), Incorporation from SETT framework (Zabala, 1994)

Note: It is not intended that you write on this page. Each topic should be written where everyone can see them, i.e. on a flip chart, board or overhead projector - information should then be copied on paper for file or future reference.

**School District's Name
Special Education Services
Assistive Technology Team
UATT
Communication Pre-Assessment Packet**

Date: _____

Student: _____

Completed By: _____

Concerns regarding student's communication skills:

Student's present means of communication

(Check all that are used, then **circle** the primary method the student uses.)

- | | |
|---|---|
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Changes in body position |
| <input type="checkbox"/> Visually Tracks | <input type="checkbox"/> Facial expressions |
| <input type="checkbox"/> Inappropriate behavior (tantrums, hitting, etc.) | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Sign language approximations | <input type="checkbox"/> Sign language (# signs _____,) |
| <input type="checkbox"/> Vocalizations, list examples _____ | |

Vowels, vowel combinations, list: _____

Single word, list examples: _____

2-word utterances 3-word utterances Semi intelligible speech, estimate % intelligible: _____

Equipment/communication systems in use

Switches

Communication board/s # of symbols per board _____ # of boards used _____

Picture Exchange Program (PECS) using _____ # of pictures

Eye-gaze board

Communication Device (list): _____

Computer system (list) _____

Other _____

Who understands student's communication attempts

(Check best descriptor)

	Most of the time	Part of the time	Rarely	Not Applicable
Teachers/therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication interaction skills

Exhibits desire to communicate: Yes No

To indicate "yes" and "no", the student: (Check all that apply)

- Shakes head Signs Vocalizes Gestures Eye gazes
 Points to board Uses word approximations Does not respond consistently

Can a person unfamiliar with the student understand the response? Yes No

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	<input type="checkbox"/>				
Non verbally/verbally interacts with peers	<input type="checkbox"/>				
Aware of listener's attention	<input type="checkbox"/>				
Initiates interaction	<input type="checkbox"/>				
Asks questions	<input type="checkbox"/>				
Responds to communication interaction	<input type="checkbox"/>				

Pre-reading and reading skills related to communication

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Object/picture recognition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Symbol recognition (tactile, Mayer-Johnson, etc.) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auditory discrimination of sounds |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Auditory discrimination of words |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Selects initial letter of word |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Follows simple directions |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sight word recognition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Can put two symbols or words together to express an idea |

Visual abilities related to communication

(Check all that apply)

- Can maintain fixation on stationary object Looks left and right without moving head
 Can scan line of symbols left to right Can scan matrix of symbols in a grid

- Visually recognizes people
- Visually recognizes photographs
- Can visually shift vertically

- Visually recognizes common objects
- Can visually shift horizontally
- Can recognize line drawings

Child's needs related to devices/systems

(Check all that apply)

- Child walks
- Child uses wheelchair
- Child can carry device under 2 pounds
- Child drops or throws things frequently
- Child needs digitized (human) speech
- Child needs device w/large number of words or phrases
- Other: _____

Beginning communication skills

(Check all that apply)

- Little or no interest in making choices
- Makes random choices with no preferences
- Indicates preference when given:
- two choice
- more than two choices

Behavior/emotional problems that affect communication

Described:

- Impulsive
- Difficulty with transitions
- Inappropriate vocalizations
- Echolalia
- Unresponsive, unwilling to communicate.
- Tantrums/Aggressive Behavior
- Describe: _____

- Resorts to inappropriate and/or aggressive behavior when communication attempts fail. Describe:

- Other problems which affect this student's ability to communicate effectively:

**(School District's Name)
Special Education Services
Assistive Technology Team
UATT**

Computer Pre-Assessment Packet

Date: _____
 Student: _____
 Completed By: _____
 Computer Lab Teacher: _____

1. Please describe the student's educational goals and objectives that are not currently being met but that might be met by use of a computer, word processing, computer adaptations or special software:

2. Please list the existing computer and assistive technology equipment the student has access to:

Location	Mac (list model)	PC(list model)	AlphaSmart	Other
In special education classroom				
In regular education classroom				
In Schools Computer Lab				
At Home (If applicable)				

Student Computer Skills: Please check all that apply

- 1. Access:** _____ uses the regular keyboard
 _____ uses a mouse
 _____ uses a TouchWindow
 _____ uses an alternative keyboard (Name and company) _____
 _____ uses a trackball

Access (cont)
 _____ uses a joystick (Name and Company) _____
 _____ uses a switch with:
 _____ hand _____ head _____ elbow _____ knee _____ eyes
 _____ voice _____ other, describe _____
 Switch name and company) _____

Typing/Keyboarding Skills

- _____ “hunt and peck” typing
- _____ has touch typing skills
- _____ words per minute _____
- _____ types with only one hand
- _____ familiar with or uses alternative keyboard layout

1. Basic Computer Operation

- _____ Turn computer on and off
- _____ Turn monitor on and off
- _____ Insert disc into disc drive
- _____ Eject disk from disc drive
- _____ Turn printer on and off
- _____ Retrieve desired program from on-screen menu

1. Computer Use

- _____ needs help with basic computer use
- _____ independent in basic computer use
- _____ visually attends to the screens
- _____ has functional word processing skills
- _____ familiar with one or more word processing programs
- _____ uses computer/word processing to complete written assignments at school
- _____ completes written assignments using computer/word processing at home
- _____ can locate and move cursor efficiently on screen
- _____ can open and close a specific software application
- _____ can open and close windows and move between open applications
- _____ can open a new document
- _____ can highlight and move text
- _____ can use font and style functions
- _____ can use edit functions
- _____ can access and use spell check
- _____ can print documents currently open
- _____ can name and save a document to: _____ a folder on hard drive; _____ a disk
- _____ can open an existing document from: _____ hard drive; _____ disk
- _____ can save open document to a specific folder
- _____ can access and use onscreen help functions i.e. Microsoft Works Help
- _____ can use specific educational software (name):
 - _____ Early Learning: _____
 - _____ Reading: _____
 - _____ Math: _____
 - _____ Writing: _____

Staff Computer Skills: It is necessary for someone at the school site to support computer adaptations or use of a computer as an assistive technology device. Please indicate the name and job position of the person who would be primarily responsible for supporting the student’s computer needs: _____

Please fill out completely and return to _____
(Include place/school and telephone number)

Documentation of UATT Competencies

Name _____

Team _____

It is the responsibility of the UATT member to safeguard this document. You may occasionally be asked to submit copies of this form to the UATT office in order to calculate your team training budget.

Level 1

Level I competencies may be passed off by UATT staff, UATT team leaders who are Level II certified, or UATT Leadership Council Members who are Level II certified.

- _____ Become an appointed UATT member in training with a letter of support signed by the Special Education Director/Coordinator and principal or other appropriate administrator
- _____ Receive, sign for, and read the UATT Policy and Procedure manual
- _____ Write a brief letter accepting the responsibilities outlined in the UATT Policy and Procedure Manual associated with being a UATT member, and provide your demographic information at home and work, including social security number.
- _____ Demonstrate an understanding of the assistive technology assessment process.
- _____ Demonstrate an understanding of the use of the forms in the UATT Policy and Procedures Manual (or appropriate alternatives such as the WATI forms) by describing the function of each form.
- _____ Take an active part in a UATT assessment and prepare one acceptable report of a UATT evaluation or follow-up.

Level II

Level II competencies may be passed off by UATT staff, UATT team leaders who are Level III certified or UATT Leadership Council Members who are Level III certified.

Demonstrate competencies in two or more of the following areas:

- _____ Three sophisticated AAC devices or six low tech to mid-range AAC Devices or an equivalent mix of low-tech to high tech products. (list the devices below)

1 _____ 2 _____ 3 _____
4 _____ 5 _____ 6 _____

- _____ Two computer operating systems, such as Macintosh OSX or Windows 7, with associated access features for individual with disabilities (list the operating systems below)

1 _____ 2 _____

- _____ Three computer access devices such as Headmouse Extreme, IntelliKeys, TouchWindow, Or switch accessible trackball (list the devices below)

1 _____ 2 _____ 3 _____

- _____ Four special software programs such as Speaking DynamicallyPro, Boardmaker,

Co:Writer, Writing With Symbols, etc. (list the devices below)

1 _____ 2 _____ 3 _____
4 _____

- _____ Demonstrate an understanding of funding procedures for an AAC devices or other assistive technology system by preparing a funding plan for a student and working with parents and other service providers to acquire the needed technology.
- _____ Demonstrate an understanding of methods to make curriculum accessible through applying appropriate assistive technology by creating an accessible curriculum unit.

Level III

Level III competencies may be passed off by UATT staff or UATT Leadership Council Members who are Level III certified.

Demonstrate competencies in four or more of the following areas:

- _____ Demonstrate skills in providing leadership to a UATT Team that conducts five or more team evaluations or follow-up visits during the year, submitting team reports to the UATT Leadership Council on time for one year, and assisting other team members in their progress in the UATT Competency program.
- _____ Demonstrate an understanding of legal issues related to assistive technology and the IEP process by describing how AT fits into IDEA and how the UATT team works with the IEP team to provide FAPE through AT evaluations.
- _____ Effectively manage team equipment for one year with the use of FileMaker Pro software. Provide copies of equipment check-out forms and account for UATT team equipment.
- _____ Demonstrate the ability to provide timely and accurate reporting of student assessments and follow-up sessions by keeping a file of student reports which include team member signatures and dates of signatures
- _____ In consultation with team members, prepare a plan to fairly allocate UATT team training funds to improve team members' skills.
- _____ Conduct positive public relations with district administrators regarding the UATT team activities (assessments, follow-up visits, training provided, etc.) and document your efforts.

**School District's Name
Special Education Services
Assistive Technology Team
UATT
Education Pre-Assessment Packet**

Date: _____

Student: _____

Completed By: _____

The following information will help the Assistive Technology Team to assist the school team in determining appropriate adaptations that will allow the student better access to his/her educational program.

What IEP goals/objectives is the student unable to meet that might be accomplished with additional assistive technology equipment or services?

Primary barriers to more successful participation in educational program:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Motor/Physical Impairment | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Cognitive Impairments | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Communication | |
| <input type="checkbox"/> Examples _____ | |

Student has the following equipment/adaptations

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Wheelchair (electric/manual) | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Special Seating | <input type="checkbox"/> Lap Tray |
| <input type="checkbox"/> Communication Device | <input type="checkbox"/> Aide |
| <input type="checkbox"/> Other _____ | |

What additional assistive technology is already available to the student?

Student has difficulty participating in the following

- | | |
|---|--|
| <input type="checkbox"/> Access to books and printed material | <input type="checkbox"/> Play with toys |
| <input type="checkbox"/> Use of manipulatives and other educational materials | <input type="checkbox"/> Games and social activities |
| <input type="checkbox"/> Computer access | <input type="checkbox"/> Written expression/writing |
| <input type="checkbox"/> Vocational tasks | <input type="checkbox"/> Following daily routines |
| <input type="checkbox"/> Inclusion in general education subject areas | <input type="checkbox"/> Daily Living Skills |

Check the following strategies or resources you are using

- | | |
|---|--|
| <input type="checkbox"/> TEACCH | <input type="checkbox"/> PECS |
| <input type="checkbox"/> Adapted books | <input type="checkbox"/> Picture-supported text |
| <input type="checkbox"/> Activity-specific communication displays | <input type="checkbox"/> Visual Strategies |
| <input type="checkbox"/> Visual schedules | <input type="checkbox"/> Switch-adapted toys/devices |
| <input type="checkbox"/> Writing with pictures | <input type="checkbox"/> Special software for writing: |
| <hr/> | |
| <input type="checkbox"/> Boardmaker | <input type="checkbox"/> Writing with symbols |
| <input type="checkbox"/> Switch access for the computer | <input type="checkbox"/> Cause and effect software |
| <input type="checkbox"/> Scanning software: _____ | <input type="checkbox"/> Environmental controls |

Reading Skills

Grade Level:

Student is placed in grade: _____ Student reads at _____ grade level.

If formal test used, name and scores:

If formal testing is **not** used, please give an approximate estimate of functioning and explain:

Assistive technology used:

Check all that apply

- Highlighter, marker, template, or other self-help aide
- Tape recorder, taped text, or Talking Books to “read along”
- Talking dictionary (e.g. Franklin Speaking Language Master) to pronounce single words
- Computer with word processing with spell checker
- Computer with talking word processing software to:
 - speak words, speak sentences, speak paragraphs
- Communication Device _____

Learning and Studying

What difficulties does the student have in learning new material or studying:

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Remembering assignments | <input type="checkbox"/> Reviewing notes from lectures |
| <input type="checkbox"/> Remembering steps of tasks or assignments | <input type="checkbox"/> Organizing information/notes |
| <input type="checkbox"/> Finding place in textbooks | <input type="checkbox"/> Organizing materials for a report or paper |
| <input type="checkbox"/> Taking notes during lectures | <input type="checkbox"/> Turning in assignments |
| <input type="checkbox"/> Other | |

Strategies used

Describe any adaptations or strategies that have been used to help this student with learning and studying:

Assistive Technology tried:

(Check all that apply)

- Print or picture schedule (color coded folders)
- Highlighting text (e.g. markers, highlight tape, ruler)
- Other: _____
- Low tech aids to find materials (e.g. index tabs,
- Recorded material

Math Skills

Student has difficulty with the following:

(Check all that apply:)

- Legible writing numerals
- Understanding meaning of numbers
- Competing simple addition and subtraction
- Completing complex addition and subtraction
- Understanding tables and graphs
- Understanding fractions
- Converting to mixed numbers
- Solving story problems
- Graphing
- Understanding and use of trigonometry functions
- Money
- Other: _____
- Understanding math related language
- Understanding place values
- Competing multiplication and division
- Understanding units of measurement
- Creating tables and graphs
- Working with fractions
- Understanding decimals/percents
- Understanding geometry
- Understanding and use of formulas
- Checking work
- Time

Strategies Used: Describe strategies that have been used to help:

Assistive technology tried:

(Check all that apply:)

- Abacus
- On screen calculator
- Low tech alternatives for answering e.g., Intellikeys
- Software with cueing for math computation objects
- Talking calculator large display
- Other: _____
- Math line
- Enlarged math worksheets
- Alternative keyboards
- Software for math manipulation of
- Calculator with large keys and/or

Summary of student's abilities and concerns related to math:

Utah Assistive Technology Teams

Evaluation Report

NAME: PARENTS/GUARDIAN:
ADDRESS: PHONE:
SCHOOL/DIST: REFERRAL SOURCE:
SCHOOL ADDRESS: CONTACT PERSON:
SCHOOL PHONE: PROGRAM PLACEMENT:
DATE: AGE/DOB:
DIAGNOSIS:
COGNITIVE FUNCTIONING LEVEL:
A/AC CASE MANAGER:
PHONE:
TEAM MEMBERS:

I. BACKGROUND INFORMATION

- A. Medical:
- B. Family:
- C. School:
- D. Previous A/AC systems:

II. REFERRAL CONCERNS

III. ASSESSMENT PROCEDURES

IV. DISCUSSION

Points to consider:

V. SUMMARY OF EVALUATION/RECOMMENDATIONS

**School District's Name
Special Education Services
Assistive Technology Team**

Handwriting/Written Expression Pre-Assessment Packet

Date: _____

Student: _____

Completed By: _____

Please attach: Writing samples including dictation (e.g. spelling test), visual copying (e.g. from the board) and creative writing.

Please check any of the following that impact the student's ability to meet (curriculum and/or IEP) writing requirements.

- | | |
|---------------------|----------------------|
| • Illegible writing | — Sentence Structure |
| • Grammar | — Vocabulary |
| • Spelling | — Visual Problems |
| • Organization | — Motor Problems |

Please explain:

Current Writing Ability (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Can hold regular pencil | <input type="checkbox"/> Can copy simple shapes |
| <input type="checkbox"/> Can hold pencil when adapted with _____ | <input type="checkbox"/> Can copy simple words |
| <input type="checkbox"/> Holds pencil, but does not write | <input type="checkbox"/> Can copy from board |
| <input type="checkbox"/> Can print a few words | <input type="checkbox"/> Can write on 1" lines |
| <input type="checkbox"/> Can print name | <input type="checkbox"/> Can write on narrow lines |
| <input type="checkbox"/> Can write cursive | <input type="checkbox"/> Can use spacing correctly |
| <input type="checkbox"/> Writing is limited due to fatigue | <input type="checkbox"/> Can size writing to fit spaces |
| <input type="checkbox"/> Writing is slow and arduous | <input type="checkbox"/> Can write independently |

Assistive Technology Used: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Pencil grip | <input type="checkbox"/> Special pencil or marker |
| <input type="checkbox"/> Splint or pencil holder | <input type="checkbox"/> Typewriter/AlphaSmart |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Other: _____ |

Current Keyboarding Ability: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Does not currently type command | <input type="checkbox"/> Can activate desired key on |
| <input type="checkbox"/> Can type slowly, one finger than 1 finger | <input type="checkbox"/> Can type slowly, with more |
| <input type="checkbox"/> Accidentally hits unwanted keys typing | <input type="checkbox"/> Can perform 10 finger |

- Requires arm or wrist support to type head or mouthstick
- Can access keyboard with
- Uses mini keyboard to reduce fatigue computer
- Uses switch to access
- Uses Touch Window
- Uses access software

- Uses adapted or alternative keyboard, such as:

Functional Computer Use: (check all that apply)

- Has never used a computer
- Uses computer at school
- Uses computer at home
- Uses computer for games
- Uses computer for word processing
- Uses computer spell checker
- Uses computer for a variety of purposes, such as:

Has potential to use computer but has not used a computer because:

Computer Availability: The student has access to the following computer(s)

- Windows
- Macintosh
- iMac

The student uses a computer:

- Rarely
- Daily for one or more subjects or periods
- Every day, all day

Student's present writing is typically: (check all that apply)

- Single words
- Sentences
- Multi paragraph reports
- Short phrases
- Paragraphs of two-five sentences
- Complex phrases

Student currently has difficulty: (check all that apply)

- Answering questions
- Generating ideas
- Getting started on sentence or story
- Working with peers to generate ideas
- Adding information to a topic
- Planning content
- Sequencing information
- Using a variety of vocabulary
- Integrating information from 2 or more sources
- Summarizing information
- Relating information to specific topics
- Other
- Determine when to begin new paragraphs

Student currently utilizes the following aids/assistive technology for composing written materials: (check all that apply)

- Word cards
- Word book
- Word wall/word lists
- Dictionary
- Electronic dictionary/spell checker
- Speaking electronic dictionary/spell checker
- Symbol based software for writing (e.g. Pix Writer, Writing with Symbols 2000)

- _ Word processing with spell checker/grammar checker
- _ Talking word processing (e.g. Write Out:Loud, Intellitalk II)
- _ Abbreviation expansion
- _ Word processing with writing support (e.g. Co:Writer)
- _ Multimedia software
- _ Voice recognition software
- _ Other:

Summary of student's ability and concerns relating to writing/composing written material:

Date Rec'd: _____

**School District's Name
Special Education Services
Assistive Technology Team
UATT**

Initial Referral Form

Student: _____ DOB: ___/___/___ Date: _____
Referral Person: _____ Phone: _____
School: _____ Grade: _____ Track: _____
Parent/Guardian: _____ Phones: _____
Address: _____ City: _____ Zip: _____
Special Education Teacher: _____ Phone: _____
OT: _____ SLP: _____
PT: _____ Vision Specialist: _____
Regular Education Teacher: _____

Reason for Referral: Please describe the problems your student is having participating in his educational program. _____

Special Education Eligibility

- | | |
|---|--|
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Deaf/Blindness |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Communication Disorder | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Behavior Disordered |
| <input type="checkbox"/> Developmental Delay (ages 3 through 7) | <input type="checkbox"/> 504 Accommodation |

Related Services

Type of Service	Hours Per Week	Name of Provider
_____	_____	_____
_____	_____	_____

Time in Regular Education Class (Hours per week)

Is this student served in a regular education class? Yes No
If yes, specify locations and time: _____
If yes, is teacher or paraprofessional support provided? Yes No

Medical Diagnosis

- Down Syndrome
- Unknown

Neurological Disease (specify): _____
 Other Syndrome: _____

Vision

Date of most recent formal test/screening: _____

Results: _____

Based on formal and informal measures, student exhibits:

- no visual impairment
- suspected visual impairment
- documented visual impairment

Hearings

Date of most recent formal testing/screening: _____

Results: _____

Based on formal and informal measures, student exhibits:

- no hearing loss
- suspected hearing loss
- mild hearing loss (left ear; right ear; both)
- Moderate hearing loss (left ear; right ear; both)
- Severe hearing loss (left ear; right ear; both)
- Deaf

Specific Information about your student will help us provide better assistive technology services. Please use this checklist to indicate area of concerns.

Student is experiencing difficulty accessing education in the following areas :

- Communication
- Handwriting (legibility)
- Written Expression
- Spelling
- Reading
- Math
- Other academic subjects. Describe: _____

Organization (describe): _____

Participating in inclusive setting (describe) : _____

Accessing Print Materials: _____

- Access to Educational Materials due to physical handicap.
- Toys
 - Computer
 - Books
 - Other (describe): _____

Principal's Signature: _____ **Date:** _____

Utah Assistive Technology Team

Parent Questionnaire

Date:

Dear Parent:

RE:

Would you please take a minute and fill out the following questionnaire in regards to your child. Your input will be greatly appreciated and valued as we conduct our evaluation.

1. List your child's current means of communication and/or attempts to communicate or make needs known, i.e., signs (type and number), gestures, communication aide, symbol systems (type and number) or speech/vocalizations.
2. How successful are communicative attempts? Do you think he/she gets frustrated? Are there persons within the environment with whom he/she may communicate effectively? Please describe.
3. Does your child have a way of indicating “yes” and “no”? If so, please describe.
4. Do you think your child understands more than he/she is able to express? Why?
5. Are there activities in your family life which you feel he/she cannot participate in or participate equally in due to speech involvement? Please describe.

6. How comfortable would you and your family be with your child using a communication device?

7. How is your child positioned during home and community time?

8. What would you consider the greatest obstacle for your child in terms of communication? Please describe.

Thank you for your time. Your input is very valuable to us. Please return this form to:

by

Sincerely,

Case Manager

Utah Assistive Technology Teams

Permission to Evaluate

Date

Student

Address

Dear Parent,

On _____, a special Augmentative Communication Team will be available to evaluate your child. This team consists of professionals with various backgrounds from local school districts who specialize in assistive technology and augmentative communication. They will spend several hours with his/her teachers, speech therapists and related professionals discussing his/her needs. At the end of this time, they will offer suggestions to help with the education and communication skills of your child. We would like your permission to have this team evaluate him/her. Please return this form with your signature to the address listed below at the earliest possible date. Thank you.

I hereby authorize the evaluation requested:

Date

I do not authorize the evaluation requested:

Date

Please return to:

Utah Assistive Technology Teams

REFERRAL FORM

STUDENT:
AGE/DOB:
ADDRESS:
PHONE:

PARENT/GUARDIAN:
DATE:
SCHOOL:
TEAM/DISTRICT:

Referral Source/Contact Person:
School Address:
School Phone:
Diagnosis:
Approximate Cognitive Functioning Level:
Program Placement:
Reason for Referral:

What do you hope to gain from this referral/assessment?

HEALTH CONCERNS

Hearing status:
Visual functioning:
Seizures (frequency, duration, etc.):
Medications:
Overall health status:

COMMUNICATION CONCERNS

1. List student's current means of communication and/or attempts to communicate and/or make needs known (i.e. signs, gestures, communication aide, symbol systems, vocalizations).
2. How successful are communicative attempts? Do you believe the student gets frustrated? Are there persons within this environment with whom the child may communicate effectively? Please describe.
3. Does the student indicate "yes" and "no"? If so, please describe.

4. Do you believe the student understands more than he/she is able to express? Why?
5. Are there activities in your class which you feel the student cannot participate in or participate equally in due to speech involvement? Please describe.
6. What would you consider the greatest obstacle for the student in terms of academic achievement? Please describe.
7. Can the student match: (circle those that apply)
 - A. Object to object?
 - B. Object to: Photo? Picture? Drawing?
 - C. Picture Photo Drawing: to object?
8. Circle items below which student can identify (by pointing or looking) when named:
Object Photos Pictures Written Words Other (specify)

Written Communications

1. List the student's current means of written communication.
2. How successful are written communicative attempts? Do you believe the student gets frustrated? Are some methods of writing more effective than others? Please describe.
3. Does the student have a way of completing assignments with little or no writing required? Please describe.
4. Are there activities in your class which you feel the student cannot participate in or participate equally in due to writing difficulties? Please describe.

MOTOR CONCERNS

1. How is the student positioned throughout the day?
2. If the student is in a wheelchair, what type and with what adaptations?
3. Briefly describe gross motor functioning abilities (i.e. head and trunk control, mobility skills [independent, some support, total support]).
4. Circle items below that student can perform from his/her most optimal

position:

Accurate reach

Accurate point

Isolated finger movements

Cross midline with gaze

Cross midline with hand

5. Which is the student's preferred hand: R L
6. Does the student maintain a steady gaze for 7 seconds?

OTHER IMPORTANT INFORMATION

1. What are the interests of the student?
2. What types of toys/hobbies does this student enjoy?
3. What motivates this student?
4. Other concerns and information can you share?

Sample Letter for New UATT Members

Dear UATT Leadership Council,

I would like to have _____ serve as a member of the UATT team in this area. _____ will replace _____ on the team. In support of _____'s assignment on the UATT team, I will provide him/her with at least one day each month where he/she will be excused from his/her regular district assignment to participate in UATT service including:

- attending training to become an assistive technology (AT) expert and a resource on AT issues for our district
- conducting AT evaluations for students who have been referred to the UATT team
- conducting follow-up service for students who have previously been evaluation for AT devices and services
- consulting with teachers and parents of students who need AT services

It is understood that _____ will continue to serve on the UATT team until he/she is replaced.

School Principal or Local Administrator

Special Education Director or Coordinator

New UATT Members contact information:

We need the EXACT name, date of birth and gender as it appears on your driver's license or you cannot travel for UATT training. Each information item below is required for UATT travel.

Name _____
Date of Birth _____ Gender _____
Home Address _____ Work Address _____
City _____ Zip _____ City _____ Zip _____
Home Phone: _____ Work Phone: _____
Home Email _____ Work Email _____
Team Letter _____ Work Fax _____
Please check one - UATT Competency Level 1 _____ Level 2 _____ Level 3 _____
EMERGENCY CONTACT : Name _____ Phone _____

Mail or email to: UATT Leadership Council Chair
C/O Starla Blackburn
Utah Assistive Technology Teams
1595 West 500 South
Salt Lake City, UT 84104
Email: starlablackburn@utah.gov

Utah Assistive Technology Team

Teacher Questionnaire

Date: _____

Dear Teacher: _____

RE: _____

Would you please take a minute and fill out the following questionnaire in regards to your student. Your input will be greatly appreciated and valued as we conduct our evaluation.

1. List your student's current means of communication and/or attempts to communicate or make needs known, i.e., signs (type and number), gestures, communication aide, symbol systems (type and number) or speech/vocalizations.

2. How successful are communicative attempts? Do you think he/she gets frustrated? Are there persons within the environment with whom he/she may communicate effectively? Please describe.

3. Does your student have a way of indicating "yes" and "no"? If so, please describe.

4. Do you think your student understands more than he/she is able to express? Why?

5. Are there activities in your classroom you feel he/she cannot participate in or participate equally in due to speech involvement? Please describe.

6. How comfortable would you be with your student using a communication device or some other form of assistive technology?

7. How is this student positioned during the time they are in your classroom?

8. What would you consider the greatest obstacle for this student in terms of communication?
Please describe.

9. What IEP goals do you feel the student might be more successful in reaching with the use of a communication device or assistive technology product?

Thank you for your time. Your input is very valuable to us. Please return this form to: _____

by: _____

Sincerely,

Case Manager

UATT Evaluation Check List

Student _____ School _____
District _____

- | <u>Date Completed</u> | <u>Duties</u> |
|-----------------------|--|
| _____ | 1. Case manager is assigned (usually a UATT member who works in the school district where of the referred student) |
| _____ | 2. Case manager contacts by phone call or with a letter the following individuals to schedule initial appointment: |
| _____ | a. Principal of referred student's school |
| _____ | b. Teacher of referred student. |
| _____ | c. Individual who initiated the referral |
| _____ | d. Parent of referred student |
| _____ | 2. Determine which UATT team members will participate in the assessment and inform each team member of his or her role in the assessment |
| _____ | 3. Send a copy of the referral form and other pertinent information to each UATT team member who will participate in the assessment. |
| _____ | 4. Conduct a team planning meeting or conference call to: |
| _____ | a. Determine needs and decide types of assessment needed |
| _____ | b. Determine each team member's role |
| _____ | c. Prepare a list of equipment/materials needed and who will transport these items |
| _____ | d. Decide the date of the initial evaluation and set a schedule for the day. |
| _____ | e. Arrange transportation of team members if necessary |
| _____ | f. Discuss parent involvement at the initial evaluation |
| _____ | g. Case manager outlines what additional information is needed and coordinates initial visit |
| _____ | h. Arrange back-up plan in case of snow, illness, etc. |
| _____ | 5. Case manager makes second call to the student's teacher |
| _____ | a. Requests any additional information |
| _____ | b. Schedule visit |
| _____ | c. Confirm date and time |
| _____ | d. Arrange location/space within the student's school for the assessment and trial use of equipment |
| _____ | e. Clarify what will occur during the evaluation and who will participate |
| _____ | 6. Case manager or designee calls parent/guardian to: |
| _____ | a. Invited them to the evaluation |
| _____ | b. Inform of assessment time and place |
| _____ | c. Become acquainted with the parent |
| _____ | d. Begin positive public relations |
| _____ | e. Obtain information, as necessary |

7. Conduct/supervise the assessment including :
- _____ a. Student observation
- _____ b. Teacher interview
- _____ c. Parent interview
- _____ d. Students trial use of a variety of assistive technology devices
8. Conduct post assessment team meeting including:
- _____ a. Brainstorm solutions
- _____ b. Prepare status notes.
- _____ c. Select a team member to share assessment information
9. Conduct summary meeting with IEP Team and Parents
- _____ a. The UATT team shares information and explores resources and plans for implementation of assistive technology devices
- _____ b. Provide one or more assistive technology devices for a trial use period of 30 days to three months.
- _____ c. Provide basic instruction on how to use the assistive technology product or products the student will use during the trial use period.
- _____ d. Have a member of the IEP team sign for the equipment if you leave UATT equipment for trial use.
- _____ e. Schedule a follow-up visit, usually within four weeks, to provide additional training, add vocabulary to an AAC device, or review student progress.
- _____ f. Give a copy of the status notes to a member of the IEP team. The case manager keeps a copy of the status notes for the team records and to refer to when preparing the more formal written report.
- _____ g. Leave IEP team members with data collection forms and provide instructions for their use.
- _____ h. Provide the parents and members of the IEP team with the case manager's contact information and conclude the visit
- _____ i. Students trial use of a variety of assistive technology devices
10. Prepare reports as follows:
- _____ a. Complete the "formal" report within two weeks of when the assessment is complete. Formal reports should be sent to parent, teacher, and student file
- _____ b. Provide the IEP team with a brief report on each follow-up visit.
- _____ c. a copy of the brief report kept in the team file for use in preparing the more formal report at the conclusion of the evaluation.
11. Follow-up
- _____ a. schedule additional visits with the student, IEP team members, or parents
- _____ b. Determine which UATT team members will participate in the follow-up visit
- _____ c. Status notes are left at with the IEP team after each UATT team visit

UATT Team Equipment Order Form

Team Letter _____

Mail or Fax to: The Computer Center for Citizens With Disabilities

Submitted by _____

1595 West 500 South

Phone # _____

Salt Lake City, UT 84104

Due Dates: 10/12/07 or 2/15/08

Fax 801-887-9382

Item Name	Quantity	Order #	Price per Unit	Suggested Vendor	Vendor Address
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UATT Team Member Report of Hours

Hours of UATT service from June 1, 2012 to May 31, 2013

Team Member submitting report: _____

This report should be turned in to the team leader who will complete the UATT Team Summary Report. Please record your hours of UATT service as defined below.

Definition of Hours- UATT service hours are hours of service provided by a UATT team member only when acting as a UATT team member and not as a member of the student's education team. For example: If a UATT team member is the direct service provider for a student who has been evaluated by the UATT team, they would not count their scheduled service time for that student as UATT hours. The UATT team member would count their time spent in providing a UATT evaluation or follow-up service for that student.

In an evaluation where five team members serve one student for one hour, each team member records one hour of service. When the team leader tallies the team members hours, filling out the UATT Team Summary Report, there would be five hours of service for that student. But they still only served one student. If one team member spends 3 hours writing a student report, that would count as 3 hours.

The following services may count as UATT hours: Evaluation or assessment, follow-up services, travel to UATT activities, training provided to a parent, student, or education team, report writing, equipment management or self training on UATT equipment.

<u>Date</u>	<u>Activity/Services</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date	Activity/Services	Hours
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UATT Team Summary Report

Please report the number of students served and the number of UATT hours for the period of June 1, 2012 to May 31, 2013. This report should be completed by the UATT Team Leader and turned in to Denise Warren by Friday, June 8, 2012. If your report is not received by June 15, your team hours and number of students will be recorded as zero and your equipment budget for the 2013-14 school year will be calculated accordingly.

Email report to denisew@usdb.org and gratefulweaver@yahoo.com or mail to: Denise Warren, USDB, 1655 East 3300 South, Salt Lake City, UT 84106

Team Letter _____ Submitted by _____

Phone Number of Person Submitting Report _____

Email address of Person Submitting Report _____

Total Number of Students served by this team during the reporting period _____

Total Number of UATT hours provided during this reporting period _____

Total Number of UATT equipment items provided to students, parents and IEP teams during this reporting period _____

Definition of a Student

The student has been referred to the UATT team for an evaluation. The UATT team has provided some level of service to the student or the student's educational team (IEP team, 504 team or regular education team) during this school year. *The UATT referral form for this student is in the UATT team file.* The same student can be counted only once during the reporting period even if that student was served by more than one UATT team member.

Definition of Hours- UATT service hours are hours of service provided by a UATT team member only when acting as a UATT team member and not as a member of the student's education team. For example: If a UATT team member is the direct service provider for a student who has been evaluated by the UATT team, they would not count their scheduled service time for that student as UATT hours. The UATT team member would count their time spent in providing a UATT evaluation or follow-up service for that student.

In an evaluation where five team members serve one student for one hour, each team member records one hour of service. When the team leader tallies the team members hours, filling out the UATT Team Summary Report, there would be five hours of service for that student. But they still only served one student. If one team member spends 3 hours writing a student report, that would count as 3 hours.

The following services may count as UATT hours: Evaluation or assessment, follow-up services, travel to UATT activities, training provided to a parent, student, or education team, report writing, equipment management or self training on UATT equipment.

Definition of Equipment Items Provided

If your UATT team provides something physical (AAC device, switch, software, PECs pictures printed with Boardmaker) to a student, teacher or parent, you should count that as an item checked out. If a team uses an item from the UATT central inventory with more than one student, then count each time the equipment is used with a new student.

What is the best way for teams to keep a count of items checked out? Each team has Filemaker Pro software. When UATT members borrow equipment from the central UATT inventory, we print and keep a copy of the checkout form. All the forms are filed away. At the end of the year, we count the checkout forms in the file and our report is done. Teams could (should) do the same thing. We just need a number from each team at the end of the year indicating how many items have been loaned to students, parents and teachers. We collect data (numbers of items checked out) to verify the UATT funds are being wisely used.

UATT Team Training Plan

Team Leader _____ Team Letter _____ School Year _____ *Submit to UATT Ldshp. Council by October 10th.*

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Team Member	Name of Training Event	Conference Registration Fee	Round Trip Air Fare	Ground Transportation	Lodging	Meals	Parking	Total Estimated Cost

Total Estimated Annual Team Training Budget _____

Please attach a letter of support from the Special Education Director of those team members planning to attend training out of state.

Assistive Technology Questionnaire

Name of Student using Assistive Technology: _____ Date _____

Equipment or device being considered: _____

Person completing this form _____ Position _____

Please circle the number that represents your feelings as to how effective the equipment item above would be for this individual.

<u>Technology Characteristics</u>	Not Effective					Very Effective				
1. Reliability/dependability	1	2	3	4	5					
2. Accomplishes its purpose	1	2	3	4	5					
3. Can be used independently by the student	1	2	3	4	5					
4. Is compatible with existing technology	1	2	3	4	5					
5. Appropriate to user's visual abilities	1	2	3	4	5					
6. Appropriate to user's physical abilities	1	2	3	4	5					
7. Ease of use	1	2	3	4	5					
8. Adequate staff support	1	2	3	4	5					
<u>Contextual Match</u>										
1. Socially appropriate/acceptable	1	2	3	4	5					
2. Can be used well in this classroom/location	1	2	3	4	5					
3. Avoids conflicts with noise, lighting, time, etc.	1	2	3	4	5					
4. Space is available	1	2	3	4	5					
5. Ease of portability across settings	1	2	3	4	5					
6. Will be appropriate over time, (1-3 years)	1	2	3	4	5					

Technology Benefits the Student

Not Beneficial

Very Beneficial

Student makes frequency use of the device	1	2	3	4	5
Device produced improved academic performance	1	2	3	4	5
Device produced higher percentage of completed assignments	1	2	3	4	5
User enjoys working with the device in class	1	2	3	4	5
User benefits from using the device in class	1	2	3	4	5
User needs the device to benefit from current educational program	1	2	3	4	5
Likelihood user will continue to use the device	1	2	3	4	5
Current technology is an improvement over previous technology employed	1	2	3	4	5

Additional Comments: _____

AT ACTIVITY USE NOTATION

Date: _____ Name: _____
Activity: _____
Goal: _____
Access: _____
 ³ independent
 ³ dictation
 ³ via AAC device
 ³ partner assisted access _____
 ³ enlarged keyboard
 ³ laptop keyboard
 ³ alternative mouse
 ³ scanning
 ³ _____
Software: _____
Comments: _____

Developed by Kristen N. Gray, AT for ALL

Date: _____ Name: _____
Activity: _____
Goal: _____
Access: _____
 ³ independent
 ³ dictation
 ³ via AAC device
 ³ partner assisted access _____
 ³ enlarged keyboard
 ³ laptop keyboard
 ³ alternative mouse
 ³ scanning
 ³ _____
Software: _____
Comments: _____

Developed by Kristen N. Gray, AT for ALL

Date: _____ Name: _____
Activity: _____
Goal: _____
Access: _____
 ³ independent
 ³ dictation
 ³ via AAC device
 ³ partner assisted access _____
 ³ enlarged keyboard
 ³ laptop keyboard
 ³ alternative mouse
 ³ scanning
 ³ _____
Software: _____
Comments: _____

Developed by Kristen N. Gray, AT for ALL

Date: _____ Name: _____
Activity: _____
Goal: _____
Access: _____
 ³ independent
 ³ dictation
 ³ via AAC device
 ³ partner assisted access _____
 ³ enlarged keyboard
 ³ laptop keyboard
 ³ alternative mouse
 ³ scanning
 ³ _____
Software: _____
Comments: _____

Developed by Kristen N. Gray, AT for ALL

Computer/Device Use Log Instructions

An assistive technology device has been loaned to one of your students to aid in the child's academics/communication in your classroom. Please keep the enclosed log to help us assess the effectiveness and any possible patterns of use that may provide the team useful information. Since we cannot routinely come into your classroom to continue assessing the student with their technology, the information provided from the log will aid us in making future recommendations, adaptations or modifications for the student.

1. Please make several copies of the log for your classroom.
2. Identify the individual who will be responsible for filling it out daily, i.e. teacher, paraprofessional, when appropriate- a fellow student, etc.
3. Please include the date in the first column.
4. Make a note of the time, and when pertinent, what class period or lesson, i.e. 2 pm, language arts.
5. List amount of time spent using it or the activity it is being used for, i.e. circle time, snack time, centers, etc. (communication) or book report, research topic, etc. (written)
6. Please take a moment to provide a sample of what was communicated by the student. If written language was the purpose of the device, computer or software provided, please provide a sample, or make an extra copy to include with the log if it was printed.
6. Was prompting necessary? Please use the following codes keeping in mind that more than one may be used:
T = tactile assist, i.e. holding, moving, supporting a body part, etc.
VB = verbal cue, i.e. giving all or part of the stimulus, verbal encouragement, etc.
VS= visual cue, i.e. pointing, repositioning material to see, etc.
M= modeling use, demonstrations, etc.
I = student independently accessed, no support, etc. necessary
8. On the back of the log, please note any comments, concerns or areas we may need to further address with you or the student. Examples may include: could the student reach the keys, use the mouse, hit the switch if required, see the screen, hear auditory prompts, if this applies, was the vocabulary useful or not, etc.

Data Collection - Duration

Example: Use to calculate how long it takes to compose a paragraph, how long it takes to produce a single message on a voice output AAC device, how long a student can type or use a switch before obvious fatigue sets in.

Name _____ Date _____ Behavior Observed _____

Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____

Average time per occurrence: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____

Average time per occurrence: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____

Average time per occurrence: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____

Average time per occurrence: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____

Average time per occurrence: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____

Average time per occurrence: _____

Notes: _____

Data Collection - Rate

Example: Use to determine keyboarding speed (wpm) or communication speed (number of messages selected and spoken by a voice output AAC device in 5 minutes)

Name _____ Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____
Occurrences: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____
Occurrences: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____
Occurrences: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____
Occurrences: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____
Occurrences: _____

Date _____ Behavior Observed _____
Start Time ____: ____: ____ Stop Time ____: ____: ____ Total Observation Time ____: ____: ____
Occurrences: _____

Notes: _____

Data Collection - Time Sample

Example: Is the child engaged or off-task during a written assignment? or How often does a child initiate conversation such as asking a question, volunteering an answer, or talking to a peer?

Name _____ Date _____

Behavior Observed _____

Time					
:00					
:05					
:10					
:15					
:20					
:25					
:30					
:35					
:40					
:45					
:50					
:55					
Total					

Nonoccurrence = "-"

Occurrence = "+"

Mark a "+" each time the target behavior occurs during the one minute interval. If no occurrence of the target behavior in one minute, mark "-" in the box.

Date _____ Behavior Observed _____

Time					
:00					
:05					
:10					
:15					
:20					
:25					
:30					
:35					
:40					
:45					
:50					
:55					
Total					

Wisconsin Assistive Technology Initiative ENVIRONMENTAL OBSERVATION GUIDE

Student/Child: _____ Date: _____

Location: _____ Observer(s): _____

Activity: _____

Activity/task(s) being observed	Ways that typical Students participate	Ways the target student participates	Barriers to target student's participation	Potential accommodation(s) and/or AT