

NEWS AND NOTES FROM

# THE FAMILY CENTER ON TECHNOLOGY AND DISABILITY

August 2003

Issue 18



## IN THIS ISSUE...

### See Your Opportunities -- and Take 'Em

Near the end of his life, 19<sup>th</sup> century New York City political kingmaker and real estate tycoon Roscoe Conkling was asked the secret of his astounding success at gathering nuggets of crucial information and legally cashing them in to achieve his political or business goals: "I seen my opportunities," Conkling said, "and I took 'em." For families of children with disabilities who require assistive technology from local school districts, information is opportunity. Yet information gathering can too often appear to be a haphazard endeavor, particularly for families seeking assistive technology for their children and facing a daunting assessment and evaluation process. Protected in part by IDEA, which mandates only that AT for a disabled child must be *considered* by a school district, families often embark on their quest for publicly funded assistive technology high on hopes for success but low on information. The keystone of a family's AT quest is the assessment and evaluation process administered by local school districts. Pressed by the reality of increasingly severe funding constraints, administrators and educators are often caught between the proverbial rock and a hard place: They want to provide AT to all children and

families who need it but often lack the funds to be as magnanimous as they would like to be, the means to include sufficient expertise on assessment teams, or both. This issue examines the AT assessment and evaluation concept and the information resources currently available to help achieve successful outcomes.

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### Dr. Roger O. Smith Speaks

Dr. Roger Smith is Director of the Center for Rehabilitation Sciences and Technology at the University of Wisconsin-Milwaukee in the College of Health Sciences where he serves on the faculty in the college's occupational therapy program. Dr. Smith brings a background from the social sciences, health sciences and engineering to his practice in mental health, pediatric and adult rehabilitation and to the assistive technology evaluation program affiliated with the Trace Center. Dr. Smith has spent 20 years researching measurement related to disabilities and has recently focused on issues specifically surrounding the measurement of AT outcomes. He administers Project ATOMS (Assistive Technology Outcomes Measurement System), which is examining the need for better AT outcomes measures, exploring new methods of

### Family Center on Technology and Disability

Academy for Educational Development  
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Washington, D.C. 20009-5721

assessment and investigating the issues of device “abandonment.”

Supporting our interview with Dr. Smith is a lengthy compendium of resources aimed at helping families sort through issues surrounding the assessment and evaluation of their children’s need for AT. We also feature members of our Knowledge Network. The members spotlighted this month focus on various aspects of assessment and evaluation. We invite you to contact these members for further information.

Please share this newsletter with other organizations, families and professionals who may benefit from it. We invite you to contact us at <http://www.fctd.info>. We welcome feedback, new members and all who contribute to our growing knowledge base.

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## **AT Assessments: A Team Approach is Best**

### **An Interview with Dr. Roger O. Smith**

In assistive technology, an army of one is often not enough.

Throughout the decades, numerous coaches of all sports at all levels have told their charges, “There is no “I” in *team*.” Though not an athletics coach, Dr. Roger O. Smith, Director of the Center for Rehabilitation Sciences and Technology at the University of Wisconsin-Milwaukee, is also a strong proponent of the team approach to assistive technology assessments and evaluations.

Dr. Smith believes that four functional perspectives are essential in an assessment and evaluation:

1. The prospective AT user
2. The family and/or professionals who work with the child on a day to day basis
3. The diagnostic professional
4. The AT expert, i.e. speech pathologist, occupational therapist (OT) or physical therapist

### **An Augmentative Communications Team**

Using augmentative communication as an example, Dr. Smith explains, “If one person does an evaluation, he or she may not have the depth and breadth of background to be able to hit all the critical areas.” In order for augmentative communication to work, he declares, “the user has to have good seating, positioning and mobility.” In addition, he cautions, “Somebody who needs augmentative communications may have other physical problems as well.”

A prospective user of augmentative communications “usually needs a wheelchair system, which requires an expert in that specialty to be an assessment team member.” Then, he explains, “there’s the whole interface piece involving how a user is going to control the technology – will it be by a multiple switch, a keyboard or an expanded keyboard? There’s a wide array of inputs and outputs when you add the human interface to these devices.” The human interface, he notes, “usually requires someone with a little more background in aspects of physical disability.” A communication interaction and language skills professional, preferably with a speech/language pathology background, is often needed to complete the augmentative communications assessment and evaluation team.

In order to perform a comprehensive evaluation for a child with a severe need, impairment or set of impairments that require augmentative communications, a single assessor/evaluator is insufficient, Dr. Smith asserts. “You often

need a speech/language pathologist, an occupational therapist (OT) or a rehabilitation engineering professional.” In the application phases of the assessment, a special education or general education teacher ought to be included. If the augmentative communication device is also to be utilized at the prospective user’s home as well as at school, the child’s parents and entire family become part of the team.

### **Getting the Whole Picture – Despite Funding Constraints**

“You have to have all these different perspectives and experts at the table during the evaluation or you fail to get the whole picture,” Dr. Smith observes. Unfortunately, he adds, “that concept too often runs in opposition to funding, because the more people you have at the table the more an assessment or evaluation costs.” Funding imperatives, he insists, should not deter educators and AT professionals from pressing school districts to employ adequate resources in performing assessments.

Declares Dr. Smith, “It’s our responsibility to persist in explaining to administrators that if the objective is to perform a sufficient assessment in a complex situation, the appropriate participants must be included.”

Obviously, he explains, not every assessment is complex, “but there is a point at which many assessments become too complex for one or two individuals and others need to be invited.” Therefore, he concludes, “it makes sense for those additional services to be funded.”

### **The Team Concept: Its Use is Piecemeal**

The willingness and ability to employ assessment teams varies by school district. “Many districts who choose not to employ assessment teams actually have no choice,” Dr. Smith claims. “Often, in remote or poor districts, the expertise is just not available.”

For example, he adds, “a research-laden district usually has an assessment team available, but a rural district simply doesn’t have the capability.” In fact, he notes, “many rural districts consider themselves fortunate if they have even one person who even knows what AT is.” Other poor or rural districts, he explains, “may have a team that visits just once a month.”

### **Is More Funding the First and Last Solution?**

Funding is not the sole reason why school districts do not utilize the team concept for assessments. For administrative purposes, Dr. Smith notes, some districts choose not to utilize assessments. “If an administrator does not understand how essential a team is for AT assessments, he or she may try to achieve the same results with consultants by bringing in one or two people who can do parts of an evaluation. The administrator announces, ‘They’re expert consultants; they can do it! The local team can follow up.’”

Sometimes, Dr. Smith claims, “the consultant approach can work.” Ironically, however, the occasional success of that approach is “unfortunate.” According to Dr. Smith, administrators experience a little success, see an easy, less expensive solution to a problem and then announce, “it worked once or twice so let’s do it that way all the time!”

### **Achieving a Nimble Approach**

Part of the solution to employing an effective team approach, he asserts, lies in “creating a system that can be very quick-footed in terms of how many people need to be involved in an assessment and then be able to pull in those people very fast as soon as their expertise is required. “But don’t begin the process with them,” he cautions. Instead of a full team complement, he advises, “start with just one or

two people.” For a “complex” situation, “you can’t start with just one or two.” Automatically, “you begin with two or three team members, each with different perspectives, but be prepared to ramp up fast and add more to the team” when and if needed. Using this approach, “means that you can’t wait two weeks or another month or longer to get someone involved. You have to have these individuals at your fingertips, and that’s difficult in many environments.”

### **The “M” Team: IDEA Set the Stage**

Across the nation, there appears to be no systemized, mandated approach to team AT assessments, nor is one likely, short of additional federal legislation. The absence of that legislation does not deter Roger Smith’s enthusiasm for the team concept and its practicability, however.

“What’s great is that IDEA and its predecessors really set the stage for the multidisciplinary (“M”) team.” Since IDEA, he explains, the team philosophy has become ingrained in children’s AT assessments, particularly in special education, even more so than in medical or vocational areas. “I think people generally understand that [the team approach] is a good thing.”

The credit, he insists, goes to the framers of IDEA who stated their intent to emphasize the team approach.

### **The Assessment Information: What to Do with It?**

AT professional training programs “should spend more time on the information we get from these assessments and evaluations,” Dr. Smith declares. “We’re moving now from the status quo, where we stress intuition, experience and personal judgment, to determining how we collect the data and

figuring out what the data means and how it can best be used.”

According to Dr. Smith, many professionals in the field “come out of disciplines where we mainly use the data collected for documentation purposes in order to defend our decisions.” That data “may not affect our decisions” because those decisions are based on the evaluator’s best judgment and intuition. “That’s a valid purpose for data use, but you’re really not putting the data to its optimum use.”

As evaluators move toward evidence-based practice, the data collected “ought to be compared with evidence gleaned from previous research and from other individuals in the same circumstances.” Evaluators need to answer the question, “Do we want to simply do what was done before in similar situations, or does our team want to do something different based on the new data we have?”

As a field, “we are just beginning to become acquainted with evidence-based practice.” A positive sign of things to come, he notes, is that this summer, for the first time, “a conference focusing on evidenced-based practice took place, in Pittsburgh.”

### **Advice to Parents: Get Information from Anyone Who Knows Something**

Parents considering an AT assessment should begin by obtaining information from “anyone who knows something about assistive technology.” Parents, he advises, “can go to a rehab center or a special ed team, both of which are good places to start.” From that initial point of contact, “the referral process should be kicked off.”

Next, parents must understand that during the early process of exploration that they may encounter an individual or a team “that may not know very much.” In fact, he adds, “the team

may not know who to refer a family to.” Should that occur, “families then have to investigate alternatives and learn who are the true AT experts in their community.” The setting in which parents find the best service delivery referral may be either educational or medical or perhaps an independent living facility. Dr. Smith warns that it is important for a family not to become locked into any one specific setting for referrals “because in any given district, one setting may be in tune with AT but the other two service delivery systems may not be.”

At first glance, it might appear that families are on their own, that there is no shortcut to seat-of-the-pants exploration. “Wrong!” exclaims Dr. Smith. “There is a shortcut. If the first person contacted by the family either is knowledgeable or provides good referral sources, the family may have stepped into a really good situation.”

One-stop referrals are not unusual nationwide, he insists. “There are cities, districts and states that are much better apprised and prepared to help families just beginning the assessment process. Family members need to ask themselves, “Are we in one of those venues or not?”

### **Advice to Organizations: Know Your Local AT Experts**

Organizations assisting families embarking on the assessment process should feel obliged to research and seek out strong potential referral sources. Says Dr. Smith, “It’s really important for these organizations to know where the AT experts are in their communities, or outside their communities, because some communities don’t have many – or any.”

The expert, he explains, “may be a supplier down at the local medical equipment facility who has a certain level of expertise.” He adds,

“It might be a special ed teacher in a specific school or a team at a nearby rehab center.”

The occasionally haphazard family referral process could be made smoother, he asserts, “if local AT people could get together once a year or every six months” to meet each other, to build a network.

“I’m a strong advocate for the network building approach to help families,” Dr. Smith declares. “Some leadership may be required in this area to begin maintaining contact list or a resource list” that can be easily accessed.

Ideally, he says, “you’d like a way to rate the AT professionals in the area, maybe giving them one to five stars.” For a variety of reasons, such a ratings plan is not feasible. Still, however, “if a parent calls a facility, the professional to whom a parent is speaking can strongly recommend someone. That’s probably the best rating system around, but you can’t incorporate it into a formal list.”

### **More AT Specialists: A Blessing and a Curse**

There will be more AT generalists in the years ahead who will be able to direct families toward the best referrals, Dr. Smith predicts. Yet the trend toward specialization that has fragmented and changed many professions, such as medicine and engineering, will also impact the AT field, he warns. In the future, he says, the team assessment maybe be blessed by, and sometimes cursed by, the accelerating trend among AT professionals toward specialization. “The augmentative communications profession, for example, has already begun to tighten up; there will be mobility specialists, computer access specialists, job accommodation specialists” and others.

AT “is becoming so big that in order to become an expert, you can’t be an expert in AT anymore – you have to be an expert in some subset of AT.” The evolution of specialization, he predicts, “is going to cause a problem – because AT is already seen as a specialty by the outside world. Can you have specialties within a specialty?”

Will specialization negatively impact the configuration of assessment teams? Perhaps, he predicts, it will create the need for still more team members to acquire seats around the assessment table, thereby causing some cost-conscious districts to constrict team membership.

Dr. Smith is not fearful that specialization will make assistive technology a field in itself. “It’s really a second field for most people who already have a profession.”

### **Through the Looking Glass**

Using IDEA to guide their assessment efforts, families, educators, AT professionals, diagnosticians and administrators are usually on their own as to how to assess the need for assistive technology for specific children. Will that change? Will the process be made more systematic? Gazing into his crystal ball, Dr. Smith sees a solution forged in the national political realm along partisan lines.

From a partisan standpoint, he explains, the Republican side will likely stick to its laissez-faire guns. “Republicans may say, ‘Let’s not get involved, let’s let the consumer decide, let’s not mandate an M team or the inclusion of anyone on a team with any specific credentials.’” They may say, “Here’s the money; you go find whomever you need.”

He predicts that Democrats are more apt to say, “We don’t think an individual is able to find the right [AT] person. We need to provide some guidance. Let’s just say that these

[assessment and evaluation] teams must be made available and, yes, administrators must provide the requisite assessment services.”

That said, he adds, “AT and rehab services have been very bipartisan” in the support they have garnered, whereas special education, special services and special professions have been very partisan. “AT has been enamored by both sides of the aisle, which love nifty technology.”

If AT becomes closely associated with special ed services, however, “we may see a partisan effect.” On the other hand, he concludes, if AT becomes associated more closely with rehab engineering, “which is outside the educational model and more closely aligned with the medical and vocational models,” the case for AT and the team assessment concept “will continue to strengthen regardless of which party is in power.”

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## **RESOURCES\***

### **Articles**

*1) Assistive Technology Service Delivery Models: Scaleable to Meet the Needs of Students with High Incidence of Disabilities?*

By Dave L. Edyburn, Ph.D.  
ConnSENSE, January 2002

This thought-provoking article challenges the efficiency and effectiveness of our current systems of assessing a student with mild or high-incidence disabilities for assistive technologies. The author questions the amount of time, energy, and money spent on the evaluation and referral process, and laments the lack of funding and time spent on implementation, training, and follow-up for

these students. He compares the current efforts to assess students with high incidence disabilities with the beginning efforts to assess and evaluate students for placement in special education services.

Dr. Edyburn suggests that the overall process would be better served if the technologies that are most frequently used for students with these disabilities (word prediction software, organization software, talking word processors) were available routinely in classrooms, so that the students who need these interventions would have access to them without the need for long and costly evaluations, in an evaluation process that was created for students with more severe disabilities.

He also points out the lack of training and preparation available to staff members who provide these evaluations and follow-up, and seems to believe that types of assistive technology that would be provide cognitive and behavioral supports are not even available at this point.

He concludes that we must develop new and better methods of providing assistive technology services to students with high incidence disabilities, and lists 5 suggestions. This resource is only available online at: <http://www.connsensebulletin.com/edyburnv4n5.html>

## *2) Points to Consider for an Assistive Technology Evaluation*

By Carolann Cormier, MS, CCC-SLP, ATP  
ConnSENSE  
Cost: free online

This report guides the reader through the steps a school system, teacher or IEP team would use in attaining an assistive technology evaluation. The author discusses the reasons for considering an AT evaluation. She offers

suggestions on how to find an evaluator and what qualifications the evaluator should have. She includes a discussion of the evaluation process, reporting and follow-up. Also included is a bibliography of websites and references for additional information, as well as a list of software available to assist in AT evaluations, and systems/software matching. This article may be downloaded from the ConnSENSE website.

<http://www.connsensebulletin.com/cormiernov2.html>

## *3) Assistive Technology in K-12 Schools*

By Lisa Wahl

Alliance for Technology access (ATA),  
January 2001

Cost: none

This article, one in a series of articles about using assistive technology in the classroom to help all students achieve, includes a listing of resources for conducting thorough AT assessments. A comprehensive definition of assistive technology is included and clear examples are provided. Ms. Wahl looks at the classroom as a place with many diverse learners and highlights the ways the teacher can present information to a variety of students as well as ways for the students to participate within their unique abilities. She includes a story of a school district taking proactive measures to be ready to provide appropriate services to its special education population. There is a step-by-step explanation of how this district implemented its comprehensive staff development program. Also included is a listing of resources to be used for staff/parent training purposes. This article can be downloaded from the ATA website:

<http://www.ataccess.org/resources/atk12/default.html>

4) *Assistive Technology Assessment:  
A Comparative Analysis of Five Models*  
By Barbara E. Bromley, Ph.D.

College of Education and Integrative Studies  
Cal Poly Pomona  
909-869-2326  
bbromley@csupomona.edu

“A comparative analysis of the five models reveals both similarities and differences. They share an ultimate goal – to match a person to the most effective AT that will meet his/her needs within the environments in which it will be used. To this end, all models in some capacity explore and assess the person, the environments, and the tasks for which the technology is needed.

“Each model emphasizes the *process* of assessment. A multidisciplinary, collaborative team approach is strongly emphasized in all models. They all follow an ecological, functional assessment approach. The SETT, ETP, LAP, and WATI are primarily designed for AT assessment within school settings. The SETT and LAP programs could easily be adapted for adults and non-school settings, the ETP and WATI less so.

“In some ways, a comparative analysis of these models is a bit like the proverbial comparison of apples and oranges. Evaluated separately, they each have specific characteristics, strengths, and emphases. Taken together, they make a good fruit salad!” This article may be obtained from:

Barbara E. Bromley, Ph.D.  
College of Education and Integrative Studies  
Cal Poly Pomona  
909-869-2326  
bbromley@csupomona.edu

5) *The Law Regarding Assistive Technology*  
By Penny Reed, Director

Wisconsin Assistive Technology Initiative  
(WATI)

Delivered at the California State University 2003 Technology and Persons with Disabilities Conference, this presentation succinctly explains the provisions of IDEA and right of families of children with disabilities to obtain AT assessments and evaluations. This resource is available at:

[preed@wi-net.com](mailto:preed@wi-net.com)

<http://www.csun.edu/cod/conf/2003/proceedings/csuno3.htm>

6) *AT in Regular Education*

By Kathleen M. Witbread, Ph.D.  
ConnSense, January 2002  
Cost: none

A growing number of students are in need of help in our school systems - children who have the cognitive ability to complete the curriculum but who encounter stumbling blocks in the learning process. The article describes a student leaving elementary school and entering middle school with disabilities requiring accommodations in writing, organization, and reading. With technology, it was possible for this student to succeed with minimal interference from adults and teachers, thus allowing the child to succeed on his own. This resource is available at:  
<http://www.connsensebulletin.com/whitart.html>

7) *Assistive Technology Services for Students:  
What are These?*

By L. Margolis and S. Goodman  
United Cerebral Palsy Associations, January 1999  
Cost: free

This paper is aimed at assisting schools to comply with the 1997 IDEA requirements. Content features a series of questions that

ought to be addressed when considering assistive technology for individual students.

This resource is available at:

UCPA

1660 L. St. NW, Suite 700

Washington, DC 20036

(800) 872-5827

[http://www.ucp.org/ucp\\_channel.doc.cfm/1/12/69/69-69/979](http://www.ucp.org/ucp_channel.doc.cfm/1/12/69/69-69/979)

#### 8) *Assessment: Public or Private?*

Schwab Learning Foundation, 2003

The article weighs the pros and cons and the criteria of a private assessment, for which families must pay, and a public assessment, for which the cost and administrative responsibility is assumed by public schools.

“Public school personnel have credentials and specialized training. They follow education laws that require a learning disability be identified by a group of professionals from different fields — a multidisciplinary team — that assesses your child. You and the general education teacher are part of that team. When all assessments are completed, the team meets together to discuss the results and decide if your child is eligible for special education.”

“Before you choose someone to assess privately, be sure to ask questions about the person’s training and experience, as well as the cost. If your child is assessed privately, most likely he’ll be tested by one individual. If you involve specialists from more than one field, find out if they’ll meet with you at the same time to develop a plan for your whole child — strengths, as well as needs.” The resource is available at:

<http://www.schwablearning.org>

#### 9) *Assessing AT Student Need*

By Joy Zabala and Penny Reed

University of Buffalo Center for Assistive Technology, January 2000

Cost: free

In this highly regarded training module, the authors state, “Assistive technology devices and strategies have proven successful in providing students access to the general curriculum. Before AT can be used, a thorough review of the student needs, abilities, environmental factors and required tasks must take place. Identifying solutions that best address student outcomes is an ongoing process.” The authors provide readers with background information from IDEA regarding the school district’s role in providing AT devices and services so that a student may receive that to which he or she is entitled by law, “a free and appropriate public education” (FAPE).

Zabala and Reed provide the reader with background information from IDEA regarding the school district's role in providing assistive technology devices and services so that a student may receive a free and appropriate public education (FAPE). Reed and Zabala provide the SETT Framework (Student, Environment, Task and Tools) as a mechanism for gathering data to make effective assistive technology decisions. Embedded within the SETT framework is a link to the Wisconsin Assistive Technology Initiative (WATI). WATI provides helpful forms (which may be downloaded and used) such as AT Assessment Procedure Guide, student information forms, Environmental Observation Guide, Assistive Technology Checklist and others. The resource is available at:

Assistive Technology Online Project  
Center for Assistive Technology  
University of Buffalo

515 Kimball Tower  
Buffalo, NY 14214  
Phone: (716) 829-3141  
Fax: (716) 829-3217

Atto-webmaster@buffalo.edu

*10) Assistive Technology Assessment Criteria*  
By Nathan M. Sparks

International Special Education Conference  
(ISEC) 2000

This abstract provides an overview of how to assess an individual for assistive technology needs “and will help identify the best available assistive technology and augmentative communication assessment tools. The article will identify the criteria needed for developing an effective assessment tool for the assistive technology and augmentative communication needs of special education students.

“The global effect that assistive technology can have upon an individual's participation and learning potential in any environment would warrant any interested parties gaining information in how to assess and use assistive technology. Teachers will find this information useful in assessing their current student population and for making decisions about assistive technology that could allow their students to perform to the best of their abilities within the learning environment.” The resource is available at:

<http://www.inclusive.co.uk>

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**Publications**

*1) Assistive Technology Pointers for Parents*  
By Penny Reed and Gayl Bowser  
Coalition for Assistive Technology in Oregon  
(CATO), January 2000

Cost: \$12.00, including shipping and handling

Designed to be used as a workbook, this new publication focuses on specific questions that parents can use to help move the decision-making process forward appropriately and effectively as they work with their child's education team. The resource is available at:

CATO  
PO Box 431  
Winchester, OR 97495  
Phone (voice/TDD): (541) 440-4791  
Fax: (541) 957-4808

*2) Assistive Technology for Students with Disabilities, Information for Parents and Educators*

Mountain Plains Regional Resource Center,  
January 1999

This brochure is a concise description of the requirements of the law regarding assistive technology in the school setting. It discusses evaluations, evaluation teams, and answers frequently asked questions about funding, ownership, training, and repair of AT technology items used by a student in the public school system. This resource is available at:

Mountain Plains Regional Resource Center  
1780 N. Research Parkway #112  
Logan, Utah 84341  
Phone: (435) 752-0238  
Fax: (435) 753-9750

<http://www.usu.edu/mprcc>

*3) Assistive Technology: Where Do I Go? What Do I Do?*

By G. Smith and S. Chapman Smith  
Increasing Capabilities Access Network  
(ICAN)  
Cost: none

This four-page fact sheet features general information regarding questions families should ask of an agency that is going to provide a technology assessment. There are resources listed on the last page that are specific to Arkansas. This resource is available at:

ICAN  
2201 Brookwood Dr., Suite 117  
Little Rock, AR 72202,  
Phone: 1-800-828-2799

#### 4) *RESNA Resource Guide for Assistive Technology Outcomes*

This three-volume resource guide delves into outcomes measurement for assistive technology. Volume Two, *Assessment Instruments, Tools, and Checklists from the Field*, is a compilation of assessment instruments, tools, and checklists. These instruments were submitted by active AT professionals and demonstrate the range of instrumentation in use today. Cost: all volumes/softcover/\$30.00 This resource is available at:

<http://www.resna.org/resna/pubsubro.htm>

#### 5) *Assistive Technology and Rural Life*

Oklahoma ABLE Tech

This brochure addresses the unique set of challenges faced by members of rural communities when accessing, selecting, funding, and maintaining assistive technology devices and services. A variety of AT solutions that might help a person with a disability work and live more independently in a rural setting, such as hydraulic and computerized control systems, are briefly described. The brochure also provides a list of AT services and resources for people with disabilities who live in rural settings, some specific to the State of Oklahoma. This resource is available at:

Oklahoma ABLE Tech  
1514 West Hall of Fame  
Stillwater, OK 74078-2026  
800-257-1705

<http://http:okabletech.okstate.edu>

6) *The Pros from Dover: Using “Experts” to Justify an Assistive Technology Need*  
Illinois Assistive Technology Project, January 1999

This brochure primarily addresses the content of an assistive technology evaluation. But more specifically, when there is a need for mediation over a request for a piece of technology, it discusses what experts are utilized, their qualifications, and how they determine the correct device needed.

IATP  
528 South Fifth Street, Suite 100  
Springfield, IL 62701

\* These and other assistive technology resource reviews can be found on the Family Center’s website located at  
<http://www.fctd.info/resources/search.cfm> .

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## Websites

### 1) *Schwab Foundation for Learning*

This site provides information for both parents and teachers on strategies and technology related to children with learning differences. It features a search tool in both parent and teacher resource sections, as well as a bulletin board for discussions.

<http://www.schwablearning.org>

2) The Resource Network - A Project of Kennedy Krieger Institute

The Resource Network provides information and resources on developmental disabilities for parents, consumers and professionals, assessments and evaluations, on specific developmental disabilities, including autism, cerebral palsy, and learning disorders, local, state and national associations and resources, educational, recreational and child care resources and service providers and specialists. A section of the Network's website provides content focusing on your specific professional needs. In addition, the Resource Network directory includes individual providers, listed by geographic area.

The Resource Network  
707 N. Broadway  
Baltimore, MD 21205  
Phone: 1-800-390-3372  
Fax: (443) 923-9317  
Contact: Bernice Grant  
info@resourcenetworkatkki.org  
<http://www.resourcenetworkatkki.org>

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## **FCTD KNOWLEDGE NETWORK - Featured Members**

### **Assistive Technology Strategies, Tools and Resources (ATSTAR)**

ATSTAR is a collaborative partnership comprised of education professionals in pre-K to 16 settings, technology experts, curriculum specialists, and leaders in the field of assistive technology.

The ATSTAR Project involves the following agencies: Austin (TX) Independent School District, Austin Community College, The University of Texas, Austin Harvard School, Mountain Shadows Academy, Sylvan Learning

Center, Far South Community Schools, and Region XIII Education Service Center. The project's purpose is to increase parent, educator, and community awareness of Assistive Technology (AT) and increase Assistive Technology expertise within K-12 and in higher education settings.

ATSTAR's goal is to build a National Collaborative Network to ensure that people with disabilities have equal access to technology-enriched education and competitive employment opportunities. ATSTAR promotes the development, demonstration, and utilization of promising approaches and technology innovation, relevant to the needs, issues, and trends that affect people with disabilities. Additionally, ATSTAR engages in the research, development and piloting of innovative parent and teacher training initiatives to improve social, educational, and vocational results.

The ATSTAR Assistive Technology Assessment Process consists of six important steps.

- Building the student team
- Framing the question
- Collecting information
- Analyzing information
- Generating solutions
- Selecting solutions

Here's a brief overview of each step in the ATSTAR assessment process. Each of these steps is described in detail in the ATSTAR training modules.

#### *Building the Student Team*

ATSTAR employs a dynamic student-centered multidisciplinary team that begins with the Individual Education Program (IEP) team and is modified throughout the Assistive

Technology assessment process. During an AT assessment team members work together to find the most promising solutions for a student. The collaboration within teams leads to the most appropriate solutions. A student's core IEP team will add additional personnel as needed, expanding to a comprehensive student support team.

### *Framing the Question*

In the second step of the ATSTAR Assessment process, the team creates a question that helps team members to collect and consider information about the student, the environments, and the tasks the student needs to complete in those environments. The focus is on the tasks with which the student is having difficulty whether Assistive Technology will help.

In identifying student needs, each team member shares individual knowledge in order to build collective team knowledge. As team members share what they know, additional questions arise. The team uses this information to frame a question for the student that directs the rest of the assessment. Late in the ATSTAR assessment process, the team can revise the framed question based on the new knowledge gained.

### *Collecting and Analyzing Information*

Information collection is the third part of the ATSTAR AT assessment process. Team members collect and record information about the student, the environments in which the student's tasks are performed, details about the tasks, and past and present tools or strategies the student has used. AT and non-AT issues are sorted out. The framed question may require revision.

### *Generating Solutions*

The team generates a list of possible solutions to the framed question by matching a brainstormed list of solutions to AT features needed by the student. Different solutions are compared and prioritized to find the best match

to the student, environments, and tasks. The entire team, including the student whenever possible, helps to identify and recommend AT solutions. Then the IEP team makes the final determination as to whether the student needs AT and integrates the recommendations into the student's goals and objectives. Team participation and ownership, especially by the student, ensures the successful implementation of the AT intervention.

### *Selecting Solutions*

To test the effectiveness of the proposed solutions team members develop a trial plan, and evaluate its effectiveness. They combine what they learn in the trial with what they already know, come to consensus on solutions, and present recommendations at the IEP meeting. Final recommendations at the IEP team meeting are based on the documented results of these trials. If the IEP team agrees that the recommendations will meet the student's needs, the team prepares for assistive technology implementation. For further information regarding ATSTAR, contact:

Austin Independent School District  
1111W. 6<sup>th</sup> Street  
Austin, TX  
Phone: (512) 414-1700  
jmcsorley@earthlink.net  
<http://www.main.org/atstar/aboutus.html>

### **Center for Accessible Technology (CforAT)**

CforAT was founded in 1983 by a group of Bay Area (CA) parents of children with disabilities seeking ways to mainstream their children in elementary school. With an initial focus on computer technology, the group developed models for inclusion of their children into the school curriculum. CforAT emphasizes support and consultation aimed at resulting in AT access for families of children with disabilities. As part of this emphasis, CforAT also provides school districts with

computer access evaluations and AT assessment.

In conducting an assessment CforAT employs a number of educational specialists in AT with special education backgrounds as well as rehabilitation technologists. Based on the student's needs and on input from the IEP team, CforAT develops an assessment plan. The plan may include any or all of the following: trying different types of hardware and/or software; assessing various access methods; looking at various modifications or curriculum strategies.

*The Approach: More Collaborative Than Prescriptive*

The CforAT approach in conducting assessments is more collaborative than prescriptive. CforAT encourages one or more instructional personnel from the school site to be involved in providing information and invites them to observe the session. At the completion of each assessment, a detailed report is written to provide input for the IEP team's decisions about how assistive technology may fit into the context of the student's full educational program. This report includes specific recommendations for hardware and software, and strategies for their use by the student.

Two documents are required by families seeking an AT assessment: a purchase order for 15 hours of service at a cost of \$100.00 an hour; a completed Student Referral/Intake form, which can be mailed or faxed to the family. If the assessment is being financed by the school district, the district should send CforAT the completed forms directly. The organization usually requests copies of any other documentation, such as relevant IEP objectives, that could be helpful in preparing for the assessment. Staff are assigned to assessments based on their availability and their expertise. Appointments are scheduled in the order of paperwork received. Due to the

high demand for this service, there is often a waiting list. For more information on CforAT's assessment programs, contact:

Center for Accessible Technology  
Phone (Voice): (510) 841-3224  
Phone (TTY): (510) 841-5621  
Fax: (510) 841-7956

info@cforAT.org  
<http://www.cforat.org>

**Early Childhood Direction Centers (ECDC)**

Located in 15 communities around New York State, Early Childhood Direction Centers provide information about programs and services, including AT assessments and evaluations, for young children, ages birth through five, who have physical, mental, or emotional disabilities and help families obtain services for their children.

All ECDC services are provided to families free of charge. Although ECDC staff members provide guidance to parents, parents decide which services they will ultimately use. Families can expect personalized service from the same ECDC staff member during each visit or phone call to the Center. Bilingual staff members are available. Families whose language is not spoken at a Center are referred to an appropriate agency where that language is employed.

Each ECDC provides follow-up services until a child reaches school age. Some Centers send letters to partners every 3-6 months. Each Center contacts families at least once a year.

ECDC services to families include:

- Matching the needs of children with available services
- Assisting parents in obtaining services

- Following up to ensure that children receive services
- Coordinating services between agencies
- Orienting parents of pre-school children with disabilities

For further information on New York State's ECDC's contact:

Early Childhood Direction Center  
 160 Lawrence Avenue  
 Brooklyn, NY 11230  
 Phone: (718) 437-3794  
 Fax: (718) 436-0071  
 Contact: Karen Samet, Director  
 ksamet@ucpnyc.org  
<http://www.vesid.nysed.gov/lsn/ecdc.htm>

### **The George Washington University HEATH Resource Center**

The HEATH Resource Center of the George Washington University Graduate School of Education and Human Development is the national clearinghouse on postsecondary education for individuals with disabilities.

Support from the U.S. Department of Education enables the clearinghouse to serve as an information exchange about educational support services, policies, procedures, adaptations, and opportunities at American campuses, vocational-technical schools, and other postsecondary training entities.

HEATH participates in national conferences, training sessions, and workshops; develops training modules; publishes resource papers, fact sheets, directories, and website information; and fosters a network of professionals in the arena of disability issues.

In operation since 1984, HEATH was acquired by The George Washington University on

October 1, 2001, and responds annually to thousands of electronic, mail, and telephone inquiries. HEATH resource papers, fact sheets, guides, and directories focus on topics such as accessibility, career, development, classroom and laboratory adaptations, financial aid, independent living, transition resources, training and postsecondary education, vocational education, and rehabilitation. HEATH is one of three clearinghouses authorized by the Individuals with Disabilities Education Act (IDEA) to provide specialized educational information to people with disabilities, their families, and the professionals who work with them.

The clearinghouse gathers and disseminates this information to help people with disabilities reach their full potential through postsecondary education and training. For further information on the GWU HEATH Resource Center, contact:

The George Washington University  
 HEATH Resource Center  
 2121 K Street, NW Suite 220  
 Washington, DC 20037  
 Phone: (Voice/TTY): (202) 973.0904 or Toll Free 1.800.544.3284  
 Fax: 202.973.0908  
 askheath@heath.gwu.edu  
<http://www.heath.gwu.edu.htm>

### **New Hampshire Assistive Technology Evaluation and Consultation Services (NH-ATEC)**

NH-ATEC is a highly specialized clinical program that provides AT evaluation and consultation services. NH-ATEC features an interdisciplinary team of occupational therapists, physical therapists, speech-language pathologists, special educators and rehabilitation technicians. Each team member possesses advanced training in assistive technology. This confluence of clinical

expertise enables NH-ATEC to assess complex medical, physical, orthopedic, cognitive and communication needs and to recommend AT solutions. Services are provided at NH-ATEC centers in Laconia and Concord and, when appropriate, in a family's home or community.

NH-ATEC computer access services are designed for individuals who require assistive technology (hardware and software) to use a computer at home, school, or work. Recommended solutions facilitate physical access, written expression, organizational skills, and participation in educational and vocational activities. Suggestions are also intended to prevent injuries and maximize function through the use of appropriate positioning and ergonomic strategies. For further information on NH-ATEC, contact:

NH-TEC  
67 Communications Drive  
Laconia, NH 03246  
Toll-free Phone: 1-800-932-5837  
Phone (Voice/TTY): (603) 528-3060  
Fax: (603) 524-0702  
Contact: Lorraine Halton, Clinical Director  
lorraine@atchservices.org

### **Special Education Technology – British Columbia (SET-BC)**

Special Education Technology - British Columbia (SET-BC) was established in 1989 to provide AT services for students with physical disabilities. The Special Education Branch of the Ministry of Education considered the following trends when designing the purpose and structure of this program:

- Students with special needs were being integrated into regular classrooms and participating in standard curriculum activities
- New technologies were being developed that allowed students with disabilities to

participate more actively in their educational programs

- The Provincial Advisory Committee on Computers (1988), which investigated the use of technology in the school system, recommended that technology services for special education students should be a priority.

Initially, SET-BC was funded as a pilot project and was staffed by professionals from both the Ministry of Education and the Ministry of Health. This program followed a prescriptive model, with SET-BC staff providing technology assessments and recommendations for educational programming for students.

SET-BC currently has seven regional centers around the province and a Provincial Centre in Vancouver, BC. Staff members at the Provincial Centre support and coordinate all program services and resources. Regional assistive technology consultants provide community-based services, including consultation, equipment loan, training, and resources, for all school districts in BC.

SET-BC and school districts now share responsibility for the provision of assistive technology services for approximately 400 new students annually. Districts determine which students will receive SET-BC services in a given year and school-based teams work with SET-BC consultants to consider student needs and educational goals. SET-BC consultants provide information on assistive technology and suggest strategies for the implementation of technology in the curriculum.

<http://www.setbc.org>

### **Technology Leadership Network (TLN)**

The National School Boards Association's Technology Leadership Network (TLN), founded in 1987, is a national network of

educators committed to improving student achievement by applying the most effective technology solutions. One of the oldest membership programs in the education technology field, TLN includes every level of the district's technology team: superintendent, technology directors, principals, teachers, and school board members.

Through membership in TLN, school districts share ideas and strategies for using technology to transform teaching and learning in the classroom, improve administrative practices to implement significant organizational change, and find new ways to connect with the community. To learn more about TLN, contact:

2003 National School Boards Association  
1680 Duke Street  
Alexandria, VA 22314  
Phone: (703) 838-6722  
Fax: (703) 683-7590  
info@nsba.org

### **Massachusetts Association of Special Education Parent Advisory Councils (MASSPAC)**

Formerly known as PAC COALITION, MASSPAC is a growing grass roots organization for special education parent advisory councils, parents and supporters across the Commonwealth of Massachusetts. A main goal for the organization is to link up with each town and city in Massachusetts and create a network of Special Education Parent Advisory Councils (PACS) that work in concert to better advocate for children who have special needs and learning disabilities. MASSPAC objectives include helping special education parent advisory councils establish positive collaborations with school districts and educators.

Though the parents involved in MASSPAC have all types of children -- typical, gifted and talented, disabled -- those who have special needs or disabilities need a stronger, louder, and more persistent voice to gain parity with their non-disabled peers. Says MASSPAC, "These children are often overlooked, blamed and labeled, misdiagnosed, excluded and discriminated against in their schools and communities. Many times, even their nondisabled siblings are treated similarly by people and other children who do not understand or are fearful."

Another goal is to have Special Education PACS help each other and learn from each other. Regional alliances are needed to pool resources and plan collective activities and strategies. MASSPAC stays current on all public policy matters which impact the entire spectrum of education and responds as necessary. This organization and members inform educators, legislators, and others where parents stand relative to ALL education, to challenges, changes, and developments that impact ALL our children.

MASSPAC claims a collective voting power that includes 200,000 voting parents of the Commonwealth's 155,000 students, plus "a minimum of one grandparent, one other relative and community member that cares, for a minimum of 500,000 votes that can make a difference."

MASSPAC was established on November 15, 1997 by proclamation and vote of twenty-one (21) founding communities, MASSPAC accesses information, resources and expertise from an Advisory Panel comprised of professionals in government, public health, public policy, law, Internet, education, medicine, research, neurology, psychiatry, advocacy, and association management. MASSPAC participants now include over 200 towns and cities. To learn more about MASSPAC, contact:

MASSPAC  
Box 167  
Sharon, MA 02067  
Phone: (781) 784-8316  
<http://www.masspac.org>  
info@masspac.org

### **Oregon Technology Assistance Project (OTAP)**

OTAP provides direct training followed by on-site technical assistance to teachers, families and related services providers. The organization compiles and disseminates information about state, regional and national resources available to children with disabilities in Oregon. OTAP helps children, parents and school personnel who assistance with assistive technology resources to existing agencies, facilities, private companies and other resources while maintaining a system to loan assistive technology, special software and adaptive equipment for trial use by children with disabilities.

OTAP offers workshops in all parts of Oregon. Some training activities are developed based on needs identified through our yearly needs assessment activities. These workshops are offered on a statewide basis. Other workshops are offered when a particular district or group makes a specific request. Workshop participants may receive on-site technical assistance to help them solidify and apply their new technology skills. To learn more about OTAP, contact:

OTAP  
1871 NE Stephens  
Roseburg, OR 97470  
Phone (541) 440-4791  
Toll Free: 1-877-740-4793  
Fax: (541) 957-4808

### **Education for Parents of Indian Children with Special Needs Project (EPICS)**

The EPICS Project is a service for parents of American Indian children and young adults with disabilities and other special needs. EPICS provides training and information to Indian parents and families in order to facilitate their active involvement in meeting the special health and educational needs of their children.

EPICS provides training and advocacy assistance to professionals as well as parents. The organization's parent training publications and videotapes are developed by American Indian parents or by consultants with the assistance of American Indian families.

EPICS support American Indian parents and families by offering:

- Information and referral
- Screening and assessment - to help a family learn more about their child's development
- Multidisciplinary developmental evaluations
- Specialized family consultation

Those eligible include children ages birth to three whom:

- Have a delay in their development
- Are at-risk for developmental delay because of a health, medical or other at-risk condition

To learn more about EPICS, contact:

Education for Parents of Indian Children with Special Needs Project (EPICS)

P.O. Box 788  
Bernalillo, NM 87004  
Phone: (505) 867-3396 x109  
Fax: (505) 867-3398  
Contact: Martha J. Gorospe

epics@highfiber.com  
<http://www.swcr.org/projects.htm>

## Center for Development and Disability (CDD)

The mission of the CDD is the full inclusion of people with disabilities and their families in their community by: engaging individuals in making life choices; partnering with communities to build resources; and improving systems of care.

The Early Childhood Evaluation Program (ECEP) is part of Early Childhood Division here at the Center for Development and Disability, Health Sciences Center, University of New Mexico.

Through training, technical assistance, consultation, and direct service, ECEP works to enhance New Mexico's capacity to provide evaluation services for young children (ages 0-3), statewide. CDD works in all regions of the state in collaboration with community providers, health care professionals, and especially parents. To learn more about CDD, contact:

Center for Development and Disability (CDD)  
2300 Menaul Blvd, NE  
Albuquerque, NM 87107  
Phone: (505) 272-3000  
Fax: 505) 272-5280  
Contact: Pam MacKellar  
cdd@unm.edu  
<http://cdd.unm.edu>

### Remembering Tom Morales

Those of us who had the great pleasure of knowing and working with Tom Morales will long remember his hearty laugh, his warmth, his generosity of spirit, and his lifelong commitment to children and adults with disabilities. With Tom's passing on August 16th, we lost a good friend, a supportive colleague, and an articulate advocate for those with disabilities. Tom brought unbridled enthusiasm and energy to his work. He brought together people who, in working together, could better advance the cause. Tom will be sorely missed by many people. His was a life well lived, in service to others.

Tom's colleagues will honor him in a number of ways throughout the upcoming months. At present, contributions in his name may be sent to the South San Francisco Public Library, where a memorial fund has been established, or to the Alliance for Technology Access, which will be dedicating its upcoming book to him.

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