



Parent Training and *Information (PTI) Program*

Technology and the IEP

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TECHNOLOGY AND THE INDIVIDUALIZED EDUCATION PROGRAM

- Introduction -

Assistive technology (AT) is redefining the possibilities of children and adults who have a wide range of cognitive and physical disabilities. In the home, the classroom, workplace, and the community, AT enables individuals with disabilities to be more independent, self-confident, productive, and more included into a variety of settings.

Assistive technology includes thousands of commercially available or adapted solutions to improve an individual's ability to learn, compete, work and interact with others. Adapted toys, computers, eating systems, powered mobility, augmentative communication devices, and special switches are a few of the AT devices.

People that benefit from AT, often search for the right combinations of devices to meet their needs, and increase their independence. Parents, individuals with disabilities, and professionals are finding that the challenge is not the availability of the devices. It is more about making the right link between the existing technology and the individual needs of the consumer.

Public Law 105-17, the Individuals with Disabilities Act (IDEA), requires an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP), for students who qualify for special education services. These plans can be powerful tools for helping parents, students, and educators to effectively include AT into the education programs of the education of students with disabilities. This packet is intended to provide information about making AT a part of special education and related services.

MANDATES FOR ASSISTIVE TECHNOLOGY

Individuals with Disability Education Act: The Individuals with Disabilities Education Act (IDEA) is the federal special education law, which guarantees free, appropriate public education for all children with disabilities. It has a clear mandate for assistive technology (AT) to be included, when needed, in Individualized Education Programs. Washington State Law, Washington Administrative Code (WAC) also has this mandate.

IDEA and the WAC define assistive technology services as:

WAC 392-172-070 Definition – Assistive Technology Device: The term “assistive technology device” means any item, piece of equipment, or product system – whether acquired commercially off the shelf, modified, or customized – that is used to increase, maintain, or improve the functional capabilities of special education students.

[Statutory Authority: RCW 28A.155.090(7), 28A.300.070 and 20 U.S.C. 1400et seq. 99-24-137, § 392-172-070, filed 12/9/99, effective 1/1/00. Statutory Authority: Chapter 28A.155 RCW. 95-21-055 (Order 95-11), § 392-172-070, filed 10/11/95, effective 11/11/95.]

WAC 392-172-073 Definition – Assistive Technology Service: The term “assistive technology service” means any service that directly assists a special education student in the selection, acquisition, or use of an assistive technology device. The term includes:

- 1) The evaluation of the needs of a special education student, including a functional evaluation of the student in the student’s customary environments.
- 2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by special education students.
- 3) Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices.
- 4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs.
- 5) Training or technical assistance for a special education student, or if appropriate, the student’s family; and
- 6) Training or technical assistance for professionals (including individuals providing education and rehabilitation services), employers, or other individuals, who provide services to, employ or are otherwise substantially involved in the major life functions of special education students.

[Statutory Authority: RCW 28A.155.090(7), 28A.300.070 and 20 U.S.C. 1400 et seq. 99-24-137, § 392-172-073, filed 12/1/99, effective 1/1/00.]

WAC 392-172-075 Availability of Assistive Technology: Each public agency shall ensure that assistive technology devices or assistive technology services, or both, are made available to a special education student if required as part of the student’s:

- 1) Special education;
- 2) Related services; or
- 3) Supplementary aids and services.

On a case-by-case basis, the use of school-purchased assistive technology devices in a student’s home or in other settings is required if the student’s IEP team determines that the student needs access to those devices in order to receive FAPE.

[Statutory Authority: RCW 28A.155.090(7), 28A.300.070 and 20 U.S.C. 1400 et seq. 99-24-137, § 392-172-075, filed 12/1/99, effective 1/1/00. Statutory Authority: Chapter 28A.155 RCW. 95-21-055 (Order 95-11), § 392-172-075, filed 10/11/95, effective 11/11/95.]

Part C: Infant and Toddlers with Disabilities: IDEA includes assistive technology as one of the early intervention services that can be provided to infants and toddlers with disabilities under Part C of the act.

Section 504: Students who have disabilities, but do not qualify for special education, may still be eligible for accommodations under Section 504 of the Rehabilitation Act of 1973. Section 504 covers a broader range of disabilities than the special education law, also requires

public schools to provide students with disabilities with a free appropriate public education and, ensures that students with disabilities are afforded an equal opportunity to participate in school programs.

This means that schools may need to make special arrangements so the students with disabilities have access to the full range of programs and activities offered. Some students may need access to the curriculum, which can be provided by using a computer or an electronic communication device. Other students may need technology to provide physical access to the school facilities. For example, the schools must provide a student who needs a wheelchair lift on a school bus to get to school with this technology. Other modifications, which might be required under Section 504, include installing ramps into buildings and modifying bathrooms to provide access for individuals with physical disabilities.

A.D.A.: The Americans with Disabilities Act, signed into law July 26, 1990 also provides for accommodations. The ADA applies to employers, school districts and private entities. It clearly establishes time lines and minimum guidelines for removing barriers.

The ADA uses the same definition for a person with a disability as Section 504 and is often referred to as “The Civil Rights Law for the Disabled”.

Under ADA and Section 504, a person with a disability is an individual who:

1. Has a physical or mental impairment that substantially limits one or more major life activities.
2. Has a record of such an impairment, or
3. Is regarded as having impairment.

It is important to become familiar with these laws. They are the basis for ensuring that assistive technology is provided.

The following are some basic principles to use when considering incorporating assistive technology into a student’s program:

- Assistive technology must be considered along with the child’s other education needs.
- Needs for technology must be identified on an individual basis.
- Identification of technology must involve family members as part of a multi-disciplinary team.
- Parents or IEP team members can ask for additional evaluation or an independent evaluation to determine assistive technology needs.
- An evaluation should consider all aspects of the student’s needs, including mobility, fine-motor skills, communication, and alternatives to traditional learning approaches.
- Lack of availability of equipment or cost alone cannot be used as an excuse for denying an assistive technology service.
- If included in the IEP, assistive technology services and devices must be provided at no cost to the family.
- Parents always have the right to appeal if assistive technology services are denied.

TECHNOLOGY IS MORE THAN JUST A DEVICE

The following should provide you with a list and better understanding of some of the most frequently used technologies and their applications.

What are some common types of assistive technology provided in school programs?

The following is a list of assistive technology applications commonly found in schools.

Positioning: In the classroom, individuals with physical disabilities may need assistance with their positions for seating, so they can participate effectively in schoolwork. The student's position in relation to peers and the teachers may be a consideration. Examples of equipment used for positioning are sidelying frames, walkers, crawling assists, floor sitters, chair inserts, wheelchairs, straps, trays, standing aids, bean bag chairs, sand bags and so forth.

Access: In order to participate in school tasks, some students require special devices that provide access to computers or environmental controls. The first step in providing access is to determine which body parts can be used to indicate the student's intentions. Controllable, anatomical sites for movements like eye blinks, head, neck, or mouth movements may be used to operate equipment, to access the computer. Once a controllable, anatomical site has been determined, then decisions can be made about input devices, selection techniques (direct, scanning), and acceleration strategies (coding, prediction). Input devices include such things as switches, expanded keyboards, mouse, trackball, touch window, speech recognition, head pointers, key guards, key latches, keyboard emulators (e.g. adaptive firmware card), and electronic communications devices. Once computer access has been established, it should be coordinated with other systems that the student is using, including powered mobility, communication or listening devices, and environmental system.

Environmental Control: Independent use of equipment in the classroom can be achieved for students with physical disabilities through various types of environmental controls, including remote control switches and special adaptations of on/off switches to make them accessible (e.g. Velcro attachments, pointer sticks).

Computer-Based Instruction: Equipment use can enhance independent participation in activities supporting the curriculum. Software can be selected which mirrors the concepts of classroom and learning activities. Software can provide the tools for written expression, spelling, calculation, reading, basic reasoning and higher level thinking skills. The computer can also be used to access a wide variety of databases.

Augmentative Communication: Every individual needs to have some method of communication in order to interact with others to learn and for social contact. Students who are nonverbal or whose speech is not fluent or understandable enough to communicate effectively may benefit from using some type of communication device including such things as symbol

systems, communication boards and wallets, electronic communication devices, lap tops, speech synthesizers, recorded speech devices, communication enhancement software, word processing, CAD (Computer Automated Design) programs, printers, telecommunications, and fax.

Assistive Listening: Much of the time in school, students are expected to learn through listening. Students who have hearing impairments can be at distinct disadvantage unless they learn to use their residual hearing or they have alternative means for getting information. Hearing problems may be progressive, permanent, or intermittent. Any of these impairments significantly impact the learning to speak, read, and follow directions. Assistive devices to help with hearing problems include: hearing aids, personal FM units, sound fields FM systems, phonic ear, TDDs, closed caption TV, or mid-gain hardware systems.

Visual Aids: Vision is a major learning mode. General methods for assisting with vision problems include increasing contrast, enlarging stimuli and making use of tactile and auditory models. Devices that assist with vision include screen readers, screen enlargers, magnifiers, large-type books, taped books, brailers, light boxes, high contrast materials, synthesizers, and scanners.

Mobility: Individuals whose physical impairments limit their mobility may need any of a number of devices to help them get around in the school building and participate in student activities. Mobility devices include such things as self-propelled walkers, manual or powered wheelchairs, and powered recreational vehicles like bikes and scooters.

Recreation, Leisure, and Play: Students with disabilities want to have fun and interact socially with their peers. Assistive technology can help them to participate in all sorts of recreational activities, which can be both interactive with friends as well as educational. Some adapted recreational activities include drawing software, computer games, computer simulations, painting with a head wand, interactive laser disks, and adapted puzzles.

Self Care: In order to benefit from education, some students require assistance with self-care activities like feeding, dressing, and toileting. Assistive devices which assist with self care include such things as robotics, electric feeders, adapted utensils, specially designed toilet seats, and aids for tooth brushing, washing, dressing, and grooming.

All of these elements, environments and applications are vital to an individual's success and independence at school, home, and in the community.

EVALUATION FOR ASSISTIVE TECHNOLOGY

IDEA specifically mentions evaluation services as one of the assistive technology services. Assistive technology evaluations can be done by school personnel or, if the school district staff lack the expertise to do an assessment, evaluations can be done by experts with whom the district contracts for services. Evaluation services must be provided at no cost to the parents.

1. What procedures should be used in determining whether assistive technology is needed for a particular student?

Needs for assistive technology should be one of the considerations when a student is assessed to determine eligibility for special education. If an assessment reveals that a student is eligible for special education or accommodations under Section 504, then the multi-disciplinary team should consider assistive technology needs, when making their recommendations. The team should analyze what is required of non-disabled students of the same age and determine how many of these requirements could be completely or partially fulfilled if that student had access to appropriate assistive technology.

In addition, when data is being collected about the child's present levels of performance, part of that assessment should be a consideration of whether or not assistive technology is necessary for the student to achieve educational or social goals and benefits from education, or make reasonable progress in the least restrictive educational setting. Whoever is collecting the data, might experiment with assistive technology applications to determine if they have potential for alleviating problems or providing greater access for the student to educational opportunities.

2. Are there certain prerequisite skills necessary before a student can make use of assistive technology?

Mastery of certain prerequisite skills or typical developmental milestones is generally not necessary in order for the students to make use of assistive technology. For example, some educators assume that students cannot be allowed to use computers until they have completely mastered keyboarding skills. This is a false assumption. Many students benefit from using computers, even though they are able to operate the machine by using only one or two keys. In a similar fashion, students, with limited verbal abilities, who have not mastered oral speech benefit from using augmentative communication devices while they continue to attempt to develop oral language.

When evaluating assistive technology needs, it is not necessary to determine whether or not the student has mastered a certain set of prerequisite skills. It is much more important to identify the skills the student needs and how technology can be used to enhance or support those skills in order to function in the school environment.

3. Who needs to be on the assistive technology evaluation team?

Evaluations for AT must be multi-disciplinary, involving educators and therapists who are knowledgeable about the school curriculum and the student's strengths and needs. For

example, for a student with cerebral palsy, the AT evaluation might involve a teacher, a physical therapist, a speech and language clinician, and an occupational therapist. The therapists would assist the teacher in determining what skills the student needed to learn and how technology might assist the student in acquiring those skills. Parents and family members are vital members of the assessment team. They can help to identify problems and share solutions that family members have found to be helpful in the home and in community settings.

PARENTS ARE EXPERTS

Parents have a great amount of valuable knowledge to share with professionals. The professional who does not seek insight from this information is not doing the best job possible. The parent who does not share this information is underestimating its importance to selecting appropriate assistive technology devices.

Parents are natural sources of information. Their knowledge can be important to facilitating common interpretation, becoming familiar with individual differences, avoiding behavior problems due to misinterpretation, and identifying areas for further instruction.

What are some other contributions you can make regarding development of your child's assistive technology needs?

EVALUATION OPTIONS

Special Education Technology Center
400 East 8th Avenue
Ellensburg, WA 98926-7413
(509) 963-3350

This is a statewide project designed to assist school districts with the special technology needs of their children and youth. It provides technology resources that are difficult to find or access. Funded by the Office of the Superintendent of Public Instruction, administered by the Educational Service District 105

Serves educators and specialists in the public school system working with children and youth (ages 0-21 years) with disabilities.

Services include:

- Staff development opportunities, i.e. augmentative communication, adaptive devices, computerized IEP's switches and toys.
- Lending library of toys, switches, augmentative communication devices, laptop computers with adaptations, reference materials.
- Technology planning, collaboration and follow-up for specific children.
- Maintenance of databases for equipment, resources, model projects.
- Network of technology using special educators.

Private Options

Children's Hospital
4800 Sand Point Way NE
Seattle, WA 98105
206-526-2201

Center for Human Development
and Disabilities
PO Box 357920
Seattle, WA 98195-7920
206-543-7701

Sacred Heart Medical
Center
PO Box 2555
Spokane, WA 99220
509-455-3287

DESIGNING COMMUNICATION ADAPTATIONS

1. Opportunities for Communication

Communication opportunities are directly related to the environments and activities in which a student participates and the people with whom a student interacts. Some activities and environments require or support communication more than others. Family members and familiar teachers may learn to anticipate student needs to the extent that few communication opportunities are provided, or may learn to "read" the student's subtle gestural expression so well that more obvious and formalized communication means are unnecessary. However, when the student interacts with people who are less familiar and less able to interpret unique gestures, communication breakdowns may occur.

It is important to identify and remediate these barriers. The following questions provide some general areas to consider. The first set of questions is related to a number of **attitudinal and environmental barriers** that can negatively impact communication effectiveness. Are communication breakdowns a result of:

1. Limited access to communication partners?
2. Attitudes about students with disabilities?
3. Unduly restrictive rules in the communication environment in question?
4. Restricted physical access to the general education environment?

A second set of questions is related to opportunity barriers that may arise from a number of **knowledge barriers** to communication. Are communication breakdowns related to:

1. A lack of information or misconceptions about appropriate opportunities?
2. A lack of information or misconceptions about the nature of communication?
3. A lack of information or awareness about the student's communicative behavior on the part of the communicating partner?
4. A failure to offer interacting strategies that promote communication?

2. The Student's Ability Profile

In order for a communication assessment to be successful, it is critical that a team of individuals, including a parent, teacher, speech/language pathologist, occupational therapist, and physical therapist, be involved throughout the process. In addition, input from the student, his/her friends, and current or future employer(s), is also essential. One of the initial assessment steps involves determining the student's current status related to mobility and positioning, manipulation (fine motor) skills, sensory/perceptual skills, communication, and cognitive/language skills. A summary of the critical assessment questions that should be addressed in each of the five areas is summarized in the following sections.

Mobility/Positioning

1. If the student is ambulatory, what restrictions (if any), exist that might limit the type of communication system recommended?
2. If the student is not ambulatory, what is the current method of mobility?

Manipulation (Fine Motor) Skills

1. How well can the student use his/her hands?
2. If the student does not have efficient use of the hands/arms, can he/she use a head stick or mouth stick or light pointer?
3. How well can the student use eye gaze?
4. Can the student activate a switch accurately and efficiently with any body part?

Sensory/Perceptual Abilities

1. How well does the student see?
2. How well does the student hear?

Communication

1. How does the student currently communicate?
2. What does the student currently communicate about?

3. Who are the student's current and potential communication partners?
4. How motivated is the student to communicate?

Cognitive/Language Skills

1. What is the student's receptive language ability at the present time?
2. What are the results of formalized testing procedures designed to measure cognitive ability?
3. What is the student's representational ability at the present time?
4. What are the student's abilities related to literacy?
5. How well does the student seem to understand cause and effect relationships related to objects and/or people?
6. Does the student remember that objects or pictures exist even when they are not immediately visible?

Excerpted from Mirenda, P., & Smith-Lewis, M. (in press). Communication Skill. In A. Ford, R. Schnorr, L. Meyer, L. Davern., J. Black, and P. Dempsey (Eds.), The Syracuse community-referenced curriculum guide for students with moderate and severe disabilities. Baltimore: Paul H. Brookes.

In addition, consider the student's abilities strengths that can be used or further developed for using AT.

ASSISTIVE TECHNOLOGY AND THE IEP

The present level of performance section of the IEP should provide clear indication of the areas of learning, which could be enhanced or supported through the use of assistive technology. In the goals, objectives, and services outlined in the IEP, assistive technology may appear at several points as an avenue for helping students to succeed in the classroom and in social settings.

1. Under what circumstances should assistive technology be included in special education programs?

Assistive technology should be considered for inclusion in a student's program if it does one or more of the following things:

1. Enables students to perform functions that can be achieved by no other means.
2. Enables students to approximate normal fluency, rate, or standards – a level of accomplishment which could not be achieved by any other means
3. Provides access for participation in programs or activities which otherwise would be closed to the individual.
4. Increases endurance or ability to persevere and complete tasks that otherwise are too laborious to be attempted on a routine basis.
5. Enables students to concentrate on learning, rather than mechanical tasks.

6. Provides greater access to information.
7. Supports normal social interactions with peers and adults.
8. Supports participation in the least restrictive educational environment.

According to the special education law, assistive technology must be provided when it is necessary:

1. To support a placement in the least restrictive environment.
2. To ensure that a student benefits from his or her education.
3. To implement the goals and objectives in the student's IEP.

2. How can assistive technology (AT) be included in the IEP?

AT can be included in the IEP in a number of ways. It may appear as part of the student's annual goals or short-term objectives. It may also appear in a list of specific accommodations, which need to be made in order for the student to function in the least restrictive environment. For example, the IEP might include such accommodations as the use of word processing, calculators, hand held spelling checker, and so forth. In addition, the IEP may specify that as a related service, the student will receive training in the use of assistive devices like an electronic communication device, a power wheelchair, or a personal computer.

3. Where should assistive technology appear in the IEP?

There are three places in the IEP where AT may appear:

1. In the annual goals and short-term objectives.
2. In the list of supplementary aids and services necessary to maintain the student in the least restrictive educational setting.
3. In the list of related services necessary for the student to benefit from his or her education.

4. How can AT be part of academic, social, or other types or goals in the IEP?

AT can be a part of the annual goals and short-term objectives on an IEP, if the goal is specific enough for the role of AT to be clear. An annual goal for the IEP should be based on present levels and build skills from that level. It then should express an estimate of what the student can accomplish in a particular domain during the course of one year, under what conditions the skill is to be developed, and what criteria will be used to indicate whether or not the skill has been learned.

An annual goal, which includes AT may indicate that the technology may be part of the conditions under which some academic or social skill will be acquired. For example, an IEP goal for a student with learning disabilities in written expression may look like this:

1. Using a word processing program with spelling checker, Shawn will compose three paragraph themes composed of fifteen or more sentences with 80% or better accuracy in the use of spelling, punctuation, and grammar over 5 or more consecutive trials.

Objectives leading to this goal might include preliminary exploration of the word processing program; trials to learn effective use of the spelling checker; drill and practice in writing single paragraphs to the 80% level of accuracy in spelling, punctuation and grammar; increasing the length of writing to two paragraphs; and then eventually moving to three paragraphs with gradually increasing degrees of accuracy.

Another type of annual goal may address a skill, which is necessary for using AT. Such a goal might appear this way:

2. Using a computer keyboard, Rachel will type 12 words per minute with no errors over 10 or more consecutive trials.

In this case, Rachel would spend a year learning keyboarding skills with the goal of achieving at least 12 words per minute with complete accuracy. For a young student who experiences some fine motor difficulties, this goal would be challenging, but it might involve preliminary exploration of the keyboard, gradual introduction of the letters and the numbers on the keyboard, practice to build speed and accuracy, and eventually timed trials until 10 consecutive trials could be achieved with no errors at a rate of 12 words per minute or better.

Still another type of annual goal might address a social issue like communication with peers.

3. Using an electronic communication device, Sara will respond appropriately to social inquiries from classmates 5 times out of 5 opportunities over 10 consecutive days.

Objectives leading to this goal might include training in the use of particular words and phrases on the communication device, drill and practice in responding with the device in structured settings, increasing accuracy in responding in structured settings, practice in unstructured conversational opportunities, and gradual achievement of accuracy in unstructured conversational setting with peers.

How can AT support placement in the least restrictive environment?

Students with disabilities are guaranteed the right to placement in the educational setting which is the least restrictive environment. In order to be successful in the least restrictive environment, students are to receive whatever supplementary aids and services are necessary. Among the supplementary aids, which may allow a student to remain in a less restrictive environment are a variety educational and social tasks.

AT is necessary as a supplementary aid if its presence (along with other necessary aids) supports the student sufficiently to maintain the placement, and its absence requires the student's removal to a more restrictive setting. For example, if a student with multiple disabilities can make independent, educational progress on the IEP goals in the regular classroom with assistive technology and if that same student cannot make such progress in that setting without the devices, then those devices are necessary supplementary aids.

Under what circumstance may AT be considered a related service?

AT can be related service just like audiology, physical therapy, or speech, if it is necessary for the student to benefit from his or her educational process and he or she is going to have to be trained in its use. Training can occur as a related service, which supports the student's educational program. Preparation for the use of AT can also be worked into other

related services like occupational therapy. OT may involve determining correct positioning to take advantage of AT and exercises to prepare the student to use a computer keyboard or a communication board.

Should school districts allow students to take assistive devices home on school nights to do homework, over weekends, during school vacations, or over the summer?

Students certainly may take assistive devices home on school nights or at other times. Nothing prevents this practice, and, in many cases, it is highly desirable for students to have the opportunity to use the same AT devices both at home and in school. For example, when a student is completing homework assignments, AT may be necessary to produce the type of product that is required.

Recently, the Office of Special Education programs, OSEP, issued a policy letter which clarifies that if the IEP team determines that a particular AT item is **required for home use** in order for a particular child to be provided a free, appropriate, public education (FAPE), the technology must be provided to implement the IEP. The ability to take technology home is **tied to the IEP**.

WHO PAYS FOR ASSISTIVE TECHNOLOGY?

The party, who is responsible for paying for AT depends upon the circumstances under which, the technology is purchased. Under the special education law, students with disabilities who are eligible for special education are entitled to a free appropriate public education. Parents do not have to pay for school services, including AT, if that service is part of the student's IEP. If parents choose to do so, they may agree to use their Medicaid or private insurance to pay for a device that is used at school.

Under what circumstances does private health insurance pay for AT?

Some private health insurance policies will pay part of the cost for some AT devices. The devices are unlikely to be listed specifically in the policy, but may be included under some generic term like "therapeutic aids". Usually the devices have to be prescribed by a physician in order to be covered by the policy. Whether or not parents choose to use their private health insurance to pay for devices used at school is a matter for parents to decide. Make sure this does not affect lifetime benefits.

When does Medicaid cover assistive technology?

Medicaid (Title XIX) will pay for "medically related" AT evaluations and services prescribed by a physician or other licensed person. Each state evaluation has some flexibility in determining which services it will include in its list of Medicaid covered expenses. Devices that are frequently covered by Medicaid are canes, crutches, walker, manual wheelchairs, hospital beds, and hearing aids or eyeglasses for children and youth. In addition, Medicaid does sometimes cover environmental control systems and augmentative communication devices as

well as the speech therapy necessary for learning to use an augmentative communication device.

Who owns the special equipment that is purchased for students?

If the school district purchases the equipment, it belongs to the district. Some school districts designate that a particular device is to be used by a specific student during the time when that device remains appropriate for that student. Other districts have “pools” of assistive devices and distribute them for a variety of students. The distribution and use of devices is under the district’s control as long as the needs described in student’s IEP are being met.

If devices are purchased for a particular student using the student’s Medicaid funds or private insurance, then the device belongs to the student and is meant for the exclusive use of the student.

Who is responsible for upkeep and maintenance of AT devices?

According to the WAC 392-172-073, the school district is responsible for assuring that AT devices are repaired or replaced, provided that device directly assists a special education student as specified in the IEP.

CHALLENGES THAT SHOULD EXPAND YOUR UNDERSTANDING OF WHAT IS POSSIBLE WITH PUBLIC AND PRIVATE FUNDING SOURCES FOR A.T.

1. Do not accept “no” for an answer. For each excuse given for not providing funds, develop a response.
2. Know all possible federal and state programs that could help fund assistive technology devices and services for young children, school-aged children, adults, and elderly persons with disabilities.
3. Know the definition of assistive technology and work cooperatively with funding sources to explore the parameters of their working definition for AT services and devices.
4. Identify the administrator responsible for technology service and funding determinations for federal programs such as early intervention, special education, vocational rehabilitation, maternal and child health, developmental disabilities, Medicaid, and independent living.
5. Identify the list of mandatory and optional services authorized by Congress for each law and accompanying set of regulations for federal programs such as early intervention (P.L. 105-17, Part C); Special Education (P.L. 105-17, Part B); State Operated Programs (P.L. 89-313); Vocational Rehabilitation (P.L. 99-506, Title I & VII); Maternal and Child Health (P.L. 74-271 Title V); and Medicaid (IDF/MR and EPSDT).

6. Each state agency should select an individual to be responsible for clarifying reimbursement policy concerning AT and proving multiple approaches to insuring that agency staff at a local and regional level are knowledgeable and informed about the process.
7. Different funding streams have distinct orientations that will require wording the justification for the same device or service in different ways. Obtain copies of the basic intake form and learn about the justification process for AT.
8. Know and become an expert on the funding process. Many funding streams require application and authorization before acquisition can be made. Other funding sources work on a reimbursement basis. Keep informed of changes in the process, the scope of coverage, and timelines, and always be knowledgeable about an appeals process.

These challenges are excerpted from the "Funding for Assistive Technology: A User-Friendly Workbook", RESNA TA Project, 1990.

FUNDING OPTIONS

Funding success is 100% Dependent Upon Perseverance

FUNDING IS ALWAYS AVAILABLE!

If an AT device has recently been prescribed for you, your child, a friend, student, or individual, your first question probably contained concerns about funding. The following information will help you address those concerns. Funding is available for people who need AT. There are many different funding sources, which may be explored.

Options:

Vocational Rehabilitation Programs: Each state has a department of rehabilitation services under which falls the vocational rehabilitation department. Because this is a state run program, the eligibility requirements vary from state to state. In order to investigate this resource, call your local vocational rehabilitation office, which should be listed in the white pages of the phone book under your state's name. Vocational Rehabilitation Programs will often fund a communication device if communication is the main obstacle to employment for the individual. Employment is quickly becoming a realistic goal for many people who use augmentative communication devices.

Trust Funds are sums of money set aside to be used for pre-designated purposes. There are trust funds available for people with disabilities. To learn about trust funds, call local financial institutions (banks, trust companies, savings and loans, etc.) to determine whether there are such funds available in the individual's area. Many banks have a trust officer who manages these funds.

Another source of information about trust funds is the **Foundation Directory**, which lists trust funds and foundations and is organized by state and city. The directory should be available at any large library. It is best to approach local foundations first since larger (national)

foundations such as the Ford Foundation are typically inundated with requests for funding, while local funds often sit untouched for years because people are not aware of them.

Private Corporations: Local businesses are another possible source of funding contributions. The purchase of equipment for a local resident by a small business can be beneficial to the business as well as to the individual. The benefits to the individual are obvious. The benefits to the company include:

1. A tax write-off for charitable contributions.
2. Positive local exposure (if the individual will agree to publicity).

This approach may be particularly advantageous if a company needs to boost its public image.

Private/Public Fund Raisers: Families often have affiliations with groups, which may assist in the purchase of assistive devices by sponsoring private or public fundraising activities. Church members, co-workers, and members of other organizations (like labor unions) have successfully raised funds to assist families in purchasing needed equipment by conducting raffles, bake sales, dinners, and a host of other creative methods designed to raise money.

Nonprofit Civic Organizations: Local civic organizations, such as the Kiwanis, Rotary, Variety, and Lions Club have often contributed to the purchase of equipment. They commonly offer to match contributions from other groups, so it is best to request less than the full amount.

Wish makers: There are some individuals and organizations, which “grant wishes” to people who have specific needs. Your local UCP affiliate may have more information.

The Sunshine Foundation is an organization, which grants wishes to children with chronic disabilities. There is a limit of one wish per child in his or her lifetime. An application must be completed, and there is a maximum amount, which they will fund. Families should initiate contact with the headquarters at 4010 Levick St., Philadelphia, PA. 19135.

United Cerebral Palsy, Easter Seal Society, etc. These service organizations typically provide funding that benefits many people at a time. There have been some cases, however, in which they have contributed to purchases for individual needs.

Schools. While schools have paid for devices in the past, it is important to keep in mind that when a school system purchases a device, it belongs to that school system. This may present some problems:

1. Since the school may require that the device remain in the building at all times, it may be available to the student only during school hours, which would defeat the purpose of 24-hour communication, **unless listed on the IEP.**
2. If the child should move out of the school district, the device would typically remain with the purchasing district.

3. A young adult leaving the school system must also leave the equipment and begin to seek funding for a device of his or her own.

Funding Resources:

Funding for Assistive Technology: A user-friendly workbook.

RESNA TA Project, 1990
Suite 700, 1101 Connecticut Ave N.W.
Washington, D.C. 20036
(202) 857-1140

Technology Related Loan Fund

Easter Seal Systems
5120 S. Hyde Park Blvd.
Chicago, IL 60615
(312) 667-8400

Funding Technology Packet

Direct Link
P O Box 1036
Solvang, CA 93464

The Funding Technology Packet contains articles gathered on: Identifying a device, discovering funding resources, writing a justification letter, and private sources of funds.

The Access Group

1776 Peachtree Rd. NW
Suite 310 North
Atlanta, GA 30309
(800) 821-8580

The Access Group is a project of United Cerebral Palsy Association. Funding for UCPA's Access Group comes from the Agent Orange Class Assistance Program. Established to distribute a portion of the funds created by the settlement of a class action lawsuit. Children born to U.S. Military personnel who served in or near Vietnam between 1961 and 1972 are eligible for the services.

Becky P. Hildebrand: Assistant President

Nations Bank

Airport Office (SC3212)
2324 Airport Boulevard
W. Columbia, SC 29170

Nations Bank pilot loan program is designed specifically to purchase Assistive Technology.

Alpha One

85 E St.
South Portland, Maine 04106
(207) 767-2189

Alpha One, Adaptive Living Programs for Americans with disabilities, has been selected to help other organizations and states develop and manage loan programs for assistive technology.

Reimbursing Adaptive Technology:**National Rehabilitation Information Center (NARIC)**

8455 Colesville Rd. Suite 935
Silver Spring, MD 20910-3319

The article reprints a useful Funding Sources Checklist, and describes some common ways to fund purchases, such as medical/health insurance, workman's compensation, special education funds, and personal payment resources. Some extremely helpful tips are included about how to write a justification statement and tailor a request to the type of source from which one is requesting funds.

The Electronic Industries Foundation

Nancy Buecker, Librarian
1901 Pennsylvania Ave. NW Ste. 700
Washington, D.C. 20006
(202) 955-5822

Here is a list of some interesting papers of some interest you can get: State sales tax and assistive technology, securing exemptions for sensory, communication and mobility, and subsidy programs for assistive devices.

The American Foundation for the Blind (AFB)

Mark Ulsan, AFB
15 W. 16th St.
New York, NY 10011
(800) 232-5463

AFB is now accepting and processing applications from people of all ages who are blind and physically impaired of all ages for a low interest loan to purchase the Personal Reader.

Financing adaptive Technology**HEATH**

1 Dupont Circle NW Ste. 800
Wash, D.C. 20036-1193
(202) 939-9320 or (800) 544-3284

It is a Guide to sources and strategies for users who are blind and visually impaired.

Other potential funding sources:

- Private insurance:
 - Worker's compensation.
 - Liability or disability benefits.
 - Self-insured employer benefits / Medicaid.
 - Clinical Services.
 - Intermediate care facilities for individuals with mental retardation and other developmental disabilities.
 - Early periodic screening, diagnosis and treatment programs (EPSDT), Medicare – social security benefits.
 - Social Security Disability Insurance (SSDI)
 - Supplemental Security Income (SSI)
 - Plans to Achieve Self Sufficiency (PASS)
 - Supported Employment
 - Statewide Supplemental Programs, Chapter I (89-313)
 - Veterans Administration
 - Older American Act Programs
 - Private Social Service agencies
- Loan Programs:
 - State bond issues.
 - Corporate – sponsored loans.
 - Revolving loan funds.
 - Special appropriations from state legislature.

COMPONENTS OF A MEDICALLY BASED REQUEST

Please note: If you are pursuing funding through a source other than medical payment plan you may need to use a different format than the one which follows.

If a medical payment plan has been identified as a possible funding source, it is important to carefully review the insurance policy. The key areas include:

- Durable medical equipment.
- Prosthetics.
- Orthotics.

For requests to medical plans for prior approval, the following supportive materials are strongly recommended:

- Prescription or letter of medical necessity from the physician (s).
- Evaluation or letter of medical necessity from the speech language pathologist.
- Insurance claim form, or policy information and company address (Medicaid recipients may contact the funding coordinator regarding necessary forms for each state of other insurance coverage).
- Communication prosthesis payment review summary completed by the physician and speech language pathologist.
- Letters of medical necessity from the occupational therapist, physical therapist, parents.
- Individual's information, name, address, phone number, date of birth.
- Itemized list of equipment with descriptive literature.
- Photographs of the individual.

Letters of medical necessity and / or recent progress reports or evaluations from other medical professionals, who are working with the individual, will further support the case.

Medical Necessity Example:

1. Primarily, an assistive technology device is medically necessary, because it serves as a prosthetic device. Prosthesis replaces a missing body part or replaces the function of a malfunctioning body part.

The following sample paragraph contains information, which is essential to each letter of medical necessity in a request:

“The (assistive technology device) serves as a prosthesis for (name): a prosthesis replaces the function of a malfunctioning body part. In the case of (name), the (assistive technology device) replaces the function of a malfunctioning body part, i.e. (name the body part).”

NOTE: Please study the policy manual for medical coverage before using words like “prosthesis”. Some policies may specifically exclude prosthetic devices.

2. An assistive technology device is also medically necessary because people who are non-speaking must be able to communicate medical needs to their physicians and to their primary care givers.

Letters of justification should include details of particular medical situations in which the individuals medical needs were not attended to within reasonable amounts of time due to communication barriers between the individual and primary care givers (physician, parents, nurses, etc.).

Sample Cases:

1. In a recent New York Medicaid case in which a denial was reversed and the purchase of a touch talker was approved, key evidence included the following:

“Even in a hospital setting with trained medical and nursing personnel available to meet the individual’s needs, the individual was unable to communicate his need for treatment of a hip broken during his handling, for more than seven hours. His mother alone was able to establish the location of his injuries after more than an hour of attempts. The father’s testimony was supported by the testimony of professional witnesses at the medical appeal hearing that without trained personnel available at all times, the individual has no ability to initiate communication, and when communication is initiated, the resulting dialogue is dangerously slow to meet his needs”.

NOTE: This particular person was using a communication notebook prior to obtaining his touch talker.

2. A mother recently shared the following example of a need to communicate medical concerns.

Their daughter had been ill and was given a prescription. The mother gave the pills to her four times a day without fail. After several days of taking the medication, the child broke out in a rash, which covered her entire body. She was allergic to the medication. It turned out that the child had felt nauseous each time she had been given the medication, but she could not communicate her symptoms to her parents. The parents were not at all aware of the problem until the rash appeared several days after the medication had been given.

OUTLINES FOR LETTERS OF MEDICAL NECESSITY

Physician’s letter:

1. Medical history and diagnosis.
2. Prognosis.
 - a. Overall.
 - b. For (name the area of concern).
3. Degree of difficulty physician has (name area of concern) with individual.
 - a. Specific examples.
4. Prescribed assistive technology device or prosthesis.
 - a. Why appropriate for medical purposes?
5. Additional supportive comments.
 - a. If the physician has seen the individual use the device, comments regarding the Individual’s effectiveness with the device should be included.

Speech Language Pathologist’s Evaluation:

1. Medical history and diagnosis.
2. Attempts at achieving communication.

- a. How long has the individual been in therapy?
- b. Methods used to encourage communication.
3. Prognosis for communication.
4. Individual's present means of communication.
 - a. Why it is inappropriate or insufficient for medical purposes.
5. Alternatives to present means of communication, which have been investigated.
 - a. What they are.
 - b. Why they are not appropriate.
6. Prescribed device.
 - a. Why more appropriate than above.
7. Detailed description of individual's trial period with prescribed device, if applicable.

◆ A possible sentence for inclusion in the speech language pathologist's letter is: "Following extensive evaluation with this individual, it is my professional opinion that (name of device) is the least expensive device, which will adequately serve the communication needs of (name)".

Occupational Therapist's and Physical Therapist's Evaluation:

1. Medical history and diagnosis.
2. Length of treatment.
3. How does lack of (area of concern) hinder therapy?
4. Document (if applicable) individual's inability to use (area of concern).
5. How would the enhancement of (area of concern) allow the individual to receive maximum benefit from therapy?
6. Additional supportive comments:
 - a. If the therapist has seen the individual use the device, comments about the individual's effective use of the device should be included.

Parent's Letter:

1. Medical history and diagnosis.
2. Prognosis for (area of concern)
3. Describe specific medical situation in which your child's medical needs were not attended to within reasonable amounts of time due to (area of concern) barriers between the individual and primary care givers (parent, physician, nurses, etc.).

Teacher's Letter:

1. Medical history and diagnosis.
2. Length of time you have provided services.
3. Describe specific situations, if appropriate, in which the individual was handled within your classroom. Example, many teachers have reported incidents in which the individual was ill and they interpreted it as "the individual is having a bad day".
4. How would the enhancement of (area of concern) allow this individual to receive more timely medical care?
5. Additional supportive comments:
 - a. If you have seen the individual using the above device, comments regarding its effectiveness should be included.
 - b. Provide comments regarding the individual's ability to physically access the device.

SUMMARY

Assistive technology provides exciting new opportunities for participation in educational programs by students with disabilities. These opportunities challenge educational leaders to develop appropriate training and support services for professional staff who evaluate and teach students with disabilities and for parents who support their children's development both at home and at school. For school districts to deliver AT service effectively, they need to develop policies and procedures to govern the programs and to organize systems for purchasing and keeping an inventory of equipment and for training staff. Developing some mechanism for trouble-shooting when problems arise is particularly important. With appropriate structure and organization, an AT program has the potential for rewards for both students and staff. With the support that technology provides, students can make greater progress toward normalization and independence as adults in the community, and staff members can have a greater sense of accomplishment as they see their students developing into productive citizens.