



STEP, Inc.
Assistive Technology Information Packet
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Assistive Technology: Information for Parents:

This document is written for teachers and parents of students with disabilities. Its goal is to provide information about best practices in selecting and using assistive devices and services that will help students make progress in school programs.

Special thanks should be given for information produced by Ms. Joy Zabala, Quality Indicators for Assistive Technology (www.QIAT.org) and the assistance of Mrs. Sandra Ourth, Speech and Language Pathologist and Assistive Technology Coordinator for Shelby County, Tennessee Schools. This document relies heavily on the information provided by Mrs. Ourth and Ms. Zabala.

What is Assistive Technology? (AT)

Students with disabilities have greater needs for technology for a variety of reasons such as:

- Getting into and moving around the school
- Being comfortably seated and ready to learn and participate
- Hearing and seeing what is going on in the classroom and school
- Being able to communicate with classmates and teachers... and many other reasons.

AT is provided to an individual student to assist him/her to meet the goals of the Individualized Education Program (IEP) and to participate in the general school program to the maximum extent possible.

Assistive devices include a wide spectrum of low-and high -technology devices. Assistive Technology devices are often called either low-tech or high-tech. Low-tech refers to devices that are relatively simple, such as built-up handles for eating and writing utensils. High-tech devices generally require some training in order to use them. .

What is the role of the public school system in providing Assistive Technology?

Federal and state laws require schools to provide students with disabilities with a Free, Appropriate, Public, Education (**FAPE**) in the Least Restrictive Environment (**LRE**). Here's a low-tech summary of FAPE and LRE:

FREE means that the education program is provided at no cost to the parents of students having a disability.

APPROPRIATE means that the educational program should match the child's strengths and needs, and include a plan so that the child can make progress toward his/her individual goals.

PUBLIC means that the child should participate and make progress as much as possible in the general education program with his/her classmates (age-mates).

EDUCATION means that the child with a disability should have the opportunity to learn skills that will help him/her to be successful in life.

Least Restrictive Environment (LRE) means that the child with a disability should be educated in a setting that is, as much as possible, within or like a general education classroom.

What are the school system's general responsibilities?

- ◆ Conduct evaluations,
- ◆ Help students learn by considering their special needs,
- ◆ Allow students to do the same kinds of things that other students their age do in the school, and
- ◆ Provide technology and training that is required for students to learn and participate.

All students are expected to progress in the general curriculum to the maximum extent possible. This requirement includes students with disabilities. Some students with disabilities will not require the use of assistive devices or services. It all depends on the needs and abilities of the student. The child's IEP Team states the need for assistive devices and/or services.

The student's Individualized Education Program is developed in a meeting of parents, teacher(s), related services personnel, and school administrators. The IEP (all IEP's) must show that AT was considered. Some school systems have an AT checklist where potential learner needs are listed. Using a checklist helps to remind the Individualized Education Program Team of possible problem areas where assistive technology might apply.

What are the laws that spell out the procedures for educating students with disabilities?

♦ **The Individuals with Disabilities Education Act (IDEA)** is the Federal law covering this area. IDEA was written to cover any need the student with a disability may have in learning and making progress in school including:

- ♦ Development of basic self-help skills,
- ♦ Development of appropriate social integration skills,
- ♦ Progressing in the general curriculum and achieving the IEP Goals, and
- ♦ Acquiring appropriate pre-vocational skills.

Devices and equipment can play a critical role in insuring the provision of appropriate learning experiences for students with disabilities in public school settings. Students with disabilities must be provided with support and assistance that will help in meeting these basic goals. The child may be eligible to receive appropriate therapy services, behavior intervention training, appropriate adaptive equipment, and/or other assistive services based on his/her individual needs. The IEP Team decides the appropriate, specific interventions.

♦ **The Rehabilitation Act of 1973 (Section 504)** is a civil rights law that insures that persons with disabilities cannot be excluded from a program that receives federal financial assistance that the student may need to succeed in school. In other words, government supported programs must be accessible to persons with disabilities. "Section 504" and IDEA are the two laws that pertain on the whole to programs for students with disabilities.

Where is Assistive Technology included in the student's IEP?

There are three possibilities. They are:

- ♦ As a part of the special education program, or
- ♦ As a related service, or
- ♦ As a supplemental aid or service to allow a student to be educated in the Least Restrictive Environment.

NOTE: The IEP should not specify the particular brand name or model of an AT device to be used by the student. The development of the student's skills using an assistive device may require that he/she move to another device. The student can do this without holding another IEP Team meeting if the general category of device is used instead of a particular device name.

Why is there an emphasis on using Assistive Technology?

Technology is to be used as a tool to assist in the accomplishment of tasks that would be difficult or impossible without assistance. AT is related to function, not to a disability. (Zabala 1996)

What are the categories and uses of assistive devices?

Augmentative / Alternative Communication (AAC) Devices are provided:

- To establish a means for communication and social interaction,
- To promote language development
- To support cognitive development (learning)
- To enhance work and educational opportunities
- To facilitate speech development
- To clarify speech production
- To enhance participation in society

Written Communication Technology Devices are provided:

- To establish or enhance means of written communication for educational and vocational interactions,
- To clarify content of written production,
- To provide a channel to support and demonstrate cognitive development (learning),
- To enhance work and educational opportunities, and
- To enhance potential for participation through telecommunications and networking.

Vision Equipment Devices are provided:

- To promote interaction in educational, vocational and social environments,
- To convert non-accessible materials into an accessible form (large print, voice output, or Braille) for everyday use, and
- To produce accessible materials for later use.

Assistive Listening Devices are provided:

- To amplify sounds and conversations, and
- To alert students to sounds of warning or danger.

Environmental Control Devices are provided: (heat, cooling, lights etc.)

- To achieve a greater degree of independence in activities of daily life, and
- To increase the quality of life in the areas of recreation, communication, and general knowledge.

What are some misconceptions about technology?

Misconceptions about Assistive Technology services and devices limit its use as a solution for persons with disabilities:

- One source, person, or agency has all the answers.
- Technology use depends on knowledge of computers.
- Technology should be introduced only when prerequisite skills are developed.
- Funding must be assured before technology is implemented.
- Product descriptions are always accurate.
- Technology is a panacea: It will "cure" the disability.
- The device will be used when it is provided.
- The same technology/device must be used every year. (All the statements above are wrong.)

When should a student be assessed for Assistive Technology?

A student should be assessed or evaluated for Assistive Technology when the IEP Team determines that a disability is impacting or will impact the achievement of the student. As stated earlier, every student who has an IEP must be given Assistive Technology **consideration**. That consideration must be noted on the IEP.

The Assistive Technology evaluation should contain recommendations based on outcomes: What does the student need to do, and what type of technology is required for the student to accomplish the tasks?

Any AT assessment should be considered a dynamic process that occurs over time. It is not a one-time event. Needs and abilities of the student will change, and so will technology change. These circumstances require that the student's progress be regularly noted over time.

Who conducts the Assistive Technology assessment?

The Assistive Technology assessment is conducted by a team of persons with knowledge appropriate to the needs of the child. The need for Assistive Technology is decided on a case-by-case basis. Assessment information is contributed by:

♦ **Parents and other family members.** The IDEA legislation places great emphasis on participation by parents in the development of all parts of the child's IEP. Parents are essential to insuring the success of the student. Parents and family members must act as the overseers of the child's progress, and they must be the primary advocates for the child. Parents must understand the expectations of the IEP and see that the work required by the IEP is completed according to the IEP schedule.

♦ **Professionals will participate as needed and will be determined by the nature of the suspected problem.**

NOTE: Professionals listed are for your information. Only appropriate ones will be selected as members of the AT Evaluation Team.

Audiologist - Evaluates and recommends treatment of hearing loss.

Educators Teacher(s) in the general program and the child's special education teacher(s) - provide information on in-class work, weaknesses and strengths, comments on communication skills needed to succeed, and changes in the classroom environment. The teacher is important to deciding the long-term transition needs of the child.

The Occupational Therapist (OT) - Provides information on the child's abilities to work in the school. OT's provides information on muscle control of the child and teach parents and teachers about positioning the child. The OT may modify an assistive device so that the child can be comfortable and productive.

The **Vision Specialist** - Measures the child's ability to see and his/her ability to understand what is seen. The Vision Specialist may recommend that the child is seated in an area to avoid glare, or the specialist may recommend adjustments to lighting in the child's work areas. If a magnification or written communication device is indicated, the Vision Specialist will recommend it.

The **Physical Therapist (PT)** - Measures muscle strength, range of motion, balance, rigidity, flexibility, and coordination. The PT may suggest activities that will reduce stress and help build strength in the child's muscles. The PT will also help to train the teachers, the student, and the family in using a wheel chair and other devices.

The **Speech and Language Pathologist (SLP)** - is an expert in language development and speech production. The SLP will make determinations about the child's ability to understand and to produce spoken language. Both are essential to success in school and in life. The SLP can provide speech therapy and activities that help the child communicate.

The **Physician** - has information about general health and medical expectations. The doctor can write prescriptions for assistive devices that are medically essential for the child to function in school and in daily living.

The **Psychologist** - measures the ability of the child to learn and may assist in counseling the family.

◆ **Other specialists who may be consulted:**

Social Worker - The Department of Children's Services employs persons who look at the child's living situation and determines the need for additional community resources. The Social Worker is often the coordinator of community services for the family and the child.

The Rehabilitation Counselor - The Department of Vocational Rehabilitation Services may assist with the identification of career goals, assess the student's potential to hold a job, help in deciding the changes that must be made about work or an independent living situation so that the person with disabilities can be as independent as possible.

The Transition Specialist - Helps to develop Transition Plans for students with disabilities. When the child reaches the age of 14, the IEP must have a statement of the *"...transition service needs...that focuses on the child's courses of study."* At age 16 the child's IEP must *"... include a statement of needed transition services including, when appropriate, a statement of interagency responsibilities or needed linkages."* (IDEA Regulations)

The goal of the IDEA legislation is to have parents, the child, and school personnel start planning the outcomes of the student's educational program early in the student's school experience. The student may be going to college or other post-secondary training, or he/she may be getting a job after leaving the school program. In either case the transition to the new setting needs a lot of planning and preparation by everyone involved.

Who pays for the Assistive Technology services and devices?

The IEP Team must determine the Assistive Technology services and devices that are appropriate for the student's use. The local school system is primarily responsible for providing funding for AT services and devices that are not otherwise defined as "medically necessary."

Other sources for funding of AT devices may be available depending on the eligibility requirements of the potential funding source. Some examples are:

- ◆TennCare (Medicaid in Tennessee); based on eligibility
- ◆Private Insurance Policies; based on medical necessity
- ◆Vocational Rehabilitation; based on eligibility.

NOTE: The local school system and the parents of the child with a disability need to determine the appropriate AT funding source. The local school system cannot require the family to use their own resources or their health insurance to purchase an assistive device that is specified in the child's IEP. But, the local school system may ask the parents to explore the possibility of funding by the family health insurance provider. Family insurance cannot be used if the deductible is reduced by the purchase and/or the parents are required to pay extra premiums or any other related expenses.

Assistive devices purchased by the family, their medical insurance, or by TennCare become the property of the family. Equipment purchased by the local school system is the property of the school system. The local school system needs to establish working relationships with all the potential funding agencies so that getting the funds for an AT service or device is handled smoothly.

Does the child get to take home an Assistive Technology device that belongs to the school system?

The IEP team decides whether the student needs the assistive device to complete homework assignments or other activities that contribute to achieving the goals of the student's IEP. If so, the student should use the AT device at home.

Who is responsible for repairing school system owned AT that gets damaged?

The local school system is responsible for repairing and/or replacing system-owned AT devices that get damaged. Repair of family owned devices is the responsibility of the local school system **if the IEP Team decides that the device is essential to reaching the goals in the IEP.**

NOTE: A wide range of AT devices is routinely used by certain students. Devices occasionally need repair and may require an extended period of time to be repaired. The rules require that FAPE be delivered as specified in the child's IEP, and a long period of time when FAPE is not being delivered due to repair, violates the rules, and puts the local school system at risk for litigation. It is necessary for local school systems to maintain or have access to backup units of routinely used assistive technology devices to avoid this situation.

What does the State of Tennessee do to promote the use of Assistive Technology?

The Division of Special Education provides limited resources to support projects that promote the development of expertise in Assistive Technology in local school systems and in institutions of higher education in Tennessee.

For further information contact:

Lewis Butler, Consultant in Assistive Technology

Mid-Cumberland Education Service Center

1256 Foster Ave.

Nashville, TN 37243

Phone (615)532-6294 FAX (615)532-3257

e-mail Lewis.butler@tn.gov

Assistive Technology Implementation Guidelines

Introduction

Assistive technology (AT) has become a vital component of the educational programs of students with disabilities. It is widely accepted that adapted toys, switches, computers, amplification systems, wheelchairs, memory aids, magnifiers, augmentative communication devices, and other adapted devices improve a student's ability to learn, compete, work, and interact with others.

Understanding the applications of assistive technology is essential to effective educational planning for students. These guidelines are provided to offer information important to making case-by-case decisions as part of the student's Individualized Education Plan (IEP).

Federal Laws

Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act, reauthorized in June 1997 and later as IDEIA, increases emphasis on assistive technology to ensure that a student with a disability receives a free, appropriate, public education (FAPE).

The federal definitions of assistive technology devices and services are:

Assistive Technology Devices - any item, piece of equipment, or product, or system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

Assistive Technology Services - any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device including evaluation, purchase or lease of a device, coordination and use of other therapies, intervention, or services with assistive technology devices, training or technical assistance and/or the child's family, and training or technical assistance for professionals, employers, or other individuals who are substantially involved in the major life functions of an individual with a disability. Services also include selecting, designing, fitting, customizing, adapting, applying, retaining, repairing or replacing assistive technology devices.

Significant changes in the reauthorized IDEA include:

The role and responsibilities of the parents of a child with a disability are emphasized. Parents are expected to be full participants in planning the child's education program and in facilitating its implementation.

Every child's IEP team must show that assistive technology was considered as a routine part of the IEP planning process. When it is determined that assistive technology services and/or devices are needed, the IEP must contain a statement of the special and/or related services and/or supplementary aids and services to be provided the child, or on behalf of the child. There must also be a statement of the program modifications or supports that will be provided for the child so that the child can advance appropriately toward attaining the annual IEP goals and be involved in and make progress in the general curriculum.

The definition of transition services emphasizing the inclusion of assistive technology (AT) was amended to add related services to the types of services to be provided. The IEP must include transition service needs relating to a student's course of study beginning at age 14. Beginning at age 16, actual transition services should include appropriate interagency responsibilities (e.g., Vocational Rehabilitation).

If the IEP team determines that a particular type of assistive device is required for home use in order for the child to be provided a free, appropriate, public, education, the device must be provided to assist the child in progressing toward the IEP goals. The IEP is a binding commitment between the local school system, the child with a disability, and the child's parents. Whatever is determined to be needed for the child to enable him/her to advance appropriately toward attaining the annual IEP goals and progress in the general curriculum should appear in the child's IEP.

The Rehabilitation Act: Section 504

Section 504 requires that general education programs (i.e., school systems) provide nondiscriminatory access to school programs by all students with disabilities. A student is not required to be eligible to receive special education services under IDEA in order to be served under Section 504.

Each school system is required to appoint a coordinator for 504 matters. **A student who is not eligible for special education services but who needs access to programs and services should be referred to the 504 committee.** The 504 committee will meet at the school to determine eligibility and recommend services. The 504 review committee will convene and specify the agreed-upon services, in a document called **Student Services Agreement**.

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities in areas of employment, public services, public accommodations, transportation, and communication. Provision of auxiliary aids and services by public

agencies includes qualified interpreters, note takers, transcription services, written materials, assistive listening devices, TDDs, videotext displays, or other effective methods of making verbally delivered materials available to individuals with hearing impairment. Similarly, qualified readers, taped tests, audio recordings, large print, Braille materials, or other effective methods of making visually delivered materials available to individuals with visual impairments are included in the definition of auxiliary aids and services.

Assessing the Need for Assistive Technology

The Individualized Education Plan Team (IEP Team) and the Individualized Family Service Plan Team (IFSP Team) are powerful tools for assisting educators, parents, and students in developing effective ways of incorporating assistive technology into the education program of a student with a disability. The following sections are intended to provide information about the process of accessing assistive technology services.

Assistive technology must be considered in the development of every IEP. The IEP team has the responsibility to determine the conditions for providing assistive technology services and devices. Those services and/or devices are specified within the IEP. Determinations by the IEP team may vary from the use of simple equipment in the regular classroom to the use of computers or complex augmentative communication devices.

A child with a disability may require an assistive technology evaluation. The AT assessment team should be multidisciplinary and involve educators, parents, and therapists, who are knowledgeable about the school curriculum, particular types of impairments of the student, and assistive technology. For example, evaluation of a student with cerebral palsy might involve a teacher, a physical therapist, an occupational therapist, a speech and language pathologist, and the parents or caregivers).

Participation by parents is essential to successful educational program planning. Parents must be members of the evaluation team as well as the IEP Team. Parents may have insight into what has worked effectively in the past, and they can often make suggestions about adaptive devices the child responds to and will use.

Contracted services may be arranged by the local school system to provide information needed to complete the evaluation and the IEP. School districts often utilize persons with expertise to increase the knowledge base of teachers who will be working with students using assistive technology.

Including Assistive Technology in the IEP

The inclusion of assistive technology in the IEP requires an explanation of how and why the technology will be used to accomplish a particular goal. There are three places in the IEP where assistive technology may be included. These places are, (a) the annual goal and short-term objectives/benchmarks section, (b) the list of supplementary aids and services necessary to maintain the student in the least restrictive educational setting, or (c) the list of related services necessary for the student to benefit from his or her education.

Quality assistive technology assessments depend on active participation and input of all members of the assessment team. The composition of the AT assessment team varies according to the needs, skills, and disabilities of the student. Some standard members of the assessment team are, the student, when appropriate, the parent(s) and/or primary caregiver(s), teacher(s), persons who are knowledgeable about assistive technology.

Professionals who specialize in certain areas of disability, who may be included, bring their knowledge to the Assessment Team: Examples are: Occupational Therapist, Physical Therapist, Vision Specialist, and Hearing Specialist. (This list is not exhaustive.)

Assistive technology is a related service, and the IDEA regulations require that the appropriate related service(s) be made available to all children and youth with disabilities who require them. Other related services that may be utilized to impact the child's educational program. Some of them are shown below. This list is not exhaustive.

Audiology Services, Occupational Therapy, Physical Therapy, Psychological Services, Medical Services for diagnostic or evaluation purposes only, School Health Services, Special Transportation Services, Counseling Services, Speech-Language Services, Social Services, Parent Training, Recreation Therapy, Early Identification and Assessment of Disabilities in Children. The list of related services may include other developmental, corrective, and support services.

Related services that are specified in the child's IEP and provided to the student with a disability are provided at no cost to the parent or guardian. For students to be successful with assistive technology devices, they need to receive training on the purpose and use of the equipment. Training on computer use, using an augmentative communication device, or using a large print viewer may be needed to assure the most effective use of the equipment.

Training for Teachers, Students, and Parents/Care-givers

School personnel and family members need to be oriented to assistive technology. Other staff members including substitute teachers, paraprofessionals, drivers, lunchroom staff, custodians, other faculty members and administrators may not understand assistive technology nor its educational uses and benefits. All persons in the school environment should receive information about assistive technology.

Parents should be considered when planning in-service training in assistive technology. Training should provide information about assistive technology and thereby reduce anxiety and encourage the effective use of assistive technology.

Technical Assistance

Staff members involved in using assistive technology with students need reliable sources of information to handle problems as they arise. Many manufacturers provide technical assistance on their products through local vendors and help lines. Establishing a relationship with local suppliers of technology, retired engineering groups and local AT centers can assist staff in getting technical assistance.

Purchasing Considerations

Before purchasing an assistive technology device there are issues that should be considered that can reduce the need, at a later date, for school districts to fund repairs, secure loaner equipment, and/or to provide technical assistance.

Warranty - Read through the warranty to determine the length and coverage. One-year warranties are common, and service contracts are available. Contacting others who have purchased similar devices can guide the purchasing decision.

Technical Support - Vendors should be available locally to provide training, trouble shooting, and servicing of devices. Determine if the vendor will provide training to the student, family, and/or school staff as a part of the purchase agreement.

Ask for toll-free help-line numbers to answer questions about setup, repair, and maintenance. Contact others who have received services from the vendor.

Owner's Manual - Review the owner's manual of the device being considered. Determine if the manual is easy to understand and if it will be helpful in solving

problems with the equipment. Check if the manual covers equipment, setup, solutions to common problems, special features, etc.

Equipment Return Policy - Understand the terms of the return policy. Meeting the terms of the return policy can save the district's resources when the equipment does not work out. Return policies vary and should be obtained in writing prior to purchase.

Loaner Equipment - Ask the manufacturer or vendor if they will provide a device on loan while repair or maintenance is being done. Having equipment for loan is essential if the repair is going to take an extended period of time. Some companies promise prompt return of the equipment instead of providing loaner equipment.

Funding Assistive Technology

Individuals with Disabilities Education Act (IDEA)

IDEA makes assistive technology devices and services available to children with disabilities as part of special education programming. The law is divided into two parts: Part B pertains to children and youth ages 3-21, and Part C pertains to children under age 3 and is known as Early Intervention Services. Assistive technology services and devices that are specified in the child's IEP must be provided. The local school system has the primary responsibility for funding the costs of required service and devices.

The local school system may not require the parents of a child with a disability to use the family's health insurance to fund assistive technology devices. However the local school system may ask the parents to explore the possibility of funding of a device by their health insurance if the deductible is not reduced by the purchase, and/or the parents are not required to pay extra premiums or any other expenses.

The Federal Office of Special Education has stated that local school systems are not liable for supplying hearing aids and/or eyeglasses if needed by the child if he/she were not in school. However, if either or both are needed for the provision of a Free Appropriate Public Education for the child with a disability, the local school system is responsible for purchasing and maintaining the device(s). These decisions are to be made on an individual, case-by-case basis. **Attention must be given to the application of any assistive technology device as to whether it promotes the attainment of goals specified in the IEP and assists the child in making progress in the regular curriculum.**

The local school system is responsible for repairing and/or replacing system-owned AT devices that get damaged. Repair of family owned devices is the responsibility of the local school system if the IEP Team decides that the device is essential to reaching the goals in the IEP.

It is important for local school systems to have more than one or a similar device since repair of an AT device may require an extended period. The rules require that FAPE be delivered continuously. A period of time when the service is not being delivered due to repair violates the rules and puts the local school system at risk for litigation.

TennCare (Medicaid)

TennCare is often a source for purchase of assistive devices for eligible families. TennCare is a state-run, medical assistance program for eligible, low-income persons. The Federal government pays a portion (70% in Tennessee) of each state's medical assistance payments. This money is used to reimburse providers for covered medical equipment, services, and supplies.

"Covered services" refers to services that are mentioned in the law such as physical therapy, durable medical equipment, and prosthetic devices. The Early Periodic Screening Diagnosis and Treatment (EPSDT) program is a required part of each state's Medicaid (TennCare) program. It enables children below age 21 to have available to them all the assistive technology that TennCare will cover under any service. In the case of a TennCare eligible child with a disability, state Medicaid agencies are responsible for covering assistive devices and related services identified in the child's IEP (1) if those services are covered under TennCare and (2) if an agreement between the school system and TennCare exists.

Rehabilitation Act of 1973

The Rehabilitation Act is designed to assist a person with a disability to enter or return to gainful employment. Although vocational rehabilitation is typically associated with adults, students who are age 16 and over are also eligible to receive vocational rehabilitation services in school and as they make the transition from the school to the community work force. At this stage, assistive technology services may provide the accommodations a person may need to perform a specific job.

Transition:

A "coordinated set of activities for a student with a disability that...is based on the individual student's needs, taking into account the student's preferences and interests."

IDEA 34 CFR § 300.29 (a)(2)

Local school districts must begin developing transition plans for students with disabilities at age 14 or earlier if the IEP team deems it appropriate. **Transition plans must be developed for students with IEPs at age 16.** The mandated transition plans (age 16 and older) must contain outcome statements and statements of Transition Service Needs.

Implementation and planning for students with disabilities may also include assistive technology devices and services as they pertain to vocational options, arrangements for living independently in the community, and pursuing further academic and vocational training. The school, various adult service agencies and programs, parents and guardians, and the student may be involved at any one time during development of the transition plan. Assistive technology can enable some students to move directly into post-school employment, community living activities, and post-secondary educational programs.

Planning Process for Transition

The Transition Plan, which is an integral part of the IEP, may address the student's needs in relation to the following services:

"Instruction related services, community experiences, vocational evaluations, development of employment objectives, acquisition of daily living skills, and post-school living objectives,

"The goals and benchmarks/objectives related to transition specify the supports and services necessary to achieve goals, and include descriptions of the assistive technology needed to accomplish them,

"When considering transition goals that are likely to involve work or community experiences, additional emphasis is placed on the need for assistive technology. During the Transition Plan/IEP process, the team may ask questions that clarify when and where assistive technology is needed:

- "Is the assistive technology needed in the environment?
- "Is there a need to modify the assistive device?
- "How long will the student be in the environment and for what purpose?
- "How long is the term for exploratory work experience?
- "Are there transportation issues if the assistive device is to be used in school and community? "Are there additional funding sources available for the assistive technology (e.g., residential or post-secondary training)?

For further information contact: Lewis Butler, Consultant for Assistive
Technology

Mid-Cumberland Educational Services Center
1256 Foster Ave
Nashville, TN 37243
Phone 615-532-6294
Fax 615-532-3257
Lewis.Butler@tn.gov