

# Assistive Technology and Transition

**Canfield, T & Reed, P. (2001)**

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You may make as many copies as you need for your own use as long as you maintain credit for the authors and the Wisconsin Assistive Technology Initiative (WATI). In addition, if you would prefer to purchase these forms in hard copy along with an expandable portfolio with labeled compartments, it is available for sale. Look for it on the WATI web site at [www.wati.org](http://www.wati.org)

## **Assistive Technology and Transition**

### **Introduction**

The Individuals with Disabilities Education Act mandates the provision of both assistive technology services and transition services for students with disabilities. When a student with a disability requires assistive technology in order to accomplish one or more functional skills, the use of that assistive technology must be included in effective transition planning. The forms in this packet have been specifically designed to assist the student's team in coordinating and managing that planning.

### **Procedure Guide for Assistive Technology and Transition Planning**

This form lays out the sequence of steps involved in using each of the forms. It includes a time line that begins at age 14 or before and ends with graduation.

### **Assistive Technology Protocol for Transition Planning**

This form was developed by Noll, Schwartz, and Canfield (2001) through a grant from the Wisconsin Department of Public Instruction to CESA 11. It is designed to provide the transition team with specific questions that will help them determine if additional assistive technology may be needed in a future environment. It focuses on practical activities and provides a variety of assistive technology solutions. It is included in this packet with permission of the authors.

## **Student Information Guide for Self Determination and Assistive Technology Management**

Throughout the research on transition, the need for self determination is repeatedly identified as a critical component of success. Recent research about assistive technology and transition confirms its importance in continued use of the assistive technology after transition out of high school takes place. This form provides a tool for the team to use in helping the student develop critical self determination and assistive technology management skills. It includes sections on Problem Solving Skills, communication Skills, AT Devise Specific Skills, AT Management Skills, and Goal Setting Skills.

### **AT Goal Setting Worksheet**

This simple form is to give to the student to help him or her think about and plan for the acquisition of specific self determination and assistive technology management skills. It can be used in conjunction with the Student Information Guide for Self Determination and AT Management or the AT Protocol for Transition Planning.

### **Assistive Technology Planning Guide for Transition**

This page is a guide to be used during a Transition Planning meeting. It will help the team move through a decision making process. It provides specific cues at each step of the process to insure that necessary information is considered. It is not intended that you write on this page, but rather that you write information up on a board or chart so that all team members can see it.

### **Student Portfolio for Successful Transition with Assistive Technology**

This series of forms is intended to be completed and the placed in a portfolio that the student will take with him or her upon graduation. Information can be added to it during the last three to four years in school. The intent of this section is to have all necessary in one, easily identifiable place for the individual or his or her family when questions or concerns about the assistive technology surface.

Individual forms included in the Portfolio section:

- ◆ **Student's Identifying Information**
- ◆ **Student's Documentation**-Recent IEP(s), Assessment Reports, Documentation of Successful accommodations/modification/assistive technology, Documentation of AT Self Determination Skills, Record of eligibility for DVR (if appropriate),
- ◆ **Assistive Technology Information**
- ◆ **Assistive Technology Emergency Plan**
- ◆ **Transition Resources**

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## Procedure Guide for Assistive Technology and Transition Planning

### At Age 14 or Before:

- ◆ Review contents of the *AT and Transition Planning Kit*
- ◆ Using the *Assistive Technology Protocol for Transition Planning*, the IEP team (including the parent and student) should review each of the content areas of the Protocol (Daily Living, Transportation, Tolerance of school day/work day, Mobility, Communication, Computer Access, and Literacy) and determine any areas that are of concern or skills that need to be improved.
- ◆ Using the *Student Information Guide for Self Determination and Assistive Technology Management*, note which skills are Never Demonstrated, Demonstrated with Assistance, or Demonstrated Independently. Identify skills that need to be developed or improved.
- ◆ Using the *AT Goal Setting Worksheet*, discuss the importance of the content with the student. Facilitate the student's identification of goals of interest to him or her.

### Each Year at IEP Review

- ◆ Repeat the above steps as needed for effective planning. Include in the IEP any skills identified using the *AT Protocol for Transition Planning* and/or the *Student Information Guide for Self Determination and AT Management*.
- ◆ Encourage the student to gradually assume more responsibility for participating in and eventually leading the meeting.
- ◆ If team decisions need to be made about assistive technology use or other aspects of transition, follow the decision making process taught by the WATI, using the previously mentioned tools to gather information and the *AT Planning Guide for Transition* to guide the team through the decision making process.

### At Age 17

- ◆ Work with the student to begin completing and compiling the necessary documents for the *Student Portfolio for Successful Transition with Assistive Technology*. Place documents in the *Portfolio* and check them off on the Contents list.

### Prior to Graduation

- ◆ Check the contents of the *Portfolio*, adding anything that is missing and updating or deleting outdated information.
- ◆ Review the contents of the *Portfolio* with the student and his/her parent or guardian, if appropriate.
- ◆ Turn the *Portfolio* over to the student (or the student's parent or guardian, if necessary).

# Assistive Technology Protocol for Transition Planning

**Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Grade:** \_\_\_\_\_

**Person Completing Report:** \_\_\_\_\_  
**Date of Report:** \_\_\_\_\_  
**Expected Date of Graduation:** \_\_\_\_\_

## ❖ Purpose

The purpose of this protocol is to review the student's assistive technology needs when transition planning.

## ❖ Ratings

In each of the following functional areas, determine if the student has any limitations. If limitations do exist, answer the questions regarding the student's capacities. Consider their abilities with & without assistive technology.

## ❖ Please Read and Consider Each Item

Any **NO** answer is a red flag that the student may confront significant barriers during their transition process. However, these are minimum standards. Even with a **YES** rating, there may still be a benefit from using assistive technology for this function.

Next, consider the examples of types of assistive technology that might be used to address these barriers.

<b>DAILY LIVING</b>					
<b>DAILY LIVING ACTIVITIES</b> Can the student independently..					
Yes	No	Eat?			
Yes	No	Prepare food?			
Yes	No	Do laundry?			
Yes	No	Groom and take care of hygiene?			
Yes	No	Perform housekeeping activities?			
Yes	No	Manage time and follow a schedule?			
<b>DAILY LIVING ADAPTATIONS</b>		Not applicable	Possibly could use	Using but could be improved	Using independently
Dressing Aids					
Adaptive Clothing					
Adaptive Kitchen Utensils and Dishes					
Roll-in Shower					
Adaptive Hygiene Devices					
Environmental Controls					
Adaptive Grooming Tools					
Adaptive Appliances					
Reachers/Grabbers/Low Tech Aids					
Assistive Time Devices					
Assistive Memory Devices					
Electronic Organizers/Day Planners					
Emergency Response Systems					
Alarm System					
Adaptive Positioning & Seating Devices					
Adaptive Mobility Devices					
Adaptive Bathing Devices					
Color Coded Items <small>(for easier locating &amp; identifying)</small>					
Other					
<b>Comments:</b>					

<b>TRANSPORTATION</b>					
<b>TRANSPORTATION ACTIVITIES</b> Can the student...					
Yes	No	Drive?			
Yes	No	Get in/out of any vehicle to be a passenger?			
Yes	No	Transfer into vehicle and load mobility device?			
Yes	No	Get into vehicle with ramp or lift?			
Yes	No	Independently arrange transportation?			
Yes	No	Independently utilize public transportation?			
<b>TRANSPORTATION ADAPTATIONS</b>		Not applicable	Possibly could use	Using but could be improved	Using independently
Adaptive Driving Equipment					
Car Top or Bumper Carrier for Mobility Device					
Van with Ramp or Lift					
Other					
<b>Comments:</b>					

<b>TOLERANCE</b>					
<b>TOLERANCE</b> (to school/community/work environment) Can the student...					
Yes	No	Physically tolerate full day school / work?			
Yes	No	Emotionally tolerate full day school / work?			
Yes	No	Medically tolerate full day school / work?			
Yes	No	Environmentally tolerate full day school / work? (allergies, sensitivities to the environment, etc.)			
<b>TOLERANCE ADAPTATIONS</b>		Not applicable	Possibly could use	Using but could be improved	Using Independently
Distance Learning					
Adaptive Seating and Positioning					
Electronic Communication					
Organizers / Day Planners					
Other					
<b>Comments:</b>					

## Assistive Technology Protocol Continued

<b>MOBILITY</b>					
<b>MOBILITY ACTIVITIES</b>					
<b>Can the student independently..</b>					
Yes	No	Navigate at a reasonable pace?			
Yes	No	Navigate outside on varied terrain(i.e.,college campus)			
Yes	No	Tolerate and be mobile at this pace to 3 city blocks?			
Yes	No	Carry a 5-pound backpack while being mobile?			
Yes	No	Operate controls to activate community building access devices? (i.e., electronic doors, elevator, walk light)			
<b>MOBILITY ADAPTATIONS</b>		Not applicable	Possibly could use	Using but could be improved	Using independently
Power Wheelchair					
Manual Wheelchair					
Powered Scooter					
Walker					
Cane/Crutches					
Grab Rails					
Environment Controls					
Other					
<b>Comments:</b>					

<b>COMMUNICATION</b>					
<b>ORAL COMMUNICATION ACTIVITIES</b>					
<b>Can the student...</b>					
Yes	No	Communicate wants & needs to non-familiar communication partner?			
Yes	No	Independently operate a telephone?			
Yes	No	Independently communicate with non-familiar person on the telephone?			
Yes	No	Understand and remember simple verbal instructions?			
Yes	No	Understand and remember complex verbal instructions?			
<b>COMMUNICATION ADAPTATIONS</b>		Not applicable	Possibly could use	Using but could be improved	Using independently
Eye-Gaze Board					
Picture or Spelling Board					
Electronic Voice Output Device					
Computer-Based Speech Device					
Adaptive Telephone					
Adaptive Writing Devices					
Laptop Computer					
TTY					
Relay System					
Voice Output Reminders					
Electronic Organizers					
Others					
<b>Comments:</b>					

<b>COMPUTER ACCESS</b>					
<b>COMPUTER ACCESS ACTIVITIES</b>					
<b>Can the student independently..</b>					
Yes	No	Perform manipulative tasks (includes turning computer on/off, entering data, operating mouse, handling paper in an efficient manner)?			
Yes	No	Access the Internet?			
Yes	No	Control the cursor?			
Yes	No	See the computer screen?			
Yes	No	Manage the keyboard?			
<b>COMPUTER ADAPTATIONS</b>		Not applicable	Possibly could use	Using but could be improved	Using independently
Keyboard/Built-in Adjustments					
Alternate Keyboard					
On-Screen Keyboard					
Arm Rests/Adjustable Work Station					
Alternate Mouse Function					
Productivity Enhancement Software					
Voice Input					
Voice Output					
Morse Code					
Switch Operator/scanning					
Braille Writer					
Screen Adaptations					
Other					
<b>Comments:</b>					

<b>LITERACY</b>					
<b>LITERACY ACTIVITIES</b>					
<b>Can the student...</b>					
Yes	No	Manipulate books and newspapers to read independently?			
Yes	No	Comprehend print materials prepared for general public?			
Yes	No	See text to read it?			
Yes	No	Physically produce written information?			
Yes	No	Communicate ideas in a written format at their expected level of proficiency?			
<b>LITERACY ADAPTATIONS</b>		Not applicable	Possibly could use	Using but could be improved	Using independently
Page Turner/Book Holder					
Scanning/Optical Character Recogn.					
Picture Texts and Instructions					
Voice Output					
Highlighted Text/Enlarged Text					
Recorded Materials					
Organization Aids					
Talking Word Processor					
Computerized Text Adaptations					
Productivity Enhancement Software					
Signature Stamp					
Electronic Organizers (i.e. palm computers)					
Hand-Held Text Readers & Scanners					
Other					
<b>Comments:</b>					

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**Student Information Guide for  
Self Determination and Assistive Technology Management**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Assistive Technology Currently Being Used: \_\_\_\_\_

(Complete a separate checklist for each type of assistive technology, especially if student has varying skill levels associated with specific assistive technology.)

**Skill Demonstration:**      Never      With Assistance      Independent      N/A

**PROBLEM SOLVING SKILLS**

Student is able to:  
understand and explain strengths and weaknesses  
differentiate wants and needs  
make choices  
consider multiple options and consequences  
identify and contact resources such as social services, consultants and therapists  
understand legal rights and how and when to obtain those rights  
persevere when others don't follow through

**COMMUNICATION SKILLS**

Student is able to:  
initiate communication  
request clarification and information  
ask for assistance (when, where, who, and what to say)  
communicate clear messages  
explain the disability, and needed accommodations  
check for listener's understanding  
successfully repair communication breakdowns  
access and use phone  
access and use internet/written communication


With  
**Skill Demonstration:**   Never   Assistance   Independent   N/A

**AT DEVICE SPECIFIC SKILLS**

Student is able to:  
 set up the AT hardware or software  
 tell another how to set up the AT  
 identify environmental accommodations needed to use the device  
 turn on/off options as needed  
 program the device and back up, if needed  
 request new features, set ups, options, messages, etc.  
 determine when usage of AT is not appropriate or needed  
 determine when different AT may be needed  
 obtain supplies needed for AT device (batteries, tapes, etc...)  
 utilize low tech/no tech back up for AT

**AT MANAGEMENT SKILLS**

Student is able to:  
 recognize when AT is malfunctioning  
 trouble shoot simple problems  
 identify sources of technical assistance/repair  
 contact sources of technical assistance/repair  
 ship/take AT to source of repair  
 identify sources of funding for repair  
 apply for/request funding assistance  
 request/obtain back up for AT during repair  
 access and use emergency backup plan when device is not available

**GOAL SETTING SKILLS:**

Student is able to:  
 set realistic goals for himself/herself in general  
 set realistic goals for use of assistive technology  
 follow through on goals when set  
 monitor progress toward goal(s)  
 reflect on and evaluate progress toward goal(s)  
 lead a discussion about goals


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**AT GOAL SETTING WORKSHEET**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**Directions: As the user of AT, it is important that you be able to tell others about yourself and your AT. It is also important to plan for the future. Please think about the skills below and use them to develop goals that will help you become an independent adult. There are other goals besides these, but these will help you get started.**

As an adult I will need to be able to:

- ◆ tell people about my disability
- ◆ identify things that help me
- ◆ ask for help when needed
- ◆ set up and operate my AT equipment

As an adult, I will need to know:

- ◆ my legal rights
- ◆ where information about my AT is kept
- ◆ service agencies that can help me after I graduate
- ◆ how my AT is paid for
- ◆ where to go for help with my AT
- ◆ what to do when my AT breaks down
- ◆ where to get my AT repaired

Goal 1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Goal 2: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Goal 3: \_\_\_\_\_

\_\_\_\_\_



## **Student Portfolio for Successful Transition with Assistive Technology**

### **PORTFOLIO CONTENTS:**

- ♦ **Section I: Student Identifying information**
  
- ♦ **Section II: Documentation**
  
- ♦ **Section III: Assistive technology information**
  
- ♦ **Section IV: Assistive technology emergency backup plan**
  
- ♦ **Section V: Transition Resources**

**Note: Forms are included for these sections. Make as many copies of the individual forms as needed to meet the student's needs.**

## STUDENT'S IDENTIFYING INFORMATION

<p><b>Name:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Phone:</b> (____) _____</p> <p><b>Social Security:</b> __ __ __ - __ __ - __ __ __ __ __</p> <p><b>Parents or Guardian:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Phone:</b> (____) _____</p> <p><b>E-mail:</b> _____</p>
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**Education History:**

**Miscellaneous Information:**

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STUDENT'S DOCUMENTATION**

**This section should contain documentation of disability and necessary accommodations including AT such as:**

- ◆ **Recent IEP(s)**
- ◆ **Assessment Reports**
- ◆ **Documentation of successful accommodations/  
modifications/AT**
- ◆ **Documentation of AT Self Determination Skills**
- ◆ **Record of eligibility for DVR if appropriate**
- ◆ **Other relevant documentation: \_\_\_\_\_**

\_\_\_\_\_

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**ASSISTIVE TECHNOLOGY INFORMATION**

**Device:** \_\_\_\_\_

**Purpose of Device:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where Obtained:** (Vendor) \_\_\_\_\_

(Vendor  
Address): \_\_\_\_\_

(Vendor Phone): \_\_\_\_\_

(Vendor e-mail): \_\_\_\_\_

**Cost:** \_\_\_\_\_

**How was device paid for?**

\_\_\_\_\_

**Maintenance Requirements/Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Source of training:** \_\_\_\_\_

**WISCONSIN ASSISTIVE TECHNOLOGY INITIATIVE**

**ASSISTIVE TECHNOLOGY EMERGENCY PLAN**

**Device:** \_\_\_\_\_

**Basic Maintenance Required:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vendor/Source of Maintenance:**

(Name/Company) \_\_\_\_\_

(Phone) \_\_\_\_\_

(Address) \_\_\_\_\_

(Technical Assistance phone number) \_\_\_\_\_

(Technical Assistance email) \_\_\_\_\_

**Case Manager or AT Consultant that can help with arrangements:**

(Name) \_\_\_\_\_

(Phone) \_\_\_\_\_

(e-mail) \_\_\_\_\_

**Source for loaner equipment:**

(Agency) \_\_\_\_\_

(Phone) \_\_\_\_\_

**Things can I do until my AT is repaired or replaced:**

(e.g. use old AT I still have stored away, use low tech substitute (describe), have someone create/make low tech substitute (name who could do that), etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

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**TRANSITION RESOURCES**

**Agencies (Include Names, Addresses, Phone, E-mail):**

**County System Responsible (Social services/Case manager):**

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I am eligible for the following Programs (e.g., Family Support, CIP, Katie Beckett, DVR):

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**I am on a waiting list for the following Programs:**

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**Assistive Technology Consultant(s)/Centers**

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**Equipment Loan Resources**

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**Vendor (s):**

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