Assistive Technology in Texas Schools Series

Assistive Technology Evaluations: A Team Perspective

Supplementary Handouts for Participants
Assistive Technology in Texas Schools Series

Assistive Technology Evaluations: A Team Perspective is a professional development module that was collaboratively developed by:

- Texas Assistive Technology Network, with leadership provided by Region 4 Education Service Center and
- Texas Education Agency

The Assistive Technology in Texas Schools Series consists of professional development modules that may be downloaded at no cost from the Texas Assistive Technology Network (TATN) website at [http://www.texasat.net](http://www.texasat.net). Region IV Education Service Center (ESC) provides leadership for the decentralized function of assistive technology and facilitates the network of representatives from the 20 regional education service centers in Texas. TATN has developed a framework for statewide collaboration to ensure the coordination of ongoing needs assessment, setting state priorities, and providing training, products and services to build district capacity to provide effective services in assistive technology.

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Revised 3/2013
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Acknowledgements

The developers acknowledge with appreciation the dedicated work of the primary contributors.

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Review of the Literature and Research on Assistive Technology Evaluation

The project leadership is grateful to the members of the Texas Assistive Technology Network who willingly shared their expertise in the development, editing and production of this module.

The project partners also wish to acknowledge the members of the QIAT Consortium, Leadership Team for the Quality Indicators in Assistive Technology, for their contributions to the concepts upon which the module is based.
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Legal References

IDEA '97

This document represents informal guidance for the Individuals with Disabilities Education Act, Amendments of 1997, (IDEA '97); however, the regulations upon which it is based are binding on public agencies receiving funds under Part B. Therefore, the statute and regulation which constitute the legal authority for this document, 20 U.S.C. § 1400 et seq. and 34 C.F.R. § 300 et. seq., should be used for citation purposes.

34 C.F.R. § 300.5 Assistive Technology Device

As used in this part, 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 a child with a disability.

(Authority 20 U.S.C. 1401(1))

34 C.F.R. § 300.6 Assistive Technology Service

As used in this part, assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:
(a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
(b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
(c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
(d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
(e) Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
(f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child.

(Authority: 20 U.S.C. 1401(2))

34 C.F.R. § 300.308 Assistive Technology

(a) Each public agency shall ensure that assistive technology devices or assistive technology services, or both, as those terms are defined in Sections 300.5-300.6, are made available to a child with a disability if required as a part of the child's
   (1) Special education under Sec. 300.26;
   (2) Related services under Sec. 300.24; or
   (3) Supplementary aids and services under Sections 300.28 and 300.550(b)(2).
(b) On a case-by-case basis, the use of school-purchased assistive technology devices in a child's home or in other settings is required if the child's IEP team determines that the child needs access to those devices in order to receive FAPE (Free and Appropriate Education).

34 C.F.R. § 300.346 Development, Review, and Revision of IEP

(a) Development of IEP
   2) Consideration of special factors. The IEP team also shall --
       v) consider whether the child requires assistive technology devices and services

(Authority: 20 U.S.C. 1414 (d)(3) and (4) (B) and (e))
QUALITY INDICATORS
FOR ASSISTIVE TECHNOLOGY SERVICES

The QIAT Consortium

The consideration of assistive technology devices and services is required during the development of every Individualized Educational Program (IEP) and every Individual Family Service Plan (IFSP) for children from birth to school age. The Individuals with Disabilities Education Act of 1997 (IDEA '97) requires that each team that plans for the education of a child with a disability document any assistive technology devices and/or services the child may need. Despite this requirement, there has been no agreed upon description of high quality assistive technology services by which schools can measure their compliance.

Since the summer of 1998, the Quality Indicators for Assistive Technology (QIAT) Consortium has focused its efforts on defining a set of descriptors that could serve as over-arching guidelines for quality assistive technology services. The Consortium has attempted to develop descriptors that are applicable regardless of service delivery models. It is the belief of the Consortium that these descriptors can be used to guide:

1. school districts in the development and provision of quality assistive technology services which are aligned to federal, state and local mandates;
2. assistive technology service providers in the evaluation and improvement of their services;
3. consumers of assistive technology services in the selection of adequate assistive technology services;
4. university faculty and professional development providers in the delivery of programs that develop knowledge and skills needed to offer quality assistive technology services;
5. leaders in the development of regulations and policies related to the use of assistive technology in education.

When reviewing or using the Quality Indicators for Assistive Technology, it is important to be aware of some basic assumptions that pertain to all areas of QIAT. First, it is essential that ALL assistive technology services developed and delivered by states or districts are legally correct according to the mandates and expectations of federal and state laws and are aligned to district policies. Second, assistive technology efforts, at all stages, involves on-going collaborative work by teams which include families and caregivers, school personnel, and other needed individuals and service agencies. Third multidisciplinary team members involved in assistive technology processes are responsible for following the code of ethics for their specific profession.

Note: IDEA '97 requires that assistive technology devices and services be provided for all children with disabilities who need them. This applies to children from birth to twenty-one years of age. In the following document, when the term IEP is used, the reader can assume that the indicator also applies to IFSPs unless otherwise indicated.

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Quality Indicators for Assessment of Assistive Technology Needs

Quality Indicators for Assessment of Assistive Technology Needs is a process conducted by a team, used to identify tools and strategies to address a student’s specific need(s). The issues that lead to an assistive technology assessment may be very simple and quickly answered or more complex and challenging. Assessment takes place when these issues are beyond the scope of the problem solving that occurs as a part of normal service delivery.

1. **Assistive technology assessment procedures are clearly defined and consistently used.**

   **Intent:** Throughout the educational agency, personnel are well informed and trained about assessment procedures and how to initiate them. There is consistency throughout the agency in the conducting of assistive technology assessments.

2. **Assistive technology assessments are conducted by a multidisciplinary team that actively involves the student and family or caregivers.**

   **Intent:** The multidisciplinary team conducting an assistive technology assessment is comprised of people who collectively have knowledge about the abilities and needs of the student, the demands of the customary environments, the educational objectives, and assistive technology. Various team members bring different information and strengths to the assessment process.

3. **Assistive technology assessments are conducted in the student’s customary environments.**

   **Intent:** The assessment process takes place in customary environments (e.g., classroom, lunchroom, home, playground, etc.) because of the varied characteristics and demands in those environments. In each environment, district personnel, the student and family or caregivers are involved in gathering specific data and relevant information.

4. **Assistive technology assessments, including needed trials, are completed within reasonable time lines.**

   **Intent:** Assessments are initiated in a timely fashion and completed within a time line that is reasonable as determined by the IEP team. The timeline complies with applicable state and agency requirements.

5. **Recommendations from assistive technology assessments are based on data about the student, environments and tasks.**

   **Intent:** The assessment includes information about the student's needs and abilities, demands of the environments, and educational tasks and objectives. It may include trial use of the technology in the environments in which it will be used.
6. The assessment provides the IEP team with documented recommendations about assistive technology devices and services.

   **Intent:** The recommendations from the assessment are clear and concise so that the IEP team can use them in decision-making and program development.

7. Assistive technology needs are reassessed by request or as needed based on changes in the student, environments and/or tasks.

   **Intent:** An assistive technology assessment is available any time it is needed due to such changes or when it is requested by the parent or other members of the IEP team.

**COMMON ERRORS**

1. Procedures for conducting assistive technology assessment are not defined, or are not customized to meet the student’s needs.

2. A team approach to assessment is not utilized.

3. Individuals participating in an assessment do not have the skills necessary to conduct the assessment, and do not seek additional help.

4. Team members do not have adequate time to conduct assessment processes, including necessary trials with AT.

5. Communication between team members is not clear.

6. The student is not involved in the assessment process.

7. When the assessment is conducted by any team other than the student’s IEP team, the needs of the student or expectations for the assessment are not communicated.
Introduction to The QIAT Self-Evaluation Matrices
Introduction by Joy Smiley Zabala and Diana F. Carl (excerpted from work in press)

The QIAT Self-Evaluation Matrices (QILT, 2001) were developed in response to formative evaluation data indicating a need for a model that could assist in the application of the Quality Indicators for Assistive Technology Services in Schools (Zabala, et. al, 2000). The QIAT Matrices are based on the idea that change does not happen immediately, but rather, moves toward the ideal in a series of steps that take place over time. The QIAT Matrices use the Innovation Configuration Matrix (ICM) developed by Hall and Hord (1985) as a structural model. The ICM provides descriptive steps ranging from the unacceptable to the ideal, that can be used as benchmarks to determine the current status of practice related to a specific goal or objective and guide continuous improvement toward the ideal. It enables users to determine areas of strength that can be built upon as well as areas of challenge in need of improvement.

When the QIAT Matrices are used to guide a collaborative self-assessment conducted by a diverse group of stakeholders within an agency, the information gained can be used to plan for changes that lead to improvement throughout the organization in manageable and attainable steps. The QIAT Matrices can also be used to evaluate the level to which expected or planned-for changes have taken place by periodically analyzing changes in service delivery over time.

When completed by an individual or team, the results of the self-assessment can be used to measure areas of strength and plan for needed professional development, training, or support needed by the individual or team. When the QIAT Matrices are used by an individual or team, however, it is important to realize that the results can only reasonably reflect perceptions of the services in which that individual or team is involved and may not reflect the typical services within the organization. Since a primary goal of QIAT is to increase the quality and consistency of assistive technology services to all students throughout the organization, the perception that an individual or small group is working at the level of best practices may still indicate a need to increase the quality and consistency of services throughout the organization.

The descriptive steps included in the QIAT Matrices are meant to provide illustrative examples and may not be specifically appropriate, as written, for all environments. People using the QIAT Matrices may wish to revise the descriptive steps to align them more to closely for specific environments. However, when doing this, care must be taken that the revised steps do not compromise the intent of the quality indictor to which they apply.

References:

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>UNACCEPTABLE</th>
<th>Variations</th>
<th>PROMISING PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assistive technology assessment procedures are clearly defined and consistently used.</td>
<td>(1) No procedures are defined.</td>
<td>(2) Some assessment procedures are defined, but not generally used.</td>
<td>(4) Procedures are clearly defined and generally used in both special and general education.</td>
</tr>
<tr>
<td>2. Assistive technology assessments are conducted by a multidisciplinary team which actively involves the student and family or caregivers.</td>
<td>(1) A designated individual with no prior knowledge of the student’s needs or technology conducts assessments.</td>
<td>(2) A designated person or group of individuals who have knowledge of technology, but not of the student’s needs, environments, or tasks conducts assessments.</td>
<td>(4) A team whose members have direct knowledge of the student’s needs, environments, tasks, and knowledge of assistive technology generally conducts assessments.</td>
</tr>
<tr>
<td>3. Assistive technology assessments are conducted in the student’s customary environments.</td>
<td>(1) No component of the AT assessment is conducted in any of the student’s customary environments.</td>
<td>(2) No component of the AT assessment is conducted in any of the customary environments, however, data about the customary environments are sought.</td>
<td>(3) Functional components of AT assessments are sometimes conducted in the student’s customary environments.</td>
</tr>
<tr>
<td>4. Assistive technology assessments, including needed trials, are completed within reasonable time lines.</td>
<td>(1) AT assessments are not completed within agency timelines.</td>
<td>(2) AT assessments are frequently out of compliance with timelines.</td>
<td>(3) AT assessments are completed within a reasonable timeline and may or may not include initial trials.</td>
</tr>
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# Quality Indicators in Assistive Technology

## Indicators in Action Matrix

<table>
<thead>
<tr>
<th>Quality Indicator</th>
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<tbody>
<tr>
<td>5. Recommendations from assistive technology assessments are based on data about the student, environments, and tasks.</td>
</tr>
<tr>
<td><strong>UNACCEPTABLE</strong></td>
</tr>
<tr>
<td>(1) Recommendations are not data based.</td>
</tr>
<tr>
<td><strong>Variations</strong></td>
</tr>
<tr>
<td>(2) Recommendations are based on incomplete data from limited sources.</td>
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<tr>
<td>(3) Recommendations are sometimes based on data about student performance on typical tasks in customary environments.</td>
</tr>
<tr>
<td><strong>PROMISING PRACTICE</strong></td>
</tr>
<tr>
<td>(4) Recommendations are generally based on data about student performance on typical tasks in customary environments.</td>
</tr>
<tr>
<td>(5) Recommendations are consistently based on data about student performance on typical tasks in customary environments.</td>
</tr>
</tbody>
</table>

| 6. The assessment provides the IEP team with documented recommendations about assistive technology devices and services. |
| **UNACCEPTABLE** |
| (1) Recommendations are not documented. |
| **Variations** |
| (2) Documented recommendations include only devices. Recommendations about services are not documented. |
| (3) Documented recommendations may or may not include sufficient information about devices and services to guide decision-making and program development. |
| **PROMISING PRACTICE** |
| (4) Documented recommendations generally include sufficient information about devices and services to guide decision-making and program development. |
| (5) Documented recommendations consistently include sufficient information about devices and services to guide decision-making and program development. |

| 7. Assistive technology needs are reassessed by request or as needed based on changes in the student, environments, and/or tasks. |
| **UNACCEPTABLE** |
| (1) AT needs are not reassessed. |
| **Variations** |
| (2) AT needs are only reassessed when requested. Reassessment is done formally and no on-going AT assessment takes place. |
| (3) AT needs are reassessed on an annual basis or upon request. Reassessment may include some ongoing and formal assessment strategies. |
| **PROMISING PRACTICE** |
| (4) AT use is frequently monitored. AT needs are generally reassessed if current tools and strategies are ineffective. Reassessment generally includes ongoing assessment strategies and includes formal assessment, if indicated. |
| (5) AT use is continually monitored. AT needs are consistently reassessed if current tools and strategies are ineffective. Reassessment consistently includes on-going assessment strategies and includes formal assessment, if indicated. |
Putting QIAT in Action: Quality Resources for Quality Services
Closing The Gap Preconference Workshop
October 15, 2003

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Penny Reed, pennyreed@charter.net
Joy Smiley Zabala, joy@joyzabala.com

Assessment Resources

Website Resources:

- Alliance for Technology Access: *AT Mini-Assessment*
  http://www.ataccess.org/resources/atk12

- Assistive Technology Outcomes Measurement System http://www.uwm.edu/CHS/atoms


- ATSTAR Project, Austin, Texas: *ATSTAR Assessment Module* http://www.atstar.org

- Boston Public Schools: *Student Access Map, Maps for Instructional Areas*
  www.boston.k12.ma.us/teach/technology/emmanuel.asp

- Bowser, G. and Reed, P.: *Assistive Technology Extended Assessment* http://www.otap-oregon.org


- Georgia Project for Assistive Technology: *Assessment Protocols, Core Equipment Inventories* http://www.gpat.org

- LD On-line: *AT Evaluation Guide for Students with Learning Disabilities*
  http://www.ldonline.org/ld_indepth/technology/technology.html#techeval

- University of Kentucky Assistive Technology Project: Assessment forms and Instructions: http://serc.gws.uky.edu/www/ukatii/index.html

- Wisconsin Assistive Technology Initiative (WATI) *Assessment Forms Packet*
  http://www.wati.org/assessmentforms.htm

Commercially Available Materials:


This is an alphabetized resource list of commonly accepted evaluation protocols and frameworks used in supporting individuals with disabilities with assistive technology devices and services. It is not an exhaustive list and is intended to be updated as input is received from the various stakeholders in the field of assistive technology. The Texas Assistive Technology Network gratefully acknowledges the contributions of Deb Case, Ed.D. who provided the references and supporting documentation for this module.

**AAC Feature Match** (Doug Dodgen and Associates, n.d.) is a tool for matching individual AAC device features to user needs. Match results can be produced in the form of a professionally formatted document. More information on AAC Feature Match can be located online at [http://www.dougdodgen.com/fm/Introduction.html](http://www.dougdodgen.com/fm/Introduction.html).

**Assessing Students' Needs for Assistive Technology: A Resource Manual for School District Teams** (Reed, 2000) is an AT and evaluation procedure guide for school districts and birth to three programs. The information gathering stage discussed in the guide consists of reviewing existing information and obtaining needed data through testing and observation. The Wisconsin Assistive Technology Initiative Student Information Guide and the Wisconsin Assistive Technology Initiative Environmental Observation Guide to assist in this process are included in the manual. Reed (2000) suggests using the Student Information Guide as part of an AT evaluation or means of summarizing information already obtained through other sources. More information can be found online at [http://www.wati.org/WatiMaterials.htm](http://www.wati.org/WatiMaterials.htm).


The **COAST** is an environmental analysis tool developed by Judy Montgomery, Cindy Shioleno and Peggi McNairn to document assistive technology and inclusive practices. The observation encompasses five different components (C= Classroom; O= Objectives, including curriculum, lesson plans and IEPs; A= Activities; S= Students, including all students as well as the targeted student; T= Tools). It is used to identify instructional techniques, materials, assistive technology, and interactions that may help or hinder a student’s progress by structuring a formal observation of the student in the classroom environment.

**DATE** is an acronym for the Dynamic Assistive Technology Evaluation that provides a team process oriented approach to assessing individual needs. This tool directs an evaluation team through eight steps: identify and define areas of concern; gather information related to concerns; analyze information; generate and prioritize potential solutions; develop trial action plan; conduct trials and collect data on effectiveness; formulate recommendations; document. This evaluation process emphasizes the ongoing and developing nature of the assistive technology evaluation. More information on DATE can be found online at [http://www.texasat.net](http://www.texasat.net).

The **Evaluation of Computer Task Performance** is a standardized tool for use with children and adults with motor and visual impairments (Petty, 2001).

**EvaluWare™** (Assistive Technology, Inc., 1999) is a software based evaluation tool that can be used to evaluate communication and cognitive abilities, as well as, computer access. More information on EvaluWare™ can be found online at [http://www.assistivetech.com/p-evaluware.htm](http://www.assistivetech.com/p-evaluware.htm).
The Functional Evaluation for Assistive Technology (FEAT) (Raskind & Bryant, 2002) is described as a comprehensive, systematic, multidimensional, and ecologically based evaluation tool developed for use with students of all ages with learning disabilities. More information on FEAT can be found online at http://www.psycho-educational.com/pages/791140/.

The Georgia Project for Assistive Technology (GPAT) (http://www.gpat.org) provides several protocols for collecting evaluation information utilizing an organized and systemic approach. These materials are electronically available and can be adapted for specific school or district use.

Lifespace Access, Inc. publishes two protocols for evaluating physical needs. First is the Lifespace Access Profile Upper Extension: Assistive Technology Evaluation and Planning for Students with Physical Disabilities (Williams, Stemach, Wolfe, & Stanger, 1994). The LAP: Upper Extension is targeted to individuals with physical needs, but not significant cognitive delays, unlike its counterpart, the Lifespace Access Profile: Assistive Technology Evaluation and Planning for Individuals with Severe or Multiple Disabilities (Williams, Stemach, Wolfe, & Stanger, 1995). The Lifespace Access Vocational Transition Profile: School to Work Transition Planning for Users of Assistive Technology (Williams, 2000) is a self-standing protocol for determining vocational skills and abilities incorporating assistive technology.

The Matching Person & Technology: A Series of Evaluations for Evaluating Predispositions to and Outcomes of Technology Use in Rehabilitation, Education, the Workplace & Other Settings (MPT) (Scherer, 1998) combined with the Matching Assistive Technology and Child: A Process and Series of Evaluations for Selecting and Evaluating Technologies Used by Infants & Young Children (MATCH) (Scherer, 1997) provides for comprehensive coverage of children through adults. The Institute for Matching Person and Technology (IMPT) was formed to improve on the ways users of technologies are matched with appropriate technologies. The MPT model is at the foundation of MPT evaluation instruments. MPT instruments aid technology providers in the collaborative reflection of user expectations and preferences, background characteristics, family and environmental influences, economic factors, and training requirements (Scherer, 1998). More information on the MPT can be found online at http://members.aol.com/IMPT97/mpt.html.

Needs First (George & Adams, 2000) is an interactive database designed to match augmentative communication systems to user needs. For more information see http://www.c-o-e.com/needsfirst.html.

OT Fact (Occupational Therapy Functional Assessment Compilation Tool) provides a software based standardized system for reporting a collection of functional assessment data and outcomes. It includes several perspectives including, observed performance, goals of performance, self-satisfaction of performance, with or without assistive technology or other accommodations, or to focus on a co-variante of performance e.g. safety or pain contributions to performance (University of Toronto, Assistive Technology Resource Center [ATRC], n.d.). More information on OT Fact can be located at http://www.utoronto.ca/atrc/reference/atoutcomes/ATOTools.html.

The Physical Characteristic Evaluation (PCA): Computer Access for Individuals with Cerebral Palsy (Fraser, McGregor, Arango, & Kangas, 2000) is a tool for evaluating computer related needs, but focuses on individuals with cerebral palsy.

The School Functional Assessment (SFA) (Coster, W.J., Deeney, T., Haltiwanger, J., & Haley, S., 1998) is a judgment-based (questionnaire) assessment completed by and educational team supporting a student. It focuses on a student's performance of functional tasks in behavioral terms to identify his or her participation in the academic and social aspects of an elementary school program (grades K-6). It requires a collaborative team process to complete and provides a tool for program planning for students with a
variety of disabling conditions. An addendum to this assessment is currently being developed to include assistive technology in the rating system. More information on the SFA can be found online at http://people.bu.edu/wjcoster/sfaintro.html.

The SETT Framework (Zabala, 1995) is an acronym for Student, Environment, Tasks, and Tools. Its use supports the development of an understanding of the individual abilities and needs of a student who may need tools, the dynamics of the environments in which tools might be used, and the tasks for which the tools are required before exploring the which tools and supports that could meeting student needs. More information on the SETT Framework can be found online at http://www.joyzabala.com.


The UKAT Toolkit (Lahm, Bell, & Blackhurst, 2002) includes six tools to assist in the AT service delivery process. The first is a tool for guiding individuals through the consideration process. A pre-evaluation profile tool is included for information gathering prior to preparing for the evaluation. Additional information is gathered during evaluation using the evaluation planning and data collection tool. An outline is provided to guide report generation. Two tools assist in trial implementation and the implementation of AT. More information on UKAT can be located online at http://edsrc.coe.uky.edu/www/ukatii/.

References:


Lahm, E. A., Bell, J. K., & Blackhurst, A. E. (2002). University of Kentucky assistive technology (UKAT) toolkit. (Available from the University of Kentucky, Special Education and Rehabilitation Counseling, 229 Taylor Education Building, Lexington, KY 40506).


