

**Weatherford Independent School  
District**

Special Programs Department

Assistive Technology  
Guidelines

(updated 03/07)

# **TABLE OF CONTENTS**

District Statement of Beliefs	3
District Statement of Commitment	3
Assistive Technology Statement of Commitment	3
Assistive Technology Goals	3
Assistive Technology Device Definition	4
Assistive Technology Service Definition	4
Team Members	5
Job Descriptions	6-10
Referral Flow Chart	11
Referral Procedures	12
Pre-Referral Questionnaire	13
Referral Questionnaire	14-18
Assessment Summary	19
Tracking Sheet	20
Training Log	21
Annual Progress Statement	22

*District Statement of Commitment*

The commitment of Weatherford Independent School District -- a team of qualified, dedicated, passionate educators building hope and forging excellence -- is to teach, challenge, and inspire students in a safe, nurturing environment to succeed in life.

*District Statement of Beliefs*

We believe that:

- education enhances quality of life and empowers people.
- high expectations foster high achievement.
- the family is the primary influence in the development of the individual.
- the community shares responsibility for the development of all children.
- respect for individual and cultural differences fosters a climate conducive to learning.
- effective communication is essential to remove barriers and create opportunities.
- people learn and perform best in a safe and supportive environment.
- the process of learning is unique and continual.
- people excel when given appropriate opportunities.
- change is inevitable, creating new possibilities and challenges.

*Assistive Technology Statement of Commitment*

The mission of the Weatherford Independent School District Assistive Technology Team, a team of dedicated and passionate professionals, is to enhance and promote educational and life skills in a safe and secure environment through technology forging the way for every student to reach his or her full potential in life.

*Assistive Technology Goals*

- Assistive technology enhances the education and quality of life of special needs students.
- Assistive technology empowers people.
- High expectations foster high achievement.
- The community shares responsibility for the development of the special needs individual.

### **Assistive Technology Device**

**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 and improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of that device. (Authority 20 U.S.C. 1401(1))**

### **Assistive Technology Service**

**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 for technical assistance for a child with a disability or if appropriate that child's family; and**
- f. Training and technical assistance for the professionals (including individuals providing educational or rehabilitation services), employers, or other individuals who provide services to, employ, or otherwise substantially involved in the major life functions of that child.**

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

## Assistive Technology

### *Team Members*

The Assistive Technology team may include but is not limited to:

- Team Facilitator/Coordinator: The team facilitator/coordinator possesses the knowledge and the skills to coordinate team meetings, ensure follow-through or team goals, see that timelines are met, and generally manage team activities so that no activity deemed important is overlooked.
- Educational Diagnostician/Psychologist Associate: The educational diagnostician/psychological associate is skilled at making necessary assessments and recommendations to determine a child's cognitive functioning, taking into account present physical disabilities and behavioral characteristics. The educational diagnostician/psychological associate provide suggestions regarding the student's learning style and intellectual ability.
- Occupational Therapist/Assistant: The occupational therapist recommends and implements procedures and devices that will meet seating and mobility needs. In addition, the occupational therapist helps to determine which strategies students can use to access other technologies, such as those for learning and communicating.
- Physical Therapist/Assistant: The physical therapist recommends and implements a variety of techniques, devices and strategies that will appropriately position the student. These will facilitate the student's comfort, proper development, and safety as well as increase their mobility.
- Special Education Teacher: The teacher develops an understanding of the student's abilities and promotes opportunities for active participation within the curriculum. The teacher can modify curriculum goals and materials and obtain additional resource support that enables the student to participate in classroom activities.
- Speech-Language Pathologist: The speech-language pathologist suggests ways to maximize student's speech, language and communication throughout the day. The speech language pathologist often makes recommendations regarding vocabulary and design of overlays. The speech-language pathologist may suggest strategies to facilitate interaction and integrate speech and language into the educational curriculum.
- Other professional specialists will join the team as needed.

## Job Description

**Job Title:** Educational Diagnostician  
**Department:** Special Education  
**FLSA Status:** exempt  
**Pay Grade:** Level 3  
**Work Days:** 190  
**Reports to:** Director of Special Education

**Primary Purpose:** to enhance and promote educational and life skills in a safe and secure environment through technology forging the way for every student to reach his or her full potential in life

**Qualifications:** Masters degree in Educational Diagnostician

**Education/Certification:** certification

**Special Knowledge/ Skills:** certified by the regional educational service center in assistive technology

**Experience:** minimum of three years experience working with children with special needs and using assistive technology

**Essential Duties and Responsibilities:** Assist AT team in selecting and implementing assistive technology utilizing essential knowledge and experience acquired by a special educator.

**Supervisory Duties:** Supervise implementation of assistive technology and enhancement and integration into classroom

**Working Conditions (Mental Demands/Physical/Environment Factors)**

**Mental:** flexible thinking, dependable team player who is resourceful.

**Physical:** capable to meet physical demands of working with special needs students.

**Environmental:** special education setting within the school system

## Job Description

**Job Title:** Occupational Therapist  
**Department:** Special Education  
**FLSA Status:** exempt  
**Pay Grade:** Level 3  
**Work Days:** 190  
**Reports to:** Director of Special Education

**Primary Purpose:** to enhance and promote educational and life skills in a safe and secure environment through technology forging the way for every student to reach his or her full potential in life

**Qualifications:** Bachelor's degree in Occupational Therapy

**Education/Certification:** National and Texas board certification in Occupational Therapy by ECPTOTE.

**Special Knowledge/ Skills:** certified by the regional educational service center in assistive technology

**Experience:** minimum of three years experience working with children with special needs and using assistive technology

**Essential Duties and Responsibilities:** Assist AT team in selecting and implementing assistive technology utilizing essential OT knowledge.

**Supervisory Duties:** Supervise implementation of assistive technology and enhancement and integration into classroom

### **Working Conditions (Mental Demands/Physical/Environment Factors)**

**Mental:** flexible thinking, dependable team player who is resourceful.

**Physical:** capable to meet physical demands of working with special needs students.

**Environmental:** special education setting within the school system

## Job Description

**Job Title:** Physical Therapist  
**Department:** Special Education  
**FLSA Status:** exempt  
**Pay Grade:** Level 3  
**Work Days:** 190  
**Reports to:** Director of Special Education

**Primary Purpose:** to enhance and promote educational and life skills in a safe and secure environment through technology forging the way for every student to reach his or her full potential in life

**Qualifications:** Bachelor's Degree in Physical Therapy

**Education/Certification:** Board Certified by Texas State Board of Physical Therapy examiners

**Special Knowledge/ Skills:** Certified by the Regional Educational Service Center in Assistive Technology

**Experience:** minimum of 3 years experience working with children with special needs and using assistive technology

**Essential Duties and Responsibilities:** Assist AT team in selecting and implementing assistive technology utilizing essential PT knowledge.

**Supervisory Duties:** Supervise implementation of assistive technology and enhancement and integration into classroom

### **Working Conditions (Mental Demands/Physical/Environment Factors)**

**Mental:** flexible thinking, dependable team player who is resourceful.

**Physical:** capable to meet physical demands of working with special needs students.

**Environmental:** special education setting within the school system



## Job Description

**Job Title:** Special Education Teacher  
**Department:** Special Education  
**FLSA Status:** exempt  
**Pay Grade:** Level 3  
**Work Days:** 190  
**Reports to:** Director of Special Education

**Primary Purpose:** to enhance and promote educational and life skills in a safe and secure environment through technology forging the way for every student to reach his or her full potential in life

**Qualifications:** Bachelor's degree in Special Education

**Education/Certification:** certification to teach special education; all levels ages 3-21

**Special Knowledge/ Skills:** certified by the regional educational service center in assistive technology

**Experience:** minimum of three years experience working with children with special needs and using assistive technology

**Essential Duties and Responsibilities:** Assist AT team in selecting and implementing assistive technology utilizing essential knowledge and experience acquired by a special educator.

**Supervisory Duties:** Supervise implementation of assistive technology and enhancement and integration into classroom

### **Working Conditions (Mental Demands/Physical/Environment Factors)**

**Mental:** flexible thinking, dependable team player who is resourceful.

**Physical:** capable to meet physical demands of working with special needs students.

**Environmental:** special education setting within the school system

## Job Description

**Job Title:** Speech Pathologist  
**Department:** Special Education  
**FLSA Status:** exempt  
**Pay Grade:** Level 3  
**Work Days:** 190  
**Reports to:** Director of Special Education

**Primary Purpose:** to enhance and promote educational and life skills in a safe and secure environment through technology forging the way for every student to reach his or her full potential in life

**Qualifications:** Masters degree in Speech Pathology

**Education/Certification:** National and Texas board certification in Speech/Language Pathology

**Special Knowledge/ Skills:** certified by the regional educational service center in assistive technology

**Experience:** minimum of three years experience working with children with special needs and using assistive technology

**Essential Duties and Responsibilities:** Assist AT team in selecting and implementing assistive technology utilizing essential Speech/Language knowledge.

**Supervisory Duties:** Supervise implementation of assistive technology and enhancement and integration into classroom

### **Working Conditions (Mental Demands/Physical/Environment Factors)**

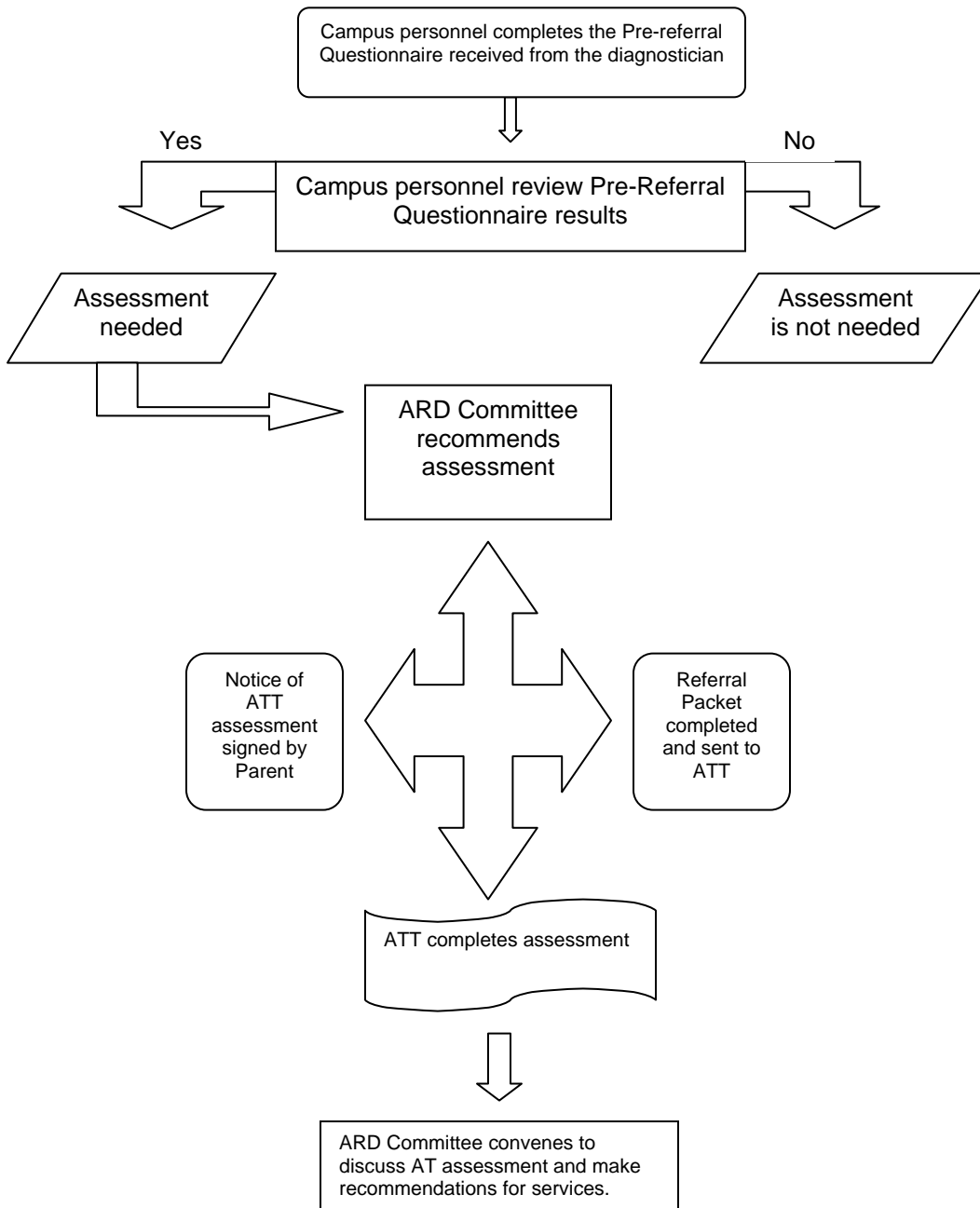
**Mental:** flexible thinking, dependable team player who is resourceful.

**Physical:** capable to meet physical demands of working with special needs students.

**Environmental:** special education setting within the school system

# Assistive Technology

## Referral Flow Chart



# Assistive Technology

## *Referral Procedures*

- When campus Teacher recognizes possible need they will:
  1. Complete pre-referral questionnaire obtained from diagnostician or upcoming web page to determine if intervention is needed.
  2. Discuss results with one other person knowledgeable of the student
  3. If an agreement is reached regarding the need for AT referral, contact diagnostician to request such at an ARD and obtain parental consent
- Following the ARD/REED, the teacher completes the referral questionnaire and returns it to the campus diagnostician who will send it to the AT team.
- AT assessment is completed.
- Student's ARD committee shall meet to consider recommendations from the AT team.

**Weatherford Independent School District  
Special Programs Department**

**Assistive Technology**

*Pre-Referral Questionnaire*

Before completing an Assistive Technology Referral Form, you will need to explore the following procedures:

1. What strategies were implemented last year, please check the appropriate strategies from the list below?

<b>Low Tech</b>	<b>High Tech</b>
<input type="checkbox"/> Assistive eating equipment	<input type="checkbox"/> Computer technology
<input type="checkbox"/> Positioning equipment	<input type="checkbox"/> Touch windows
<input type="checkbox"/> Pencil grip	<input type="checkbox"/> Power pads
<input type="checkbox"/> Tape recorder	<input type="checkbox"/> Switch interface
<input type="checkbox"/> Reading stand/easel	<input type="checkbox"/> Keyguard/moisture guard
<input type="checkbox"/> Calendar box	<input type="checkbox"/> Joystick/trackball
<input type="checkbox"/> Object/picture symbol communication	<input type="checkbox"/> Voice synthesizer
<input type="checkbox"/> Single switch activities	<input type="checkbox"/> Adaptive firmware card
<input type="checkbox"/> Control unit	<input type="checkbox"/> KE:NX
<input type="checkbox"/> Hand splints	<input type="checkbox"/> Software modifications
<input type="checkbox"/> Adaptive pointing devices	<input type="checkbox"/> Talking word processors
<input type="checkbox"/> Preferential seating	<input type="checkbox"/> Large print
<input type="checkbox"/> Materials modification-highlighted text	<input type="checkbox"/> Word prediction
<input type="checkbox"/> Tape recording materials	<input type="checkbox"/> Dedicated word processors
	<input type="checkbox"/> Augmentative communication devices

Which were successful?

Which were not? Why not?

2. If the student has been seen previously by the Assistive Technology Team, please attach a copy of the previous AT report.
3. Please indicate the local campus personnel or team members who have provided consultation?

- |  |   |
|--|---|
| <input type="checkbox"/> Regular classroom teacher | <input type="checkbox"/> Orientation and mobility |
| <input type="checkbox"/> Speech language therapist | <input type="checkbox"/> V.I. Teacher             |
| <input type="checkbox"/> OT                        | <input type="checkbox"/> Deaf Education teacher   |
| <input type="checkbox"/> PT                        | <input type="checkbox"/> Psychological Associate  |
| <input type="checkbox"/> Other _____               |   |

**(FORM I)**

**Weatherford Independent School District  
Special Programs Department  
Assistive Technology**

*Assistive Technology Referral Questionnaire*

**PART A:  
(Must be completed on all referrals)**

**I. STUDENT IDENTIFICATION**

Name: \_\_\_\_\_ Handicapping Code (s): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Rm: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parents: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**II. SCHOOL INFORMATION**

School staff that will be responsible for implementation and follow-up:

Date of ARD recommendation: \_\_\_\_\_

**III. STATEMENT OF THE PROBLEM**

Please describe the reason for referral. How is the student's education impacted? You may continue your description on a separate sheet.

What do you expect from this evaluation?

**PART B: Student Information**

**COGNITIVE INFORMATION**

Date of most recent testing: Intellectual: \_\_\_\_\_ Achievement: \_\_\_\_\_

**ACADEMICS** (if applicable)

Amount of time in SPED: _____	Type of class: _____
Reading Level: _____	Spelling level: _____
Math level: _____	Writing proficiency: _____

(FORM 2)

## MEDICAL INFORMATION

1. Describe any medical condition that requires adaptations in educational program:  
(EXAMPLES: Seizure disorder; Autism; Cerebral Palsy; Genetic Disorder; Cleft Palate;  
Tube feeding; Etc.)

2. VISION

Does student have any visual problems?  Yes  No

If **yes**, please describe

Does the student wear glasses?  Yes  No

Date of most recent vision testing: \_\_\_\_\_ By whom: \_\_\_\_\_  
(If the student has a significant vision problem, please attach a copy of the examination report and/or functional vision report.)

3. HEARING

Does the student seem to have any difficulty hearing?  Yes  No

If **yes**, please describe: \_\_\_\_\_

Does student wear a hearing aide?  Yes  No

Date of most recent hearing testing (audiological): \_\_\_\_\_

By whom: \_\_\_\_\_

Test results: \_\_\_\_\_

(If the student has any hearing problems, please attach a copy of the medical and/or audiological evaluation report.)

## THERAPEUTIC HISTORY

List all therapy services the student is currently receiving in school:

Speech  OT  PT  Other: \_\_\_\_\_

1. MOTOR ABILITY

Is student ambulatory?  Yes  No  With equipment: \_\_\_\_\_

Is the student wheelchair dependent?  Yes  No

Is the student independent in propelling wheelchair?  Yes  No

2. COMMUNICATION

Please indicate the student's current level of understanding by checking one\_of the following:

Does not understand spoken \_\_\_\_\_ Understands single words: \_\_\_\_\_  
 Understands simple sentences: \_\_\_\_\_ Understands conversation: \_\_\_\_\_  
 Understands 2 and 3 part commands: \_\_\_\_\_

Please attach current receptive language test results and reports:

How does the student attempt to communicate? \_\_\_\_\_

Does the student initiate communication?  Yes  No

Are there communication needs that are presently not being met?  Yes  No

Explain: \_\_\_\_\_

Please indicate **all** means of communication currently used:

- Speech                       Vocalization                       \*Manual Signing
- Bodily gestures                       Facial expressions                       Eye Pointing
- Pointing                       Spoken "yes/no"                       Gestural "yes/no"
- Communication equipment                       Other

SPOKEN COMMUNICATION (if applicable)

If the student speaks, indicate how easily the student is understood by:

	<b>easily</b>	<b>somewhat</b>	<b>difficult</b>	<b>unintelligible</b>
strangers				
classmates/teachers				
family				
other				

ASSISTED COMMUNICATION (if applicable) – The use of communication boards, electronic devices, etc.

Please describe the type of aided communication system/device currently used:

How long has the student been using the device described? \_\_\_\_\_



Please list all communication systems used in the past and check whether the system proved to be successful or unsuccessful.

System	Successful	Unsuccessful

How are vocabulary items represented on the student's present communication board/device?

Photographs       Line drawings       Words       Symbols   
 Pictures       Letters       Objects

What is the size of the pictures/symbols representing the vocabulary items (Example: 1 inch square)?

\_\_\_\_\_

How many vocabulary items are displayed on the student's board or device?

3. WRITTEN EXPRESSION

1. Does the student have difficulty producing written output?       Yes       No

Describe unusual observations in this area:

\_\_\_\_\_

2. If the student uses handwriting (attach handwriting sample):

a. Has a handwriting assessment been completed? Please attach.

\_\_\_\_\_

b. How does the student's handwriting compare to classmates?

\_\_\_\_\_

c. What techniques have been used to overcome this difficulty?

\_\_\_\_\_

d. How do they access the keyboard? \_\_\_\_\_

What type equipment? \_\_\_\_\_

**SUMMARY**

YES	NO	
		Is the student unable to achieve his/her current IEP goals?
		Does the ARD Committee think Assistive Technology would enable the child to achieve his/her
		Have the school based Related Services been consulted concerning the unmet IEP Goals and need for technology? (Speech/Language pathologist, Occupational Therapist, and Physical Therapist, etc.)
		Were the recommendations of the school based Related Services/Educational Team implemented?
		Were the results insufficient to allow the student to achieve his/her goals?

**If all the above questions are answered “YES”, an Assistive Technology assessment is indicated. Please forward this form to your diagnostician so that an ARD may be held to request the assessment.**

**If any question is answered “NO”, no further Assistive Technology assessment is indicated.**

**COMPLETED BY:** \_\_\_\_\_

**Weatherford Independent School District  
Special Programs Department**

**Assistive Technology**

*Assessment Summary*

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Diagnosis/Eligibility Code:** \_\_\_\_\_

**Date of Assessment:** \_\_\_\_\_

**REFERRAL STATEMENT:**

**Team Members:**

Jennifer Dickerson, Occupational Therapist  
Gail Abaray, Physical Therapist  
Sally Gracey, Speech Pathologist  
Robin Kernan, Teacher Consultant  
Pamela Beasley, Educational Diagnostician

**Evaluation Procedures:**

The assessment was conducted through observations, teacher interviews, review of the student's folder, and interviews with school personnel and related service personnel who have worked with this student in the past as well as those who are currently working with this student.

**Recommendations/Action Plan:**

\_\_\_\_\_  
**Assistive Technology Team Member**

**(FORM 3)**

**Weatherford Independent School District**

**Special Programs Department  
Assistive Technology**

*Tracking Sheet*

**Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_

Please complete and attach in student's AT file:

- Referral Questionnaire (Form 2)
- Assessment Summary (Form 3)
- Training Log (Form 5)
- Annual Progress Note (Form 6)

**(FORM 4)**

**Weatherford Independent School District  
Special Programs Department  
Assistive Technology**

*Training Log*

Student Name: \_\_\_\_\_

Referral Date: \_\_\_\_\_

AT Assessment Date: \_\_\_\_\_

Qualifies for AT services? (Circle one)                      YES                      NO

AT Intervention:

Type: \_\_\_\_\_

Initial Training Date \_\_\_\_\_

Trainer(s): \_\_\_\_\_

Trainee(s): \_\_\_\_\_

Follow-up Training Date \_\_\_\_\_

Trainer(s): \_\_\_\_\_

Trainee(s): \_\_\_\_\_

Follow-up Training Date \_\_\_\_\_

Trainer(s): \_\_\_\_\_

Trainee(s): \_\_\_\_\_

Follow-up Training Date \_\_\_\_\_

Trainer(s): \_\_\_\_\_

Trainee(s): \_\_\_\_\_

Discharge from AT? (Circle one)                      YES                      NO

Discharge Date: \_\_\_\_\_

**(FORM 5)**

**Special Programs Department  
Assistive Technology**

*Annual Progress Statement*

(Complete at each annual ARD and 3-year reevaluation)

Student: \_\_\_\_\_ Campus: \_\_\_\_\_

Special Services Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Review Progress made since implementation:

Progress noted:

- Device(s) and/or services have achieved desired results
- Device(s) and/or services have not received desired results

Recommendations: (check all that apply)

- Continue device(s) and/or services noted above
- Discontinue device(s) and/or services noted above
- Alter device(s) and/or services to include:

Comments:

---

---

---

---

\_\_\_\_\_  
AT Team Member

\_\_\_\_\_  
Date

(FORM 6)