Assistive Technology Guidelines and Policies
For Educationally Based AT in Glenn County Schools

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Website: www.glenncoe.org
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Definition of Assistive Technology

An Assistive Technology (AT) device is 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 children with disabilities.

Assistive Technology is thought of as any technology that enables an individual with a disability to compensate for specific deficits. In some instances, the technology may assist or augment task performance in a given area of the disability, while in others it is used to "bypass" specific deficits entirely. Assistive Technology is used as a strategy to compensate for, or circumvent, areas of difficulty, generally, by "playing to" an individual's area of strength. Furthermore, Assistive Technology is not intended to teach or instruct (as is the case with computer-aided instruction), although it can be used to increase access to instruction.

Assistive Technology in California Public Schools

The two most common types of AT in the education setting are Augmentative Communication and Computer Access Aids.

**Augmentative Communication** – devices that help persons with speech and/or hearing disabilities to communicate (i.e., communication boards, eye-gaze boards, voice output devices, or text to voice software).

**Computer Access Aids** – special software, alternative keyboards, trackball, joy stick, touch screens, switches, etc.

Accessing Assistive Technology Services

**PRE-REFERRALS**

1. **Informal Consultation**
   a) Teacher concern – verbally discussed with the Assistive Technology Specialist via phone (530-624-6838) or Email - jbyerly@glenncoe.org
   b) Efforts to resolve concern before formal referral. Other resources outside of special education can be utilized as pre-referral intervention (i.e., SST, outside agencies, Medi-Cal)
   c) If concern merits a formal AT assessment, the steps below will be followed.
REFERRAL

2. FORMAL AT ASSESSMENT
   a) Informal consultation must be utilized prior to formal assessment.
   b) Guidelines for AT assessment should be provided and can be found in the document library.
   c) Request for formal AT assessment should start at the IEP meeting with the completion of the AT referral form.
   d) If assessment plan has not been completed, plan must be signed by the parent/guardian within 15 days of referral. IEP should be scheduled at this time.
   e) Written referral sent to AT Specialist.
   f) Assessment is completed within 60 days of assessment plan being signed.
   g) Assessment report will be completed and sent to case carrier/IEP team coordinator. AT Specialist will call case carrier/IEP team coordinator to answer questions about the assessment.
   h) AT Specialist will attend the IEP to review the assessment or participate electronically.
   i) IEP team decides on which, if any, Assistive Technology to procure for the student.

Service Delivery Model

1. AT Specialist will provide consultation only for service providers as appropriate to implement recommendations.

2. AT Specialist will provide equipment support, monitoring and service.

Responsibilities of Special Education Teacher in AT

The Special Education Teacher will ultimately be responsible for the implementation of Assistive Technology. As with all services and goals, the teacher will be responsible for communicating with the AT Specialist in regards to needs in the implementation of chosen Assistive Technology.
Exit Criteria for Assistive Technology

The IEP team will ultimately decide the timeline to determine success, failure, or change in technology. This may be done by the IEP process and/or reassessing.
To:  
Glenn County SELPA  
676 E. Walker St.  
Orland, CA 95963  
530-934-6575  
530-934-6576 Fax

The following student is being referred for services by the GCOE Assistive Technology (AT) Specialist.

This assessment is requested in order to determine if Assistive Technology is needed for the student to meet his/her IEP goals objectives.

Student: ____________________________________________  Birth Date: _______________  
Grade: __________ School: ____________________________________  Phone: ____________________

This service is requested by: ________________________________
Name _____________________________ Title _____________________________ Phone _____________________________

1. Reason for assessment request: (Areas of concern. Describe the student’s needs.)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. What steps have been taken to date to accommodate student’s needs? (Please attach any documentation and/or examples of previous interventions, i.e. AT/AAC Consultation, modifications tried, other universal design tools…)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
3. Are there any AT/AAC services and/or equipment being used? (i.e. Pencil Grips, Calculator: Spell Check, PECS, switch)  

                                                                                     
                                                                                     
                                                                                     
4. What do you think the student needs to benefit from his/her education?  
                                                                                     
                                                                                     
                                                                                     
5. Is there any additional information that you feel is important or would be helpful?  
                                                                                     
                                                                                     
                                                                                     
6. Additional staff involved who could provide information: (i.e., Occupational Therapist, Speech Therapist, FNRC, Teachers, etc.)  
   Name: ____________________________________________ Title: ___________________________  
   Phone: ______________  
   Name: ____________________________________________ Title: ___________________________  
   Phone: ______________  
   Name: ____________________________________________ Title: ___________________________  
   Phone: ______________
Date:

To the Parents of: __________________________________

Your student has been referred to Glenn County SELPA for an Assistive Technology assessment. Our Assistive Technology Specialist will be contacting you shortly to discuss your student and the concerns.

In order to facilitate this referral for your student, please complete the enclosed “Parent Questionnaire”, and date and sign the “Assessment Plan”.

Please return both forms in the enclosed envelope to:

Glenn County SELPA
676 E. Walker Street
Orland, California 95963

Attn: Assistive Technology Specialist

It is important that these be mailed back as soon as possible so your student’s needs can be met. If you have any questions, please contact our AT Specialist at 530-624-6838 or Jbyerly@glenncoe.org.

Sincerely,

Assistive Technology Specialist
Child’s name: ____________________________________________________________

Person/s completing guide: ________________________________

Address: ______________________________________________________________

Home Phone: _________________ Work Phone: _______________________

Okay to call at work? Y__ N__

Current Services Received:

☐ Occupational Therapy
☐ Physical Therapy ☐ through CCS ☐ other __________________________
☐ Speech & Language ☐ through school ☐ other __________________________
☐ Specialized P.E. ☐ through school ☐ other __________________________
☐ Other Related Services: ______________________________________________

1. Describe the Assistive Technology or communication system that has been previously tried, when was it tried, and the outcome?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
________________________________________ ______________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
2. What is it that you hope to have come out of this assessment?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. How do you think the areas of concern(s) are addressed through Assistive Technology?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Is there anything else that you would like me to know?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
GLENN COUNTY SELPA

PROTOCOL FOR ACCESSING ASSISTIVE TECHNOLOGY

**STEP 1. Identification of Needs & Desired Outcomes**
1. Teacher discuss student need with AT Specialist.
2. Make effort to resolve concern before formal referral
3. If appropriate, follow referral steps below.

**STEP 2. Formal AT Assessment**
1. IEP team members complete AT Referral Form
2. Parent informed and consent within 15 days of referral
3. Referral given to AT Specialist
4. AT Specialist competes assessment within 60 days of parent signature.
5. Completed assessment is sent by to teacher.
6. Teacher schedules IEP meeting
7. IEP team makes decision about procuring device.

**STEP 3. Procurement of Device**
1. AT Specialist will procure selected device.
2. Teacher will implement use of device and monitor success or failure in reaching desired outcome.
3. AT Specialist will provide support, monitoring, and service to teacher and/or student as needed.
4. If AT is not meeting student need, teacher and AT Specialist re-evaluate options.