



# Assistive Technology Assessment and Implementation

**Miami-Dade County Public Schools**  
<http://assistivetech.dadeschools.net>

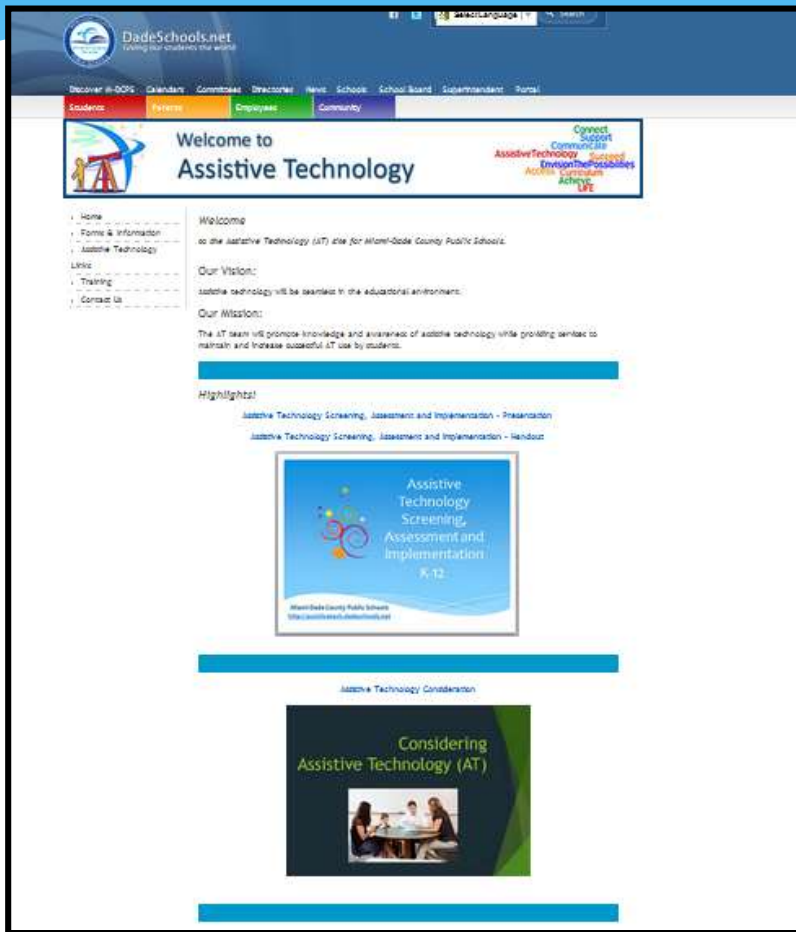


# MDCPS LATS Team

(Local Assistive Technology Specialists)

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# Resources:



The screenshot shows the Dadeschools.net website. The header includes the Dadeschools.net logo and navigation links for Discover in-ODS, Calendars, Committees, Directorates, News, Schools, School Board, Superintendent, and Portal. A secondary navigation bar lists Student, Parents, Employees, and Community. The main content area is titled "Welcome to Assisted Technology" and features a sidebar with links for Home, Forms & Information, Assisted Technology, Links, Training, and Contact Us. The main text includes a "Welcome" message, "Our Vision" (Assisted technology will be seamless in the educational environment), and "Our Mission" (The AT team will promote knowledge and awareness of assisted technology while providing services to maintain and increase successful AT use by students). A "Highlights" section lists "Assisted Technology Screening, Assessment and Implementation - Presentation" and "Assisted Technology Screening, Assessment and Implementation - Handout". Below this is a large graphic for "Assisted Technology Screening, Assessment and Implementation K-12" with the Dadeschools.net logo. At the bottom, there is a "Considering Assisted Technology (AT)" graphic with a photo of students.



The screenshot shows the "AssistedTech's favorites" page on the Skloog platform. The header includes "Set as Home Page", "About Skloog", "Help", "Settings", "Blog", and "Login". The page title is "AssistedTech's favorites" with a "Sign Up - it's free!" button. A navigation bar lists categories: AT Info, Engage, Reading&LARts\*, Access, Math, AAC, Devices\*, Videos\*, and Learn. The main content area is titled "Assisted technology organizations, resources, info" and features a grid of 18 icons representing various resources and organizations, including StrategDay, AT Dade, TLC-MTSS, ATJDL-Libr, PreK AT, QIAT, AEM, AAC Blog, CTech&Dis, Family CTD, ATTO, ADA+Change, PowerUp, AT Basics, ATITC OTPF, and AEMITA-fla. A "Follow" button is visible in the top right corner of the grid.

Website: [assistivetech.dadeschools.net](http://assistivetech.dadeschools.net)

Email: [assistivetech@dadeschools.net](mailto:assistivetech@dadeschools.net),  
[smiguel@dadeschools.net](mailto:smiguel@dadeschools.net)

Web-bank:

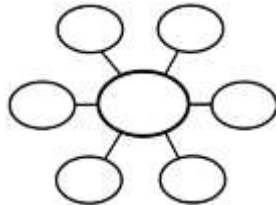
<http://www.skloog.com/user/AssistedTech>

# Assistive Technology

AT 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.” (IDEA, 2004, Section 602)

# Assistive Technology Tools

AT is a continuum ranging from simple to complex. The school team should consider the least restrictive AT (simplest solution) before a complex solution.



# Assistive Technology Possibilities

What have you seen  
21<sup>st</sup> century technology  
do for our students?

What do you think is  
possible for our  
students with  
disabilities using  
technology?



# Assistive Technology Services

- ...any service that directly assists a student with a disability in the selection, acquisition, or use of an assistive technology device.
- This includes: evaluating, purchasing, selecting, acquiring, training, designing, fitting, customizing, maintaining, repairing, etc.
- Who do you think does this?

# School Support Team

The School Support Team (SST), will identify the student and determine the area(s) of concern for which AT will be considered. The SST may consist of a combination of the following members:

- Student
- Teachers
- Family members
- Therapists
- Paraprofessionals
- School Administrators
- School Based AT Contact



# School Based AT Contact

## ATC Roles and Responsibilities

- Receive and share info from District AT department
- Attend training on AT
- Coordinate School Support Team (SST) in following procedures for AT assessment
- Maintain a list of students at the school who are using AT
- Direct staff to available accessible materials and resources.



Weekly Briefing #21960

# Questions To Determine If Assistive Technology Is Educationally Necessary

- Is AT essential for the student to receive a FAPE?
- Are AT devices and services necessary for the student to be placed in the least restrictive environment?
- Given AT, will the student have access to school programs and activities?

# Assistive Technology and Individuals With Disabilities Education Act (IDEA)



IDEA requires that Assistive Technology (AT) must be considered as part of the IEP developed for each student that is eligible for Exceptional Student Education. (§300.308)

# What does AT Consideration look like?

## Considering Assistive Technology (AT)



<https://eduvision.tv/l?4BhbAQ>

# AT Consideration Questions...

- What is it we want the student to be able to do within the education program that the student is not able to do because of the disability?
- Is the student currently able to complete this task with special strategies and/or accommodations?
- Is there assistive technology currently being used to address this task?
- Would assistive technology help this student perform the task/skill more easily/efficiently or in the least restrictive environment or with less personal assistance?

# AT Assessment

Section 1003.575, Florida Statutes, states that “an assistive technology evaluation must be completed within 60 school days.

The timeline begins when the IEP team makes the recommendation for such an evaluation.

During an IEP meeting, if the IEP team recommends an AT evaluation, the parent would be asked to sign consent to conduct the evaluation procedures.”

# AT Assessment

## An AT Assessment

- includes a description of how the student functions without any AT
- identifies AT device(s), tool(s) and strategies that allow the student to achieve IEP goals
- includes data on AT device/tool trials conducted in the student's customary environments upon which decisions are made
- is a continuous process which changes as the student's needs change

# AT Assessment

AT trial(s) in the student's customary environments

+

collection and examination of data

=

AT Assessment





# Assistive Technology Assessment and Implementation Plan – FM 7067

**MEMPHIS**



**Miami-Dade County Public Schools**  
**Office of Exceptional Student Education**  
**Assistive Technology Assessment and Implementation Plan K-12**

AT Website: <http://assistivetech.dadeschools.net>  
 AT Web Link: <http://www.atit.org.com/user/AssistiveTech>  
 AT TAP: <https://info.fl.gov/askshare/words/Get-Documents/4801-ops-0313-48.pdf>  
 AM TAP: <https://info.fl.gov/askshare/words/Get-Documents/5764-ops-0313-76.pdf>



**REQUIRED: Signed Notice of Intent and Parental/Guardian Consent to Conduct a Screening Assessment, FM 7041**

**Date of Signed FM 7041** \_\_\_\_\_ **90 School Day Completion Date for AT Assessment:** \_\_\_\_\_

Always download and use the most recent form. If you are submitting a copy of this AT Assessment and Implementation Plan, indicate why:  
 To receive informal feedback, include email address: \_\_\_\_\_@dadeschools.net  
 To request AT look/equipment for school based trial, indicate tool here: \_\_\_\_\_  
 To request assistance/support with your school based AT assessment from District LATS Team (Local Assistive Technology Specialist).  
 Submit completed form by email attachment to [assistivetech@dadeschools.net](mailto:assistivetech@dadeschools.net) or a COPY to mail code 2851. Attn: Assistive Technology (originals should be filed in the student's cumulative folder). For detailed information on the ATIP process, view a tutorial, "Assistive Technology Screening, Assessment and Implementation K-12" at: <http://assistivetech.dadeschools.net> in the "highlight" section.

Date	Student's School	School Address	Mail Code	Region
Print Student's Name (Last, First)	Student's ID #	<input type="checkbox"/> M <input type="checkbox"/> F	DOB/Age	Grade
Medical Diagnosis(es)	Language/ELL Level	Interpreter needed <input type="checkbox"/> Y <input type="checkbox"/> N	Sign Language interpreter needed <input type="checkbox"/> Y <input type="checkbox"/> N	Exceptionality(ies)

- List the IEP goal that assistive technology will support. \_\_\_\_\_
- What accommodations are in place to support the student in meeting the IEP goal? \_\_\_\_\_
- Assistive Technology is needed to address the following area(s) of need:  
 Writing/Composing  Reading  Math  Learning Strategies  Communication

In the table below, identify the school support team members who will serve as the assessment team. Roles in AT Assessment include, (but are not limited to): monitor the 40-school-day timeline for completion of assessment, coordinate the assessment team, make recommendations for positioning/access, acquire/program/maintain AT look/equipment, provide related training, facilitate and support student use of AT in the curriculum, collect and review data on AT use.

Title	Name	Role(s) in AT Assessment	Email	Telephone
Parent				
School ATC				
Teacher				
SLP				
IT				
PT				
Paraprofessional				
School Administrator				
IEA				
Student				

School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 AT Contact Person's Signature: I have reviewed this ATIP. \_\_\_\_\_ Date: \_\_\_\_\_  
\*90 school days do not include absences, holidays, teacher planning days. \*\*NO adjustments in due date can be made due to student absences.

The Assistive Technology Assessment and Implementation Plan - FM 7067, or ATIP, is used to document the AT assessment process and to plan for and document the ongoing implementation of AT for a student.


This form can be accessed through [forms.dadeschools.net](https://forms.dadeschools.net), or at [assistivetech.dadeschools.net](http://assistivetech.dadeschools.net).

# AT Assessment/Evaluation

REQUIRED: Signed Notice of Intent and Parental/Guardian Consent to Conduct a Screening/Assessment, FM 7641	
Date of Signed FM 7641	60 School Day Completion Date for AT Assessment*:
Always download and use the most recent form. If you are submitting a copy of this AT Assessment and Implementation Plan, indicate why: <input type="checkbox"/> To receive informal feedback, include email address: _____ @dadeschools.net <input type="checkbox"/> To request AT tool/equipment for school based trial, indicate tool here: _____ <input type="checkbox"/> To request assistance/support with your school based AT assessment from District LATS Team (Local Assistive Technology Specialist). Submit completed form: by email attachment to <a href="mailto:assistivetech@dadeschools.net">assistivetech@dadeschools.net</a> or a COPY to mail code 2861, _____ Assistive Technology (originals should be filed in the student's cumulative folder). For detailed information on the ATIP process, view a tutorial, "Assistive Technology Screening, Assessment and Implementation K-12" at: <a href="http://assistivetech.dadeschools.net">http://assistivetech.dadeschools.net</a> in the "Highlights" section.	

- \* The ATIP includes fields, highlighted in yellow, that must be completed by the school team to document the date consent was given for the assessment and to document the target assessment completion date, 60 school days later.
- \* The 60 days for the assessment does not include weekends, holidays or teacher planning days. \*Please note that NO adjustments to the 60 day timeline can be made due to student absence(s).\*

# AT Assessment and Implementation Plan



REQUIRED: Signed Notice of Intent and Parental/Guardian Consent to Conduct a Screening/Assessment, FM 7641	
Date Signed FM 7641	60 School Day Completion Date for AT Assessment*:
Always download and use the most recent form. If you are submitting a copy of this AT Assessment and Implementation Plan, indicate why: <input type="checkbox"/> To receive informal feedback, include email address: _____@dadeschools.net <input type="checkbox"/> To request AT tool/equipment for school based trial, indicate tool here: _____ <input type="checkbox"/> To request assistance/support with your school based AT assessment from District LATS Team (Local Assistive Technology Specialist). Submit completed form: by email attachment to <a href="mailto:assistivetech@dadeschools.net">assistivetech@dadeschools.net</a> or a COPY to mail code 2861, Attn: Assistive Technology (originals should be filed in the student's cumulative folder). For detailed information on the ATIP process, view a tutorial, "Assistive Technology Screening, Assessment and Implementation K-12" at: <a href="http://assistivetech.dadeschools.net">http://assistivetech.dadeschools.net</a> in the "Highlights" section.	

Next is the section for submission of the ATIP if district support is requested. If **no** specific assistance is needed, this section will be left blank. An ATIP can be submitted to:

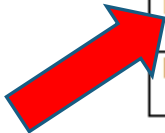
- receive written feedback
- request an AT tool/device for assessment trial
- receive assistance/support during the school based assessment process from a Local Assistive Technology Specialist (LATS)

Requests are submitted by sending a **digital** copy of the ATIP (FM 7067) and the Consent for AT Assessment (FM 7641) to [smiguel@dadeschools.net](mailto:smiguel@dadeschools.net), or [assistivetech@dadeschools.net](mailto:assistivetech@dadeschools.net) or by sending a paper **copy** to Mail Code 2861, Attention: Assistive Technology. **All originals should be kept at the school.** **NOTE:** any AT assessment trials for tablet or laptop technology must include a LATS member of the assessment team.

# AT Assessment and Implementation Plan

<b>REQUIRED: Signed Notice of Intent and Parental/Guardian Consent to Conduct a Screening/Assessment, FM 7641</b>	
<b>Date of Signed FM 7641</b>	<b>60 School Day Completion Date for AT Assessment*:</b>
<p>Always download and use the most recent form. If you are submitting a copy of this AT Assessment and Implementation Plan, indicate why:</p> <p><input type="checkbox"/> To receive informal feedback, include email address: _____@dadeschools.net</p> <p><input type="checkbox"/> To request AT tools/equipment for school based trial, (indicate tool(s) here): _____</p> <p><input type="checkbox"/> To request assistance/support from District LATS Team (Local Assistive Technology Specialist) in completing this assessment at the school level.</p> <p>Submit completed form: by email attachment to <a href="mailto:assistivetech@dadeschools.net">assistivetech@dadeschools.net</a> or a <u>COPY</u> to mail code 2861, Attn: Assistive Technology (originals should be filed in the student's cumulative folder). For detailed information on the ATIP process, view a tutorial, "Assistive Technology Screening, Assessment and Implementation K-12" at: <a href="http://assistivetech.dadeschools.net">http://assistivetech.dadeschools.net</a> in the "Highlights" section.</p>	

Date	Student's School	School Address			Mail Code	Region
Print Student's Name (Last, First)	Student's ID #	<input type="checkbox"/> M <input type="checkbox"/> F	DOB/Age	Grade	Exceptionality(ies)	
Medical Diagnosis(es)	Language/ ELL Level	Interpreter needed	<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Language Interpreter needed	<input type="checkbox"/> Y <input type="checkbox"/> N	



The next section includes information about the student and should be filled out as completely as possible, especially if it is being submitted for district support.

# AT Assessment and Implementation Plan

1. List the IEP goal that assistive technology will support:

2. What accommodations are in place to support the student in meeting the IEP goal?


3. Assistive Technology is needed to address the following area(s) of need:

Writing/Composing  Reading  Math  Learning Strategies  Communication

Assistive Technology is driven by the student's educational needs as designated in the IEP. In this section, the IEP goal that AT will support and the student's current accommodations are listed.

# AT Assessment and Implementation Plan

1. List the IEP goal that assistive technology will support:
2. What accommodations are in place to support the student in meeting the IEP goal?
3. Assistive Technology is needed to address the following area(s) of need:  
 Writing/Composing  Reading  Math  Learning Strategies  Communication



The ATIP is not a “packet” to “fill out”. School teams will focus on only the curriculum area(s) in which the student needs AT to support an IEP goal. Question 3 guides teams to identify curriculum area(s) for assistive technology support. It is usually recommended to address AT in one or two priority areas at a time.

# AT Assessment and Implementation Plan

In the table below, identify the school support team members who will serve as the assessment team. Roles in AT Assessment include, (but are not limited to): monitor the 60 school day timeline for completion of assessment, coordinate the assessment team, make recommendations for positioning, acquire/program/set up/maintain AT tool/equipment, provide/attend training, facilitate and support student use of AT in the curriculum, collect and review data on AT use.

Title	Name	Role(s) in AT Assessment	Email	Telephone
Parent				
School ATC/DRM				
Teacher				
SLP				
OT				
PT				
Paraprofessional				
School Administrator				
Staffing Specialist				
Student				

School Administrator's Signature: \_\_\_\_\_

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

AT Contact Person's Signature: I have reviewed this ATIP: \_\_\_\_\_

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

\*60 school days do not include weekends, holidays, teacher planning days. \*NO adjustments in due date can be made due to student absences.

AT assessment is a team effort. Assessment and implementation will be more successful if each team member, including the student, knows and understands his/her role.



# AT Assessment and Implementation Plan

In the table below, identify the school support team members who will serve as the assessment team. Roles in AT Assessment include, (but are not limited to): monitor the 60 school day timeline for completion of assessment, coordinate the assessment team, make recommendations for positioning, acquire/program/set up/maintain AT tool/equipment, provide/attend training, facilitate and support student use of AT in the curriculum, collect and review data on AT use.

Title	Name	Role(s) in AT Assessment	Email	Telephone
Parent				
School ATC/DRM				
Teacher				
SLP				
OT				
PT				
Paraprofessional				
School Administrator				
Staffing Specialist				
Student				

School Administrator's Signature: \_\_\_\_\_

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

AT Contact Person's Signature: I have reviewed this ATIP: \_\_\_\_\_

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

\*60 school days do not include weekends, holidays, teacher planning days. \*NO adjustments in due date can be made due to student absences.

Each school has one person designated as the Assistive Technology Contact person (ATC). Both the ATC and an administrator should sign the ATIP after reviewing it and providing feedback.



# AT Strategies, Tools, and Trials Pages of the ATIP

There is a Strategies, Tools and Trials (STT) page for each of the following areas of need:

- \* Writing/Composing
- \* Reading
- \* Math
- \* Learning Strategies
- \* Communication

Complete ONLY the page or pages corresponding to the area(s) of need checked in Question 3 on the front page of the ATIP.

# AT Strategies, Tools, and Trials Pages of the ATIP

## Strategies, Tools & Trials: WRITING/COMPOSING

Items in **bold blue** = online information or free downloads/resources available for trial

**BEGIN:** Describe the specific difficulty this student is experiencing (without AT) regarding **WRITING**:

<b>NEXT:</b> Check the box in this column that best summarizes the student description above	<b>THEN:</b> To the right of the student description indicated, you will find AT tools that may support this student in successfully performing a writing task. Check a box to indicate a tool and begin a trial period using that tool in the student's customary environment(s) (classroom, home, etc.)	<b>DURING:</b> the trial period, collect data that represents the student's work using the AT tool. Examples: <b>graph products, classwork, grades, time</b> needed for completion of assignments, <b>percentage</b> of work completed in elcited time, increased <b>number</b> of communication exchanges or increased <b>length/date</b> of messages communicated, etc.
<input type="checkbox"/> Handwriting is illegible, letter formation, spacing, writing on line, letter size)	<input type="checkbox"/> Pencil grip <input type="checkbox"/> Adapted writing tool <input type="checkbox"/> Lined paper, <b>handwriting grid</b> <input type="checkbox"/> Adapted paper (e.g., raised line) <input type="checkbox"/> Slant board / <b>DIY slant board</b> (3 ring binder) <input type="checkbox"/> Classroom computer/word-processing <input type="checkbox"/> Portable word processing device <input type="checkbox"/> Keyboard: <input type="checkbox"/> standard <input type="checkbox"/> adapted	<input type="checkbox"/> Windows on-screen keyboard using: <input type="checkbox"/> mouse: <input type="checkbox"/> standard <input type="checkbox"/> adapted <input type="checkbox"/> click <input type="checkbox"/> hover <input type="checkbox"/> scan <input type="checkbox"/> with word prediction <input type="checkbox"/> Speech to text (dictation/voice recognition) using <b>BYOD or Windows / Microsoft Office</b> with microphone
<input type="checkbox"/> Writing is slow and laborious; complains of fatigue and/or pain when writing	<input type="checkbox"/> Classroom computer/word-processing <input type="checkbox"/> Portable word processing device <input type="checkbox"/> Windows on-screen keyboard using: <input type="checkbox"/> mouse: <input type="checkbox"/> standard <input type="checkbox"/> adapted <input type="checkbox"/> click <input type="checkbox"/> hover <input type="checkbox"/> scan <input type="checkbox"/> with word prediction	<input type="checkbox"/> Speech to text (dictation/voice recognition) using <b>BYOD or Windows / Microsoft Office</b> with microphone <input type="checkbox"/> <b>Word/Text prediction</b> using Windows onscreen keyboard
<input type="checkbox"/> Reluctant or refuses to write; easily frustrated when writing	<input type="checkbox"/> <b>Graphic organizers</b> <input type="checkbox"/> Portable word processing device <input type="checkbox"/> Auto correct options/grammar check in word processor	<input type="checkbox"/> Speech to text (dictation/voice recognition) using <b>BYOD or Windows / Microsoft Office</b> with microphone <input type="checkbox"/> Text to speech for auditory feedback while writing in <b>Microsoft Office (Word, PowerPoint)</b>
<input type="checkbox"/> Difficulty copying from the board, completing worksheets	<input type="checkbox"/> Notes/copy of notes to minimize writing during lesson <input type="checkbox"/> <b>BYOD</b> - Photo of assignment list/notes/homework microphone	<input type="checkbox"/> Complete worksheets digitally (write, type, dictate) <input type="checkbox"/> Speech to text (dictation/voice recognition) using <b>BYOD or Windows / Microsoft Office</b> with
<input type="checkbox"/> Uses excessive pressure when writing	<input type="checkbox"/> Provide a softer surface (extra paper, notebook) <input type="checkbox"/> Mechanical pencil (facilitates lighter pressure) <input type="checkbox"/> Gum/non-abrasive erasers	<input type="checkbox"/> Portable word processing device <input type="checkbox"/> Speech to text (dictation/voice recognition) using <b>BYOD or Windows / Microsoft Office</b> with microphone
<input type="checkbox"/> Difficulty with spelling/ grammar, composition	<input type="checkbox"/> Book of high frequency words; vocabulary notebook <input type="checkbox"/> Portable word processing device <input type="checkbox"/> Spelling/grammar check ( <b>Microsoft Word</b> ) <input type="checkbox"/> Text to speech in <b>Microsoft Office (Word)</b> to proofread written work	<input type="checkbox"/> Speech to text (dictation/voice recognition) using <b>BYOD or Windows / Microsoft Office</b> with microphone <input type="checkbox"/> <b>Word/Text prediction</b> using Windows onscreen keyboard
<b>CONCLUDE</b> the trial period by describing the student's performance when supported with AT:		
<b>DECISION</b> (check one):	<input type="checkbox"/> Trial successful, the AT tool supports the student's performance of the task -- convene a meeting to document AT on student's IEP or 504 Plan	<input type="checkbox"/> Trial unsuccessful, the AT tool did not support the student's performance of the task - conduct further trials)

Each Strategies, Tools, and Trials page includes directions **in yellow:** to guide school teams in the assessment process.

# AT Strategies, Tools, and Trials Pages of the ATIP

- \* **BEGIN** by describing the difficulty the student is experiencing
- \* **NEXT** check the box in the left column that best summarizes the student description
- \* **THEN** check a box to indicate a tool to address the student's difficulty and begin a trial using the tool in the student's customary environment(s)
- \* **DURING** the trial period, collect data on the use of the tool
- \* **CONCLUDE** the trial period by describing the student's performance when supported by the AT tool
- \* **DECISION** indicate if the trial was successful

# AT Strategies, Tools, and Trials – Data Collection



- \* Work products (ex: Increase in writing legibility)
- \* Classwork grades/Test grades
- \* Time needed for completion of assignments
- \* Percentage of tasks completed on time/at scheduled time
- \* Increased number of communication exchanges or increased length/detail of messages communicated
- \* Use what you have
- \* Make sure it measures what you want it to measure
- \* Analyze your data periodically





# AT Strategies, Tools, and Trials – Data Collection

- \* **With the 60-day timeline in mind**, AT assessment teams need to periodically review the data and judge the effectiveness of the strategies and tools
- \* If the AT strategies and tools are **not** effective, the team should return to the ATIP and choose new strategies and/or tool(s) for further trials

# AT Assessment/Evaluation Report

If AT tools and strategies are successful:

- \* Page 7 of the ATIP (FM 7067) is completed by the AT Assessment Team
- \* Summarizes the assessment results
- \* Outlines the recommendations for AT tools and services the student needs to participate in the academic environment and to make adequate yearly progress

	Miami-Dade County Public Schools Division of Special Education	
<b>Assistive Technology Assessment/Evaluation Report</b>		

Date of Report : _____	Student Name: _____	Student ID: _____
------------------------	---------------------	-------------------

The school team has tried a variety of assistive technology strategies and tools to address the learning needs of this student. The student has shown a need for continued use of assistive technology. As a result, the following recommendations are being made. Information from this report should be used to develop a quality IEP and should be updated at least annually.

Tool/Strategy	Task(s) Specifically, what will the student do? (make sure this aligns with IEP goals)	Environment(s) Where will the student use this tool?	Set up, support and maintenance required	Team member responsible	Level of Support Needed (see below)

Levels of Support: 1 Monthly/consultation 2 Weekly/collaboration 3 Extensive/Daily 4 Multiple times throughout each day

Date of Expected Review Meeting (must be at least annually): \_\_\_\_\_

Date of Review Meeting: _____ Action to be taken: <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue with designated strategies and tools</li> <li><input type="checkbox"/> Modify existing strategies and tools: (explain) _____</li> <li><input type="checkbox"/> Other (explain): _____</li> </ul>
--

# AT Assessment/Evaluation Report

If AT tools and strategies are successful:

- \* Outlines team member responsibilities
- \* Identifies the level of support/service the student needs
- \* The IEP team convenes an IEP meeting to review the AT assessment

The screenshot shows the top portion of a form titled "Assistive Technology Assessment/Evaluation Report". It includes a header with logos, a student information section, a paragraph of instructions, a table with six columns, and a section for "Date of Report" and "Date of Next Meeting".



Tool/Strategy	Task	Environment	Level of Support and Assistance Required	Task Duration	Level of Support Needed (see table)

Info from this report should be included in various sections of the IEP

# Ongoing Documentation of AT

After an AT Assessment/Evaluation Report has been completed for a student:

- \* NO new full ATIP or assessment is required unless specified by the IEP team
- \* A student's future AT needs can be documented on a new Assistive Technology Assessment/Evaluation Report (just page 7) as needed and attached to the prior ATIP/report

		Miami-Dade County Public Schools Division of Special Education			
<b>Assistive Technology Assessment/Evaluation Report</b>					
Date of Report : _____		Student Name: _____		Student ID: _____	
The school team has tried a variety of assistive technology strategies and tools to address the learning needs of this student. The student has shown a need for continued use of assistive technology. As a result, the following recommendations are being made. Information from this report should be used to develop a quality IEP and should be updated at least annually.					
Tool/Strategy	Task(s) Specifically, what will the student do? (make sure this aligns with IEP goals)	Environment(s) Where will the student use this tool?	Set up, support and maintenance required	Team member responsible	Level of Support Needed (see below)
Levels of Support: 1 Monthly/consultation 2 Weekly/collaboration 3 Extensive/Daily 4 Multiple times throughout each day					
Date of Expected Review Meeting (must be at least annually): _____					
Date of Review Meeting: _____ Action to be taken: <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue with designated strategies and tools</li> <li><input type="checkbox"/> Modify existing strategies and tools: (explain) _____</li> <li><input type="checkbox"/> Other (explain): _____</li> </ul>					



# Documenting AT in the IEP:

## Present Levels of Performance

The need for AT tools should be documented in the domain in which the student needs support, “The student is able to (task/goal) using (AT tool).”

For example,

\* “The student is able to request preferred items by pointing to photos.”

OR

\* “The student is able to write a paragraph using a keyboarding device.”

Curriculum &  
Learning

Communication

Independent  
Functioning

Social or  
Emotional  
Behavior

# Documenting AT in the IEP

## Goals

Goals may contain, as a condition, the use of AT using generic terms, NOT specific device names or brand names



- \* “... using a keyboarding tool”
- \* “ When given a calculator...”
- \* “when presented with a picture communication board...”



# Documenting AT in the IEP

## Assistive Technology

### Assistive Technology



Assistive Technology Name ▲	Classroom	Assessment	Subject	Start Date	End Date	Frequency
No items to display						
No items to display						



10 items per page

No items to display

Create

Print

# Documenting AT in the IEP

## Assurances

Assurances

Assurances

The IEP team assures that the following will be considered:

Assistive Technology devices and services needs

# The “I” in ATIP is for Implementation

- \* Success with Assistive Technology takes a team effort!
- \* All relevant support staff have responsibility for AT assessment.
- \* Some AT tools are self-explanatory and students get up and running right away
- \* Some students, using some AT tools may require significant adult support
- \* Don't give up - revise the tools and/or strategies if needed throughout the trial period
- \* Check the box: “To request assistance/support from District LATS” and submit the ATIP to: [assistivetech@dadeschools.net](mailto:assistivetech@dadeschools.net)



# Thank you for all you do!

For people without  
disabilities,  
assistive technology  
makes things easier.

For people with  
disabilities,  
assistive technology  
makes things **POSSIBLE.**

