

Assistive Technology FAQ

Q. What is Assistive Technology?

A. Federal law defines assistive technology (AT) as “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 functional capabilities of a child with a disability. Exception. - The term does not include a medical device that is surgically implanted, or the replacement of such device.” AT has three main categories: High tech (e.g., computers, devices with computer chips with great processing demands or circuitry), Mid tech (e.g., electronic equipment but less powerful than a computer), and Low tech (e.g., no computer or electrical technology). High tech examples include laptops, tablets, or electric wheelchairs. Mid tech examples include dedicated speech generating devices and calculators. Low tech examples include pencil grips and Velcro communication boards. More examples of various examples, and a great way of finding tools, can be found at [Maryland Assistive Technology Connection Hub](#).

Q. Isn't AT just speech generation and motorized wheelchairs?

A. Assistive technology is so much more. We think of technology as computers. Centuries ago, books were considered high technology when they were first introduced to society. Technology is any invention that makes life easier. We have a broad range of technology that can assist students with disabilities. It may be as simple as a pencil grip or as complex as a Chromebook. If it meets the definition of AT, then it is AT.

Q. How do I know if I need to check for AT for one student and not for another?

A. We should be checking for AT for all students. This is a requirement in all IEPs we put together. The difference is the amount of time and effort we put into looking. Some students don't need AT and we don't have to look very hard or long to come to that conclusion. Other students may require some more digging. If you are ever unsure about how deep to look, try asking, “Does the student need anything that meets the definition of AT in order to have an appropriate education and meet the IEP goals we want to set?” District AT specialists are great to collaborate with when you are unsure.

Q. What does it mean to “consider” AT for every IEP? Do I have to do an evaluation for every student?

A. Honestly, no one knows. This is extremely vague language in special education law. Not every student needs an evaluation, and not every piece of AT needs an evaluation at the start. For example, a pencil grip doesn't usually need an evaluation before it can be included in an IEP. It should be evaluated as the IEP year progresses in order to determine effectiveness and direct decisions in the future. However, something like augmented or alternative communication (AAC), which is much more pervasive in a student's life, should have an evaluation done before the district commits the time, money, and resources required to make it successful for the student.

Q. What about graphic organizers and visual schedules? Are they AT too?

A. Technically, yes. These two pieces of low tech do meet the definition of AT. However, they usually don't require an evaluation as something like AAC or speech-to-text does. It all depends on the student and learning demands. If the team suspects that a student may need a special organizer or schedule based on strengths and weaknesses, and the same tool needs to be available in all settings, then an evaluation may be needed. Otherwise, the team can evaluate different organizers and schedules throughout the IEP year and determine their effectiveness and future use at the next scheduled meeting.

Q. Are AT assessments standardized?

A. Because AT assessments are designed to look at individual needs to make decisions on device needs, they are not standardized like a cognitive or academic achievement test. However, there are formal forms and frameworks to use. The SETT (student, environment, tasks, tools) framework, developed by Joy Zabala is widely used. Assessment tools from the Wisconsin Assistive Technology Initiative (WATI) and University of Kentucky Assistive Technology (UKAT) Toolkit are also widely used.

Q. How does an AT assessment and evaluation work? What does it look like?

A. The person conducting the evaluation will start by look at student needs as indicated through the referral question. Next, the environment is examined to see if anything can be improved without the use of AT (e.g., seating arrangements, glare from windows, etc.). Tasks are then examined to see what the student is required to do and how on a daily basis. Finally, already available tools are examined to how well the student is able to use them, what the result is of using them, and how the teacher incorporates these tools in instruction. Once that information is gathered, the person conducting the evaluation will use assessment tools (e.g., WATI, UKAT Toolkit) to document gathered information, form a hypothesis, and create a plan to test possible AT solutions. This happens usually happens in a single-case design method (e.g., ABAB reversal, multiprobe multiple baseline). Once data is obtained from testing the hypothesis, a recommendation for use is given or the evaluator forms a new hypothesis to test. Typically an evaluator will only test two or three hypotheses before coming to a conclusion.

Q. Can School Psychologists give AT assessments/evaluations?

A. A school psychologist is trained in academic achievement testing, cognitive testing, behavioral assessment, and academic interventions. However, they are not trained in assistive technology assessment and evaluation unless that training was independently obtained elsewhere. A school psychologist may be a great collaborative partner for the AT evaluator to use, but a school psychologist is not qualified to be the principle evaluator during such assessment procedures. A school district usually has an AT specialist or team of specialists to handle such evaluation requests.

Q. What should I expect when working with an assistive technology specialist?

A. Expect a collaborative approach. The AT specialist does not know every AT device out there. Neither do they know everything about the subject. Rather, the AT specialist knows where to turn for answers and how to view problems and solutions through the lens of assistive technology. Expect the AT specialist to collaborate with you on how the problem manifests, what has been tried in the past, and in testing hypotheses. The specialist may have you help in data collection and fidelity checklists, observations of teacher and student behavior, or other means (e.g., cognitive assessments such as the Leiter-3 are highly valuable in conducting AAC evaluations). Do not expect short meetings with definitive answers. We use the scientific method, much like response to intervention, and not Google or Siri.

Q. What are some resources in Utah to help with evaluations and procuring devices?

A. [Ability 1st Utah](#) ; [Utah Assistive Technology Program](#) ; [Utah Assistive Technology Center](#) ; [Roads to Independence](#) ; [Utah Parent Center](#)