The “Individuals with Disabilities Education Act” (IDEA) places emphasis on assistive technology (AT) to ensure that all students with disabilities receive a free, appropriate, public education (FAPE).

Federal Definitions of Assistive Technology Devices and Services:

**Assistive Technology Devices** - any item, piece of equipment, 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 devices include a wide spectrum of low to high technology devices. Assistive Technology (AT) devices are often referred to as low-tech, mid-tech, or high-tech. Low-tech refers to devices that are relatively simple, such as built-up handles for eating, handheld magnifiers, pictures and writing utensils. Mid-tech devices maybe battery operated which require some training, such as talking spell checkers, amplifiers, and books on CD. High-tech devices generally require training in order to use the device, such as Bluetooth integration, communication devices, and voice recognition software.

**Assistive Technology Services** - any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device including evaluation, purchase or lease of a device, coordination and use of other therapies, intervention, or services with assistive technology devices, training or technical assistance and/or the child’s family, and training or technical assistance for professionals, employers, or other individuals who are substantially involved in the major life functions of an individual with a disability. Services also include selecting, designing, fitting, customizing, adapting, applying, retaining, repairing or replacing assistive technology devices.

AT is provided to an individual student to assist him/her to meet the goals of the Individualized Education Program (IEP) and to participate in the general school program to the maximum extent possible.

**What to Consider for AT:**

- Student’s strengths, abilities, skills, and preferences
- Environments in which the student functions
- Tasks, needs, activities from general education related to the IEP goals
- Tools to meet the IEP goals including AT devices and services

**Key Questions to Ask:**

- What is (are) the functional area(s) of concern? What does the student need to be able to do that is difficult or impossible to do independently at this time?
- What barriers exist and how does assistive technology help the student overcome those barriers?
- Is the student making adequate progress without AT?
Key Questions to Ask: (continued)

• Is the student independent and participating fully?
• Is the student currently using AT?
• Is the IEP team unsure if the student needs AT?

Where to Include AT in the IEP:

After a need for Assistive Technology has been determined, it is appropriate to state in the IEP, the features of the AT that have been found to be necessary to accomplish the IEP goal. This assures that the appropriate assistive technology will be made available. Typically, the features of the device are noted, rather than the specific device name (e.g. talking software vs. Write OutLoud) to allow for flexibility using different tools to meet IEP objectives. There are six areas on the IEP form where it is most appropriate to include AT.

The six areas include:

• Student Profile
• Present Level of Academic Achievement and Functional Performance
• Transition (as appropriate)
• Measurable Annual Goal and/or Benchmarks
• Supplementary Aids & Services: Frequency & Details/ AT Consideration Statement
• Special Education and Related Services

How Can a Local Education Agency (LEA) Improve Assistive Technology Practices?

• The LEA should create an assistive technology assessment team and procedures. There are no federal regulations regarding who can complete an assistive technology assessment. Most LEAs already have qualified personnel on staff (e.g., speech language pathologist, occupational therapist, physical therapist.)
• The LEA should have clearly written guidelines for documenting AT in the IEP.
• The guidelines should be systemically disseminated.
• A person should be designated to provide support and guidance in addressing the guidelines and implementation.
• The IEP Team should have a working knowledge of these guidelines.
• The guidelines should be consistently implemented.