

Assistive Technology Infusion Project Round 3

Student Identification District of Residence

District of Residence IRN#: Age: 15 IRN#: 045534

Contact Last Name: Mock Sex: Male District: Anytown Local Schools

Student Date of Birth: 01/19/1991 Grade: 6 County: Morrow

Student's Primary Disability: Developmental Disability Address: 100 Elm Street

School/Program Attending: ABC Elementary School City, State Zip: Anytown, OH 54322

Service Location: Educational Service Center

District Contact

Name: Mock, Susie

Title: Special Education Supervisor

Facility: Anytown Local Schools

Address: 100 Elm Street
City, State Zip: Anytown, OH 54322
Phone: (614) 234-5679
Fax: (614) 123-4566

Email:

Building Contact

Name: Mock, Susie
Title: Supervisor

Facility: Anytown Local Schools

Address: 100 Elm Street
City, State Zip: Anytown, OH 54322
Phone: (614) 234-5679
Fax: (614) 123-4566

Email:

Assistive Technology Items Requested

1 Notebook Computer

2 Co-Writer

3 Jump Start Typing

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Superintendent

Name: Doe, John
Title: Superintendent

Facility: Anytown Local Schools

Address: 100 Elm Street
City, State Zip: Anytown, OH 54322
Phone: (614) 234-5679
Fax: (614) 123-4566

Email:

Treasurer

Name: Doe, John Title: Treasurer

Facility: Anytown Local Schools

Address: 100 Elm Street
City, State Zip: Anytown, OH 54322
Phone: (614) 234-5679
Fax: (614) 123-4566

Email:

Primary category of this technology:

Curricular/Other

Technical

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Total Funding Requested: \$1,400.00

I. Problem Identification

A. Present Level of Performance

Summarize this student's abilities as they relate to educational/developmental performance and the techniques used for gathering this information. Please do not use the student's name.

M is a student with limited small and gross motor skills. As a result of poor muscle development in his hands, M is unable to form letters correctly. M has a difficult time using a pencil. M needs to be able to complete school tasks independently in his classroom. He needs to have access to some type of technology that will help him to produce written responses for assignments he is given. This will enable him to participate more freely in the general curriculum.

B. Statement of Critical Need

Indicate the specific educational and/or developmental needs for this individual student, including the specific tasks that you expect the student to do within the educational program and the environments where these tasks will be completed. **Please do not use the student's name.**

M is a sixth grade student who has limited small and gross motor skill development. He has difficulty writing legibly with a pen or pencil. His writing tends to be very large and light. He does not attend to writing visually therefore many letters are written on top of each other. M has a hard time with tasks such as cutting, pasting, and writing. He is required to do much writing during daily school tasks and is therefore limited in his ability to do things independently. He needs an adult to assist either by scribing his work, or by prompting him to watch what he is writing and to take his time. M is also easily distracted when he is not able to comprehend the task at hand. He requires visual aides at all times to understand information that is presented. M needs tasks that involve tactile and well as visual elements.

C. Past and Current Accommodations/Modifications

Discuss past and current modifications and/or accommodations, including how long these have been in place, and why or why not these are effective. Please do not use the student's name. This section is optional for applications requesting a total of \$3,000 or less

M uses the word processing program whenever responses are required in Language Arts, Reading, Science, Social Studies, and Health, although he has limited access to the computer. For math he uses a pencil and paper. He has been given various types of writing instruments to attempt to improve writing to the point of legibility. So far none of these attempts have been successful other then the computer word processing.

II. Solution Generation

D. Feature Match

List the assistive technology features that match the identified needs of the student. Discuss those features in terms of the student's ability to use these features. **Please do not use the student's name.**

M needs a computer allowing him to type his responses. He needs a systematic typing program to learn how to type. It will also be important that this student uses a program such as Co-Writer this will allow him to hear and see his mistakes.

Another area of concern in the regular classroom environment for student is that his instruction does not incorporate visual supports. The support would give him access to the regular curriculum. By using an application such as Power Point, his teachers could provide visual supports in the form of slides with photographs to visually support instruction.

E. Continuum of Options and Trial Use

045534-mock-1/19/1991/

List the assistive technologies that were considered in meeting the student needs identified in this assistive technology process. Indicate trial use, duration, and results. If no trial period was implemented, please explain. **Please do not use the student's name.**

	Device/Software Considered	Trial Period	Duration of Trial		
1	Desktop computer	Yes	September 2001-present		
	Results/Explanation				
	Student has learned to open a new document, insert his name and his written responses, save work and print document to be handed in				
2	Typing program: Mario Teaches Typing	Yes	February 2002-present		
Program seems to be too rapid for student to follow. He enjoys the concept of typing and seems to be using bette keyboarding skills but would benefit from a different type of application					
3	Laptop computer	No			
	aptop. Work seems to be successful				
4	Home desktop computer	Yes	October 2001-present		

Student is able to complete homework assignments on family computer and email then to intervention specialist. He is now able to sit and complete work on his own. Parents are pleased with progress. 5 6 7 8 9 10 11 12

Application Number 13767

III. Solution Selection

F. Selection

Describe how the recommended technology(ies) meet individual needs and will facilitate student outcomes. Is this a cost-effective solution to meet the individual student's needs? Describe why the team selected this technology over other options. Please do not use the student's name.

1. Technology Recommended

Notebook Computer

Rationale for Recommendations

Would provide student with a portable computer to be used in all school environments. Student would have capability to access regular curriculum in regular classrooms as well as resource room with this suupport. Student responds well to the use of tactile learning tools. The tactile nature of the keys would satisfy the need to touch things.

2. Technology Recommended

Co-Writer

Writing program that would assist student in gaining independence in the school envioronment where writing is required. Auditory feedback will replace an aide in assisting with each writing task.

3. Technology Recommended

Jump Start Typing

Would provide student with a systematic typing program to buildgood keyboarding skills.

- 4. Technology Recommended
- 5. Technology Recommended
- 6. Technology Recommended
- 7. Technology Recommended
- 8. Technology Recommended
- 9. Technology Recommended
- 10. Technology Recommended
- 11. Technology Recommended
- 12. Technology Recommended

III. Solution Selection

G. Assistive Technology Requested

Please contact vendors to explore reduced pricing opportunities available in Ohio.

1	Vendor	Gateway		Web	http://www.gateway.	Item	Notebook Compu	ıter
	Address	36 Fiesta Lane		Ph	(888)851-7359	Model	Gateway Solo 14	00 SE
		Mmiamisburg , OH	45342	Fax		1 @	1,050.00 =	\$1,050.00
	Contact			TF	(888) 851-7359	Shippin	ng and Handling	
2	Vendor	Mayer-Johnson, Inc.		Web	http://www.mayer-	Item	Co-Writer	
	Address	P.O. Box 1579		Ph	iohnson com/ (858) 550-0084	Model		
		Solana Beach , CA	92075-7579	Fax	(858) 550-0449	1 @	325.00 =	\$325.00
	Contact			TF	(800) 588-4548	Shippin	ng and Handling	
3	Vendor	Best Buy		Web	http://www.BestBuy.com	Item	Jump Start Typin	ig
	Address	PO BOX 949		Ph	(888) 237-8289	Model	Knowledge Adve	nture: Jump
		Minneapolis , MN	55440	Fax	(248) 362-9606	1 @	25.00 =	\$25.00
	Contact			TF	(800) 588-4548	Shippin	ng and Handling	
4	Vendor			Web		Item		

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Total Amount Requested

\$1,400.00

IV. Implementation

H. Goal setting

Identify measurable goal(s) that you anticipate this individual student will achieve with the requested technology(ies) within one year. Goals should be stated in terms off measurable outcomes. The goals and objectives should be related to the student's current IEP or IFSP. **Please do not use the student's name.**

- I. Student will use technology to communicate ideas in writing.
- A. Given a word processing program, student will type, save, and print writing assignments and increase quantity of output by 25%.
- B. Student will use a word processing program to type appropriate responses to worksheet blanks and increase quantity of output by 25%.
 - C. Student will correct written mistakes that do not make sense in writing by responding to verbal correction.

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D. Student will use visual cues such as charts, diagrams, and photographs to accompany the classroom curriculum.

I. Evaluation Plan

Indicate techniques and frequency for collecting data to evaluate student progress toward these goals. Please do not use the student's name.

Objectives will be monitored monthly through observation by Intervention Specialist and Regular classroom teacher. Charting will note whether student can correctly open, type, save, and print a document without assistance, and measure the level of output for each assignment. Records of mastery will be kept as to how well the student is using visual cueing.

IV. Implementation

J.	Team	Members	and	Respon	sibilities
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dicate the team members necessary to ensure implementation of the proposed assistive technology(ies) and their specific
esponsibilities. If application is approved, a list of signatures will be required. If parents or students are a part of the team, do no
se their names; list the words "Parent" or "Student" only.

	Indicate the team members necessary to ensure implementation of the proposed assistive technology(ies) and their specific responsibilities. If application is approved, a list of signatures will be required. If parents or students are a part of the team, do not use their names; list the words "Parent" or "Student" only.				
	Name/Title/Responsibilities				
1	Intervention Specialist				
	Oversee proper use of the laptop as well as prepare and implement visual cues in the regular classroom and resource room,				
2	Speech/Language Pathologist				
	Consult with team members on appropriate use of visual cues, provide support in gaining visual cueing; assist in the implementation and training of Co-Writer				
3	Parent				
	Oversee use of technology in the home environment.				
4	Occupational Therapist				
	Train student on use of typing program, maintain weekly consultation with intervention specialist during school year.				
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	Local Share				
	Supports and Services				
	Describe specific supports and services which have been and/or will be provided by the district to support this student. Include alternate funding sources, training for staff, parents or students, teacher planning time, repair and maintenance or other technical assistance. List one support or service per page.				
	Proposed/ Funding				
	Supports and Services Completed Provider Source Cost				
1	Special Education department has already provided IntelliKeys program for use in the resource room for this student in an attempt to provide furthur access to educational tasks without requiring pencil and paper composition.				
	Completed				
2	Special Education edepartment provides one hour per month of planning time for inclusion teams to plan for instructional purposes, and accomodations for students with special needs. Completed				
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Total Amount of Local Share

V. Local Share

L. Other Funding Options.

List funding sources, other than ATIP, that have been considered or pursued for this student. This section is optional for applications that total \$3,000 or less.

Funding Options	Considered	Pursued	Results/Explanation
Medicaid	No	Yes	Family did not qualify
Personal Insurance	No		
MR/DD	Yes	Yes	No response
Rehab. Services Comm.: BVR, BSVI	No	No	
SchoolNet (i.e.: TLCF, Schoolnet Plus)	No	No	
ORCLISH (i.e.: Federal Quota, Impact Study)	No	No	
Civic or Community Organizations		No	
Ohio Dept of Health: BCMH			
Other		No	

VI. Significance

M. District Technology Plan Integration

Describe efforts to integrate assistive technology devices and services within the building and district, including incorporation in the district technology plan.

Currently the district provides computers in all classrooms in the school district for work on the World Wide Web, and for student research and presentations. The district encourages the use of technology in as many was as possible in the classroom to improve student acheievement. the district is committed to helping all students learn to use technology.

N. Access to the General Curriculum

How will the assistive technolog(ies) requested support instruction that allows the student to actively engage in the general education classroom and progress in the general curriculum? Please do not use student's name.

The requested technology this student can become an active participant in his regular classroom. With visual supports, this student is capable of following a modified version of the regular curriculum. The student will be able to engage in Science, Social Studies, and Health activities on grade level in a regular classroom with peers, when supported by these technologies. This student will have greater access to the curriculum through the use of visual supports which will improve mastery of concepts being taught. When given an opportunity to use technology for the purpose of written communication, student will enjoy more time in a regular classroom environment.