TATE:
Training Assistive Technology in the Environment
Training Toolkit

Section II
Needs Assessment

The **Needs Assessment** section provides you with tools for gathering client background information, including the client's current abilities, memory and organization systems, and personal goals. This section also includes guidelines for selecting devices and apps as well as an assistive technology for cognition (ATC) *Basic Skills and Routines Assessment* to determine where to start training and how to chart progress.

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Julia: Case Study

Purpose: To provide a snapshot of ATC Needs Assessment and Training using a hypothetical client—"Julia." Julia's case will be used as an example throughout the **Needs Assessment** and **Training** sections of this Toolkit.

Directions: Take a few minutes to read Julia's case study. If you have time, briefly review the Toolkit forms suggested below. See page 31 through the end of this section for blank forms.

Client: Julia is 53 years old and lives on her own. She has made significant gains since a stroke five years ago but continues to experience mild-moderate memory and organizational challenges that prevent her from returning to work as a certified nursing assistant. She has two grown sons, one of whom lives in town with his family, and several close friends that live nearby. She recently started a vocational training program working two hours a day, five days a week at a doctor's office performing selected clerical tasks. Julia's goal is to become more independent at work and increase her hours. Julia uses a cell phone and computer for email only.

Voc Rehab Counselor & Trainer: Tim is Julia's vocational rehabilitation counselor and Anna is her on-site job coach. At the outset of their work together, Julia, Tim, and Anna used the *TATE ATC Toolkit* to help with the process of vocational goal planning, ATC device selection, and training. Both Tim and Anna are comfortable with a range of technologies.

General: Early on, Tim and Julia met once a week for goal planning and to determine how technology could help Julia on the job. Tim asked Anna and Julia to fill out the *Walk through the Week* log to pinpoint which aspects of Julia's job were going well and which were challenging and could be helped by using ATC. *Take a moment now to briefly review the forms starting on page 3 of the* **Needs Assessment** *section of this Toolkit.*

Device & Apps: Julia, Tim, and Anna then decided she was ready to incorporate ATC on the job, taking a careful approach to device and app selection. They realized she needed a way to record multi-step clerical tasks (e.g., copying, data entry) that could be programmed with an alert to remember to review these tasks later. They determined that an iPod Touch downloaded with the *Forgetful* app would be a good match for Julia. Vocational rehab paid for the device and the app. Anna downloaded the *Forgetful* app onto Julia's device. *Take a moment now to briefly review the forms starting on page 22 of the* **Needs Assessment** *section of this Toolkit.*

NEXT STEPS:
Move on through the **Needs Assessment** section.

Survey of Technology Use (Client)

Purpose: To open up a conversation with the client regarding his/her own experience and comfort with technology. People have a range of experiences using technology. Younger individuals may be very comfortable with technology but not sure how to integrate it into their lives following a brain injury. Older individuals may have less comfort and experience with technology and therefore need more training on the basics.

Directions: Go through the survey with the client, asking them about their experience and comfort using technology. See page 32 for a blank form.

Time needed to complete assessment: 10 minutes

Notes:

Need to ask if Julia is comfortable with me talking to her sons about her current use of technology.

Survey of Technology Use (Client)

Name _Julia_

Form completed by _Tim_

Today's Date _10/8_

SECTION A. TECHNOLOGIES YOU FREQUENTLY USE:

Check the items you used either before and/or after your injury:

For General Purposes	For Memory/Organization (ATC)
☒ ATM /cash machine	☐ Watch with a programmable alarm
☒ TV	☐ Electronic calendar or PDA (ex. Palm Pilot; iPod Touch)
☒ Remote control for my electronic devices such as my TV, DVD player	☐ Audio recorder
☐ Game console (xBox, Nintendo Wii)	☒ Cell phone (e.g., alarm function)
☐ DVD/VCR player	☐ Smart phone
☒ CD/tape player	☐ Digital camera
☒ Portable music player (ex. iPod, MP3 player)	☒ Computer—Used for?
☐ Portable game device (ex. Gameboy, Nintendo DS)	o Work
☒ Answering machine or voice mail	• Pleasure
☐ Cell phone or smart phone for call only	o GPS
	☐ Other
	☐ None

	Yes	No		Yes	No
Did you use general technology before your injury?	☒	☐	Did you use ATC before your injury?	☒	☐
Do you use general technology now (in the last week)?	☒	☐	Do you use ATC now (in the last week)?	☒	☐

Notes:

Julia was surprised by the amount of technology she actually uses.

Survey of Technology Use (Client)

SECTION B. OVERALL FEELINGS ABOUT TECHNOLOGY

Answer all the questions below by circling the option that you agree with most.
There is no right or wrong answer. This helps you understand your feelings about technology.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I am comfortable with technology.	1	2	3	(4)
Using technology comes easy to me.	1	2	3	(4)
Technology helps with my creativity.	1	2	3	(4)
I enjoy using technology.	1	2	3	(4)
Technology brings me together with people.	1	2	3	(4)
Technology raises my opinion of myself.	1	2	3	(4)
Technology helps me achieve my goals.	1	2	3	(4)
Other people encourage my technology use.	(1)	2	3	4
My experience with technology is positive.	1	2	(3)	4
I can solve problems with technology.	1	2	3	(4)

Total the points received: **36**

A score of 10-20 indicates a generally positive view of technology.
A score of 21-20 may indicate mixed feelings about technology.
A score of 30-40 indicates a generally negative view of technology.

Notes:

She really doesn't like using technology, but is open to trying something new.

Her sons want her to try using a better system.

This section is from the *Survey of Technology Use* and is used with permission from the Institute for Matching Person & Technology, Inc. (Section B)

NEXT STEPS:
Move on to the *Client's Abilities* form.

Client's Abilities

Purpose: To open up a conversation with the client regarding his/her strengths and challenges, particularly when considering use of a handheld device. The goal is to avoid selecting a system that will be frustrating to use (e.g., too small, too many features) and that doesn't serve a clear purpose.

Directions:
Complete this assessment with your client. This can be done informally in a conversational format; the client does not necessarily have to fill out the form.

Read through each item below and ask the client to rate and/or explain his/her abilities in each area. Lower scores suggest more challenges; higher scores fewer challenges. You and/or others who know the client well might also want to fill out this form (separately from the client) to get multiple perspectives. Combine with other information (e.g., neuropsychological, OT evaluations) See page 34 for a blank form.

Time needed to complete assessment: 10 minutes

> **Notes:**
>
> *Julia is concerned about her finances.*
>
> *She really wants to focus on work.*

Client's Abilities

Name: _Julia_   **Form Completed By:** _Tim_

Age/DOB: _53_   **Today's Date:** _10/8_

Date of brain injury: _2007_   **Type of brain injury:** _Stroke_

As of today, rate your abilities in each area.

Section A. Thinking & Remembering	Poor	⇒		Excellent		Comments
Attention/Concentration	1	2	3	④	5	
Self-Awareness	1	2	3	4	⑤	
Remembering	1	2	③	4	5	
Organizing	1	2	③	4	5	
Navigation (not getting lost)	1	②	3	4	5	

Section B. Language-Senses-Movement	Poor	⇒		Excellent		Comments
Understanding	1	2	3	4	⑤	
Expression	1	2	3	4	⑤	
Seeing	1	②	3	4	5	Fine with glasses
Hearing	1	2	3	④	5	
Speech	1	2	3	4	⑤	
Physical Strength and Stamina	1	2	③	4	5	Lots of fatigue
Lower body use (hips, legs, feet)	1	2	③	4	5	
Grasping and use of fingers	1	2	3	4	⑤	
Upper body use (arms, shoulders, trunk)	1	2	3	4	⑤	
Mobility (getting around)	1	2	③	4	5	

Section C. General - Life Satisfaction	Poor	⇒		Excellent		Comments
Personal care and household activities	1	2	3	④	5	
Physical comfort & well being	1	2	③	4	5	
Overall health	1	2	③	4	5	
Freedom to go wherever desired	1	2	3	④	5	
Participation in desired activities	1	2	③	4	5	
Educational attainment	1	2	3	4	⑤	
Employment status/ potential	1	②	3	4	5	
Family relationships	1	2	3	④	5	Close to sons
Close, intimate relationships	1	2	③	4	5	
Autonomy, self-determination (choosing)	1	2	3	4	⑤	

Fitting in, belonging, feeling connected	1	2	③	4	5
Emotional well-being	1	②	3	4	5
Finances	1	②	3	4	5

Section D. Other Medical Conditions (e.g., seizures, dizziness, headaches). List here:

Dizziness/ vertigo

Section E. Self-Understanding -Which of the 5 statements below BEST describes you?

☐ I have the support I want from family/friends.

☐ I feel encouraged by people who help me.

☐ I feel the general public accepts me.

☒ I want to go to school or work.

☒ I have many things I want to accomplish.

☐ Family/friends don't encourage me.

☒ I am often frustrated or overwhelmed.

☐ I am curious & excited about new things.

☐ I am usually calm and patient.

☐ I am often discouraged.

☐ I like having a challenge.

☒ I feel nervous in groups of people.

☐ I find technology interesting.

☒ I want more independence.

Summary:

Section A: Thinking-Remembering
Notes: *Julia has good attention-awareness. Could benefit from ATC to support memory-organization*

Section B: Language-Senses-Movement
Notes: *Vision corrected with glasses*

Section C: General-Life Satisfaction
Notes: *Very concerned about employment, finances. Some family-friend support*

Section D: Other Medical Conditions
Notes: *Need to keep dizziness in mind when using ATC in the community*

Section E: Self-Understanding
Notes: *Clear sense of her goals and potential barriers, such as feeling overwhelmed*

This section is from the *Assistive Technology Device Predisposition Assessment* and is used with permission from the Institute for Matching Person & Technology, Inc. (Sections C-E)

NEXT STEPS:
Move on to **Client's Memory and Organization Systems**, **Low vs. High-Tech Tools** and/or **Client's Background Summary** forms.

Client's Current Memory and Organization Systems

Purpose: To open up a conversation with the client regarding what types of memory and organization systems s/he is currently using in order to better determine the need for ATC. Perhaps you will discover the client already has some form of ATC but has not received systematic training to effectively use it.

Directions: Read through each item with the client and have him/her rate his/her abilities in each area. You and/or others who know the client well might also want to fill out this form (separately from the client) to get multiple perspectives. Use the menu of *Low vs. High Tech Options* to help with this assessment process. See page 36 for a blank form.

Time needed to complete assessment: 10 minutes

Notes:

Julia uses several different systems for appointments,

to-dos & reminders.

Confusing—loses track of systems.

Client's Current Memory and Organization Systems

Use this as a conversation starter to understand current memory/ organization systems.
Circle all that apply.

Scoring Scale:
5   Independent (no help needed)
4   Can do with minimal help
3   Can do with some help
2   Can do with lots of help
1   Not independent; can't do without help

Name: _Julia_   **Form completed by:** _Tim_   **Date:** _10/8_

Appointments (activities, events, other)

What is your current system for tracking appointments? Examples:
Low tech: (wall calendar), (planner), (someone else)   **High tech:** cell phone, smartphone, tablet
Other:

How well do you keep track of appointments?   1   (2)   3   4   5

Contacts (name, address, phone, other)

What is your current system for keeping track of contacts?
Low tech: (address book)   **High tech:** (cell phone) smartphone, tablet
Other:

How well do you keep track of contacts?   1   2   3   4   (5)

To Do List (daily, weekly, long-term)

What is your current system for keeping track of the things you need to do?
Low tech: (piece of paper), (notepad), planner   **High tech:** cell phone, smartphone, tablet
Other:

How well do you plan or follow to do lists?   1   2   (3)   4   5

Expenses/Finances

What is your current system for keeping track of your finances/the amount you are spending?
Low tech: (notepad), planner   **High tech:** cell phone, smartphone, tablet, calculator
Other:

How well do you keep track of finances or use a calculator?   1   2   (3)   4   5

Self-Reminders (medications, ideas, people to call, etc.)

What is your current system for remembering important information other than an appointment?
Low tech: (sticky notes), (notepad), timer   **High tech:** recorder, cell phone, smartphone, tablet
Other:

How well do you keep track of reminders/memos?   1   (2)   3   4   5

Client's Current Memory and Organization Systems

1. In general, are you happy with the current systems you use for memory and organization?

☐YES   ☒ NO

> **Why or why not?**
>
> *I keep double-booking myself and losing track of*
>
> *my systems.*

2. Which of the above areas do you think could be improved by using ATC (i.e., scored 4 or less). Check all that apply:

☒ Appointment/Activities

☐ Contacts

☒ To-Do List/Task

☐ Calculator/Expenses

☒ Self-Reminders

☒ Other: *Remembering complicated tasks*

3. Do you have a support system (e.g., family member, friend, staff) that could assist you with learning to use ATC?

☐ YES   ☐ NO   ☒ MAYBE

4. What is the current status of your finances for purchasing a new device and/or service contract, if applicable?

☐ Unlimited available resources - enough to purchase a device and on-going contract.

☒ Some resources - enough to purchase a device only.   *Voc Rehab to purchase*

☐ Very limited resources - enough to contribute some funds toward a device

☐ No resources for purchasing ATC.

☐ Non-applicable - already has a device; doesn't need service contract, etc.

NEXT STEPS:

Move on to *Low vs. High-Tech Tools for Supporting Memory and Organization*.

Low vs. High-Tech Tools for Supporting Memory and Organization

Purpose: To provide a comprehensive list of options for review during the assessment phase of working with a client.

Directions: Use this list to guide the process of determining what systems the client already uses (e.g., the *Client's Current Memory and Organization* systems form) and options to consider. See page 38 for a blank form.

NOTE: The client and family may decide that high-tech ATC for memory and organization is not their preference, that perhaps a low-tech option such as a simple kitchen timer and/or wall calendar for time management is all that is needed. If this is the case, then several sections of this manual may still be useful. Low-tech supports need to be systematically trained and made part of a routine every bit as much as more complex devices such as smartphones.

Time needed to complete assessment: 10 minutes

Notes:

Examples of a Range of Low vs. High-Tech Tools Categorized by Complexity and Task Type

Low-Tech/Specific Task

- Calculator
- Phone dialer
- Electronic speller, thesaurus, dictionary
- Watch/Clock
- Key Finder
- Mail sorter baskets
- Financial Planner
- Posted instructions on appliance (e.g., operating instructions for washer) or vocational activity (e.g., filing instructions)

- Pill box reminder
- Alarm clock
- Oven timer
- Labeler
- Color coding files, instructions, baskets
- Map; posted directional signs
- Address book

Mid-Tech/Specific Task

- Camera

High-Tech/Specific Task

- Specialized or adapted software programs to facilitate: writing (e.g., Word), reading (e.g., www.kurzweiledu.com), email (e.g., www.coglink.com)
- Global Positioning System (GPS)
- Smart pens (e.g., Livescribe)

Low-Tech/Multi-function

- Planner
- Post it notes
- Checklists/notepads
- Appointment calendars

- Car memo pads
- Voice mail
- Answering machine
- Watch beeps

Mid-Tech/Multi-function

- Data watches (e.g., Timex data watch, Fossil Wrist Palm, Casio Databank)
- Voice recorder/digital recorder
- Cell phone

- Pager

High-Tech/Multi-function

- Smartphones (e.g., iPhone, Android, Blackberry, Windows)
- Specialized Task Guidance systems (Planning and Executive Assistant and Trainer [PEAT]; ISAAC, Pocket Coach)

- Personal digital assistants (PDA) (e.g., iPod Touch)
- Tablets (e.g., iPad, Kindle, Windows, Samsung)

Adapted with permission from Sohlberg & Turkstra (2011). *Optimizing cognitive rehabilitation: Effective instructional methods.* Guilford Press.

NEXT STEPS: Move on to *Client's Background Summary*.

Client's Background Summary

Purpose: To obtain and summarize the background information needed to determine the next steps with this *Toolkit*.

Directions:

1. Complete the **Survey of Technology Use (Client), Client's Abilities,** and/or **Current Memory and Organization Systems** first. Use the information from these forms to complete Step 2.
2. Fill out the Summary checklist below to determine whether the client is a good candidate for ATC at this time. The client need not meet all the below conditions to successfully learn to use ATC. Consider the conditions as a whole and discuss them with the client and his/her family.
3. See page 40 for a blank form.

Name: *Julia*   **Form completed by:**   *Tim*   **Date:**   *10/8*

From the *Client's Abilities* form:	Yes	No
Time since injury: Has the client stabilized from his/her brain injury? (Client is not in the acute phase of recovery; s/he is at least 6 months - year post-injury).	☒	☐
Attention and awareness: Does the client have relatively good attention skills and awareness of his/her strengths & challenges?	☒	☐
Remembering and organizing: Does the client have memory and/or organizational challenges that could benefit from using ATC?	☒	☐
Language, senses, movement: Does the client have relatively good vision, hearing, hand movement, and language skills?	☒	☐
From the *Survey of Technology Use & Current Memory & Organization Systems* (Client) forms	Yes	No
Experience and comfort: Did the client use low-tech and/or high-tech systems before the injury?	☒	☐

Does s/he use some type of system now?	☒	☐
Motivation—Expectations: Can the client and trainer answer this key question: "What will ATC help me accomplish that I'm not already able to do?"	☒	☐
Motivation—Readiness: Does the client demonstrate a generally positive view toward technology and/or indicate a readiness to learn ATC?	☒	☐
Finances: Does the client have the resources to purchase a device as well as a service contract, data plan, or maintaining the device, if needed? **Note:** If the client already has a device that is a good fit, then write N/A.	☐	☒
Support system: Does the client have other people in his/her life besides the trainer to encourage and reinforce his/her use of ATC?	☒	☐

Is the client a good candidate for ATC? Why or why not?

Notes:

   Julia's awareness of her challenges, combined with her motivation to learn to use ATC and her support system make her a good candidate for ATC.

NEXT STEPS:

1. If the client appears to be a good candidate for ATC, continue with the *Toolkit* on the next page (***Client's Goal Planning***).
2. If the client does not appear to be a good candidate for ATC at this time, continue on to the ***Client's Goal Planning*** section with other purposes in mind (e.g., training low-tech systems).

Client's Goal Planning—Overview

Purpose: To start a discussion with the client about his/her hopes and dreams. Then, based on their hopes and dreams, to collaboratively develop *realistic* goals, including how learning and using ATC will support them.

This is time well spent as it prevents selecting ATC for the wrong reasons (e.g., "technology for technology's sake" or "because I think I'm supposed to use it"), and it will be something to refer to during training to sustain and increase trainer and client motivation.

Directions—Before the Interview:

1. This discussion can take place over the course of more than one session. For many clients, 15–20 minute sessions on this topic spread out over 1–2 weeks works well. If appropriate, include significant others chosen by the client who can offer a positive but realistic perspective.
2. Have a writing tablet, dry erase board, or large sheet of butcher paper available and several blank copies of the *Goal Planning Sheet* for brainstorming and sketching out ideas.
3. Adopt a frame of mind supportive of the client. The goal is to neither offer too much direction (telling them exactly what they should or should not do) nor be overly accommodating (letting them freely discuss whatever is on their mind and getting off task).
4. Think of this as a guided discussion, the outcome of which is a clear sense of purpose and direction regarding realistic, motivating, personal goals and how the use of ATC fits into those goals. There should be buy-in from everyone—the client, the trainer, and family members.
5. Once the initial goal planning process is completed, plan on returning to these interview questions and the *Goal Planning Sheet* with the client in the future to document progress, update goals, plans, etc.
6. See page 42 for a blank form.

Client's Goal Planning—Interview Questions

Name: *Julia* **Interview completed by:** *Tim* **Date:** *10/10*

Introduction script: "I'd like to learn more about your hopes, dreams, and goals for the future and to see how technology might help you achieve those goals. Let's begin with the big picture, then go from there."

Trainer: Ask the questions and record answers in the space below.

1. "What are your hopes for your future in terms of _____?"
   [Fill-in the blank with specific items from list below or other options appropriate to the client.]

   - Employment; Volunteerism
   - Education
   - Family life
   - Social life
   - Personal health
   - Transportation
   - Recreation
   - Hobbies
   - Other

   maintain current job

   increase work hours

   be more on top of things

2. "What are you or people you know **already doing** that could help you reach your goals for [item(s) from above]?"

   People give me lots of reminders & repeat instructions

3. "What is the first thing you or someone you know and trust **could do next** to help you increase your chances of success in each area?"

   Be patient as I learn to use technology

4. Summarize the above information for client and write it down.

NOTE: Refer to the **Goal Planning Sheet** *for items # 5-12.*

5. Pull out **Goal Planning Sheet**; point to "My Goal is to…" in the cloud on the mountain top.
6. "This says My Goal is to [insert goal]. Below that are some examples of goals other people have had. You might share some of these goals or have others of your own."
7. "What is an achievable goal you'd like to focus on for [insert timeframe]?"
8. Point to "You are here" on the left side of the sheet. "Where would you say you are with this goal right now?"
9. Point to "How will technology help?" in the middle of the form. "Let's talk about how technology can help you achieve your goal."
10. Read through each area listed and discuss possible applications.
11. "Based on your goal, choose one or two of these areas to focus on as you select and learn to use technology."
12. Summarize all three sections of the **Goal Planning Sheet**.

Notes/Steps:

Julia is very aware of her cognitive challenges and really wants to figure out how to use the technology to make things go better at work. She is very motivated around this issue and would like to increase the # of hours she works.

NEXT STEPS:

1. After completing the *Client's Goal Planning* process, move on to **A Walk Through the Client's Week—Overview.**
2. Develop a list of specific steps with the client to help him/her move forward with goal planning, including ATC device selection and training as appropriate.

Client's Goal Planning

My goal is to:

Maintain current employment and increase the number of hours that I am able to work.

Goals for: _____ *Julia* _____

Today's Date: _____ *10/10* _____

Completed By: _____ *Tim* _____

YOU ARE HERE

Working but not enough hrs. Need help remembering how to do tasks

How will technology help? (Check top 1-2 choices)

☒ MEMORY: Remembering where I need to be, what I need to do, and when (Ex. Calendar & alarms for appointments, birthdays)

☒ ORGANIZATION: Keeping track of important information (Ex. To do list, memos)

☐ CONNECTION: Getting in touch with other people (Ex. Phone, email)

☒ GETTING AROUND: Going places (Ex. Camera, GPS)

☐ STIMULATION: Exercising my brain & having fun (Ex. Games, music)

Examples of Goals

- Increase contact with family
- Volunteer
- Get a job
- Go to school
- Do more around my apartment/house
- Take my medications
- Take care of a pet
- Other:

A Walk Through a Client's Week

Purpose: To gain an experiential understanding of the client's successes and challenges as related to the use of ATC. Why is this step important? No amount of *talking* can ever replace *actually observing* the client's successes and challenges in daily life.

Directions:

1. If possible within your work setting and time constraints, go out with the client into the community, visit his/her at home, etc., to get a feel for what his/her life is really like.
2. Ask the client and/or others who know him/her well to fill out the weekly log documenting daily successes and challenges that may be relevant to the use of ATC (e.g., fatigue, memory lapses, missed appointments).
3. If it's difficult for the client to remember to fill out the log, send an email or call once a day to briefly chat and have them tell you how it's going between visits with you. Record this information in the log.
4. Compare what you learn from this experience with what has been reported on the survey forms and goal planning interviews to date.
5. See page 45 for a blank form.

Notes:

Julia is tracking things she forgets and other challenges both at work and home in order to look for patterns (similarities or differences).

NEXT STEPS:
1. After completing the **Walk Through a Client's Week log**, revisit the **Goal Planning Sheet** and revise, as necessary.
2. Move on to **Device and App Selection**.

A "Walk Through the Week" Log

Name: _Julia_   **Week of:** _October 14th_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning		_Realized I forgot to buy coffee_	_Great morning got up and out the door no problems!_	_Tired but made it to work, no problems_	_Couldn't find my cell phone, almost late to work_		
Afternoon		_Forgot how to make double sided copies_	_Needed help saving files on the computer ....again_ ☹		_Forgot how to log on to the new database_		_Got lost trying to find new restaurant._
Evening		_Really tired went to bed early_	_Son came over- frustrated that he had to show me how to lite the gas grill again_	_Good day at work_		_Stopped at store after work, forgot shopping list that I carefully made last night-urgh!_	
NOTES:							

Device & App Selection

Purpose: To guide the exploration, trial use, and purchase of ATC devices and apps.

Directions: Using information gathered from the *Client's Abilities* and *Client's Background Summary*, use these checklists as a conversation starter with the client during the trial use of a new device and/or when adding a new app.

Encourage family members and friends to participate in this process, particularly whoever will be helping the client purchase the device—there's a lot of information here, and it could be overwhelming.

*Selecting Devices***:** Questions to ask when looking for a device.

*Selecting Apps***:** Questions to ask when choosing apps (s). **(Note:** Native apps are those that come pre-installed on a device. Non-native apps are downloaded from the Internet (e.g., Apple App Store, Android Google Play Store).

Caution: We're living in the middle of an "app crazy" world; everywhere you turn people are talking about apps! Remember - it's important to be careful about selecting and carefully training apps.

For more information about specific apps found to be helpful for persons with brain injury, visit: **http://id4theweb.com/appreviews/**.

You can also review the "Sample App" tables on pages 26-27. (Note: These lists do not include all the possible apps that might be beneficial to individuals with cognitive challenges and are subject to change.)

For another useful tool to compare different types of technology and matching these to the client's needs, visit: **https://www.coglink.com:8080/TechMatch/**.

See also *Making a Device More Accessible*, page 25.

Selecting Devices Checklists do not need to be completed in order. (See "Low vs. High Tech Tools" on page 13 for examples of common devices.)

OPERATING SYSTEM: What is the operating system (OS) of the device? (Note: If a client is considering a device upgrade, transitioning between devices with the same OS [e.g., iPod Touch to iPhone] is generally easier than switching between OS [e.g., iPod Touch to Android phone].)

iOS	Android	Windows	Other
iPod Touch			

EASE-OF-USE: Is the device relatively easy for the client to handle and operate? For example, can the client do the following? (Note: See section on Making a Device More Accessible, page 25.)

- ☒ Transport and hold the device?
- ☒ Press on/off, volume buttons, etc.?
- ☒ See and read information on the screen?   *with glasses*
- ☒ Enter information and respond to the device via typing text, audio, photo, etc.?
- ☒ Hear the phone's ringer, alarms, alerts, etc.?

COST: Is the device, service/data plan (if applicable), and/or additional non-native apps, etc, affordable to the client?

- ☒ Yes
- ☐ No   *Can't afford iPhone with data plan, etc.*

Selecting Apps

SUPPORTING COGNITION: What app support does the client need? The client needs help with:

☐ Remembering to do future things (acting on intentions)	☒ Performing multi-step tasks, sequencing
☐ Recalling past events	☐ Multi-tasking (doing several things at once)
☐ Recalling newly learned information and skills	☐ Problem solving, making decisions
☐ Recalling important information/facts	☐ Finding one's way (route finding)
☐ Planning ahead	☐ Time management (including estimating and tracking time, pacing, etc.)
☐ Getting and staying organized	☐ Concentrating in the midst of distractions

Adapted with permission from Wild (2013).

Examples of Specific Apps

Native	Non-Native
☐ **Calendar:** Used to schedule appointments	☐ **Week Calendar:** Used to schedule appointments better than native Calendar app when scheduling recurring or complex appointments
☐ **Reminder:** Used to manage tasks and to-dos	☐ **Evernote:** Used for taking and managing notes. Includes ability to record and include photos.
☐ **Camera/Photos:** Used to take and manage photos	☐ **Appigo Todo:** Used for high-level task manage-ment. Includes ability to manage project tasks.
☐ **Notes:** Used to take brief notes	☐ **Corkulous Pro:** Used to create and organize visual notes
	☐ **PocketMoney:** Used to track and monitor financial information
	☒ **Forgetful:** Used to store text, audio, and video reminders

More Points to Consider (Note: Native applications, while potentially useful for some clients, are generally limited with regard to options for repeating information, setting alerts and tracking overlapping appointments.)

COMPLEXITY: How much "app complexity" can the client handle (e.g., number of steps involved with using the app; potential for getting lost in the app, etc.)?

Need to focus on just one app at a time; app needs to have few steps.

FEATURES: For calendar and other "reminder" apps, determine the following:

☐ Options for repeating information

☐ Options for alerts, including separate sounds, number of alerts one can set, ability to record one's own sounds/voice, etc.

☐ Notification for overlapping appointments

☐ Appointment color-coding

☒ "Push" notifications - alerts and reminders take over the screen; device has to be turned on

BACK UP: What is the system for backing up app contents - syncing to computer? Web-based "cloud" back up? Who will be responsible for backing up contents?

Summary: What are the most appropriate device and apps at this point? Rationale: *iPod Touch downloaded with* Forgetful *app is the best fit given Julia's needs on the job and with finances.*

NEXT STEPS: Once a device and app(s) have been selected, move on to the **Basic Skills and Routines Assessment Checklist.**

Making a Device More Accessible

Purpose: To provide trainers with suggestions on how to accommodate vision, hearing, movement, and speech-language challenges when using ATC devices. The table below lists just a few of the many possibilities of where to find information for making your client's device more accessible.

Directions:
1. Take the time to review the suggestions on the table on the next page.
2. Then think about what you've learned from the client and their family thus far, what you have observed, and what is recorded on the *Client's Abilities* form.
3. Does your client have difficulties with vision, hearing, speech-language and/or movement? What accessibility features might help with these challenges?
4. Try out a feature and together with the client decide if it makes a difference.

Where to find?	Features	Additional Information
Device: Settings (Already built into the device; not all devices have all these features)	Go to General Settings/ Accessibility folder of the device. Look for settings to adjust/use: • Font size & color • Background contrast • Volume • Voice commands (for texting, search, navigation, calling, and memo) • Speech to text • Text to speech • Ways to change touch screen access (e.g., Assistive Touch; iOS devices)	• Go to the manufacturer's website/manual for more information on how to use the accessibility settings on the device. • Go to *YouTube* to find a "How to" video. These are videos are often consumer made but can save a lot of time if you are having trouble figuring out how to do something on the device. • These videos are often consumer made but can save a lot of time if you are having trouble figuring out how to do something on a specific device.
Product Websites	• Apple and Microsoft each have special apps designed for people with special needs. • There are also apps specifically designed to run on Androids.	• www.apple.com/education/special-education/ • www.microsoft.com/enable/
Other Websites	There are many websites that offer great information on specific accommodations. These are just few to get you started.	• www.abledata.com • www.assistivetech.net • www.oneplaceforspecialneeds.com

Some Favorite Apps

Apps (not native to device)	Sample ATC Purposes for App	Where to find?	Cost	Important to client?
Pocket Informant	Supplemental Calendar, To-do, Notes, and Contacts in one app that includes the ability to customize repeat and alert intervals.	http://itunes.apple.com/us/app/pocket-informant/id302503702?mt=8	$12.99	
Notability	Take notes that synchronize with a digital audio recording-- tap a word to hear the audio that was recorded at the time the word was typed.	http://itunes.apple.com/us/app/notability-take-notes-annotate/id360593530?mt=8	$0.99	
Evernote	Take notes that can be automatically synchronized between any computer and all mobile devices.	http://itunes.apple.com/us/app/evernote/id281796108?mt=8	Free	
SimpleMind+	Take notes as part of a graphic organizer to better see and understand relationships between and among ideas.	http://itunes.apple.com/us/app/simplemind+-mind-mapping/id305727658?mt=8	Free/ $4.99	
Where's My Water?	Work on planning, evaluation, and problem-solving in a game environment.	http://itunes.apple.com/us/app/wheres-my-water/id449735650?mt=8	Free/ $0.99	
1Password	Used to track passwords from Websites, etc.	http://itunes.apple.com/us/app/1password-for-iphone/id285897618?mt=8	$9.99	

Some Favorite Reminder Apps

App	Developer	Cost	Optimized For	Reminder Content Options				Categorize	Routine/ Repeat	Pre-Alert	Separate Sounds	Nag	Response Options			Done	Complexity Rating (1=difficult; 5=easy)		Tutorials/ Help	Backup	Sync	Comments
				Text	Voice	Video	Photo						Snooze	Reschedule	Ignore/ Skip		Create	Respond				
iReminder	TechBase, LLC	$ 1.99	iPad	X				Y	Y	N	N	N	Y	Y	Y	Y	5	5	N	N	N	
ProReminder	Abdel Rahmen Saeed	free	iPhone	X	X			N	Y	N	Y	Y	Y	Y	N	Y	3	2	Web	Auto	N	Add contact phone # or audio memo
Aida Reminder	Sergio Licea	$ 0.99	iPad	X	X			N	Y	Y	Y	Y	Y	Y	N	N	3	2	Web	Email on command	N	
3do	Cleversome Ltd	$ 2.99	iPhone	X				N	Y	Y	N	N	Y			Y	4	4	N	N	N	Email or Text also
Due	Phocus LLP	$ 4.99	iPad	X				N	Y	N	Y	Y	Y	Y	N	Y	3	4	FAQ	Auto	iCloud, Dropbox	Reminders & Timers; 4 Quick time sets; Allows "undo" easily
Forgetful	Ibex UK	$ 2.99	iPad	X	X	X		N	Y	N	N	Y	Y	Y	Y	Y	5	4	Web	N	N	Auto plays audio when respond
Alarmed	Yoctoville	$ 1.99	iPad	X				N	Y	Y	Y	Y	Y	Y	N	Y	4	4	User's Guide	Auto	N	Reminders & Timers; Notes option; Pause all alarms option
Reminders!	Ripe Apps, Inc	$ 0.99	iPhone	X				N	Y	N	N	Y	Y	N	N	Y	5	3	N	N	N	Can add notes. Clear boxes make scheduling easy. Enter email or phone to auto link.
TextMinder	Adam Alexander	$ 1.99	iPhone	X				N	Y	Y	N	N	N	N	N	N	5	3	Web	N	N	Must be online.
PhotoMind	Koedal	$ 2.99	iPad	X			X	N	N	N	N	N	N	N	N	Y	5	5	N	N	N	Limited, but potentially useful with photos
BugMe!	Electric Pocket	Free	iPad	X			X	N	N	N	N	N	Y	N	N	N	4	3	Menu/ Web	N	N	Limited, but potentially useful with "sticky notes"
VoCal	Gzero	$ 6.99	iPhone	X	X			N	Y	Y	Y	N	Y	Y	N	Y	4	3	Web	N	N	

NOTE: These apps were reviewed by Dr. Rik Lemoncello in April 2012 and were deemed among the better reminder apps currently available. Other reminder apps not listed here were distracting, cumbersome to use, or did not offer added benefits to justify their cost.

Basic Skills & Routines Assessment Checklist: Overview

Purpose: To help you and your client determine which skills and routines will need systematic training, and to chart progress on those skills. Prioritize the skills and routines that will help the client achieve his or her goals. Observe which skills the client already has and which s/he needs to develop. See page 48 for a blank form.

Total time: 30–45 minutes

Overview: First, review the following definitions:

> **Program:** Device programs or apps, such as phone, calendar, contacts, notes, etc.
> **Pre-Requisite Skill:** Building block/step for a basic skill (e.g., locating calendar icon on home page)
> **Basic Skill:** Steps for operating the device
> **Routine**: Basic skill integrated into daily life
> **Checking skills**: Client checks/finds information in device
> **Entering skills:** Client enters/programs information into device

Directions:

1. Select which items on the *Basic Skills/Routines checklist* (page 30) you will observe.
2. For *Basic Skills* (Device Operation), ask the client to attempt selected items in a quiet setting.
3. For *Routines* (Device Integration), observe the client attempting to perform *Basic Skills* integrated into an everyday routine in their environment.

For clients with little ATC experience, begin with the *Basic Skills* for selected items (e.g., checking appointments in a quiet setting), then move on to the *Routines* (e.g., checking appointments throughout the day in the midst of distractions, other activities going on, etc.), if applicable. For clients with more advanced ATC skills, you might be able to skip ahead to *Routines*; your focus then shifts to whether s/he can perform *Basic Skills* when it really matters.

> **Important Point!**
> Clients with severe cognitive impairments might find it difficult to enter information into the device (e.g., entering their own appointments/ activities). However, they may be able to check information programmed by someone else. In this case, the trainer and client need to determine who else can do the programming, including downloading information from a computer.

NEXT STEPS:

Once the basic skills and/or routines have been assessed and prioritized, move on to *Section III — Training*.

Basic Skills & Routines Assessment Checklist

Name: _Julia_   **Completed by:** _Tim_

Date: _10/24_   **Device/Apps:** _iPod Touch, cell phone_

1 = Not independent; can't do without help
2 = Can do with lots of help
3 = Can do with some help
4 = Can do with minimal help
5 = Independent (no prompts needed)
N/A = Non-applicable

Program	Basic Skill (Device operation)	Routine (Device integration)	Comments
Phone (if applicable) _cell phone_			
Receives calls	1 2 3 4 ⑤ N/A	1 2 3 4 ⑤ N/A	
Makes calls	1 2 3 4 ⑤ N/A	1 2 3 4 ⑤ N/A	
Retrieves voice msg	1 2 3 4 ⑤ N/A	1 2 3 4 ⑤ N/A	_forgets to check_
Calendar _iPod Touch_			
Identifies today's date & time	1 2 3 4 ⑤ N/A	1 2 3 4 5 Ⓝ/Ⓐ	
Enters appts/events	1 2 ③ 4 5 N/A	1 2 3 4 5 Ⓝ/Ⓐ	_No opportunity to integrate_
Checks appts/events	1 2 3 ④ 5 N/A	1 2 3 4 5 Ⓝ/Ⓐ	_into routines yet_
Responds to alerts	1 2 ③ 4 5 N/A	1 2 3 4 5 Ⓝ/Ⓐ	_iPod is new_
Programs alerts	1 2 ③ 4 5 N/A	1 2 3 4 5 Ⓝ/Ⓐ	
Contacts _cell phone_			
Enters phone # & addresses	1 2 3 ④ 5 N/A	1 2 3 4 ⑤ N/A	_not a training target_
Checks phone # & addresses	1 2 3 ④ 5 N/A	1 2 3 4 ⑤ N/A	
Notes/To Dos _iPod Touch_			
Enters notes/To-Dos	1 2 3 ④ 5 N/A	1 2 3 4 5 Ⓝ/Ⓐ	_iPod is new_
Checks previously written notes/To-Dos	1 2 ③ 4 5 N/A	1 2 3 4 5 Ⓝ/Ⓐ	
ABCs of ATC _iPod Touch & cell phone_			
A-Always has the device	N/A	1 2 3 4 ⑤ N/A	
B-Be on it (Uses the device regularly)	N/A	1 2 ③ 4 5 N/A	
C-Charges the device	1 2 3 ④ 5 N/A	1 2 3 4 ⑤ N/A	_needs to be reminded_
S-Knows what to do when **S**tuck	1 2 ③ 4 5 N/A	1 2 ③ 4 5 N/A	

How many icons/apps does the device currently have on the home/main page?   **_4_**

List below any additional programs/apps the client is currently using and at what level (scale of 1-5):   _2——Forgetful app downloaded—needs lots of help_

NEXT STEPS: Initial Training Focus
**Forgetful** app for recording multi-step office tasks. Later focus on calendar program.

Blank Needs Assessment Forms

Purpose: This section contains blank versions of all the **Needs Assessment** forms. See the previous **Needs Assessment** sections to find examples of each form filled out according to Julia's case study.

Directions: Use these forms as needed to conduct a **Needs Assessment** with your client. You may not need all the forms.

Survey of Technology Use (Client)

Name _____   **Form completed by** _____

                                      Today's Date _____

SECTION A. TECHNOLOGIES YOU FREQUENTLY USE:

Check the items you used either before and/or after your injury:

For General Purposes	**For Memory/Organization (ATC)**
☐ ATM /cash machine	☐ Watch with a programmable alarm
☐ TV	☐ Electronic calendar or PDA (ex. Palm Pilot; iPod Touch)
☐ Remote control for my electronic devices such as my TV, DVD player	☐ Audio recorder
☐ Game console (xBox, Nintendo Wii)	☐ Cell phone (e.g., alarm function)
☐ DVD/VCR player	☐ Smart phone
☐ CD/tape player	☐ Digital camera
☐ Portable music player (ex. iPod, MP3 player)	☐ Computer—Used for?
☐ Portable game device (ex. Gameboy, Nintendo DS)	○ Work
☐ Answering machine or voice mail	● Pleasure
☐ Cell phone or smart phone for call only	○ GPS
	☐ Other
	☐ None

	Yes	**No**		**Yes**	**No**
Did you use general technology before your injury?	☐	☐	Did you use ATC before your injury?	☐	☐
Do you use general technology now (in the last week)?	☐	☐	Do you use ATC now (in the last week)?	☐	☐

Notes:

Survey of Technology Use (Client)

SECTION B. OVERALL FEELINGS ABOUT TECHNOLOGY

Answer all the questions below by circling the option that you agree with most.
There is no right or wrong answer. This helps you understand your feelings about technology.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I am comfortable with technology.	1	2	3	4
Using technology comes easy to me.	1	2	3	4
Technology helps with my creativity.	1	2	3	4
I enjoy using technology.	1	2	3	4
Technology brings me together with people.	1	2	3	4
Technology raises my opinion of myself.	1	2	3	4
Technology helps me achieve my goals.	1	2	3	4
Other people encourage my technology use.	1	2	3	4
My experience with technology is positive.	1	2	3	4
I can solve problems with technology.	1	2	3	4

Total the points received:

A score of 10-20 indicates a generally positive view of technology.
A score of 21-20 may indicate mixed feelings about technology.
A score of 30-40 indicates a generally negative view of technology.

Notes:

This section is from the *Survey of Technology Use* and is used with permission from the Institute for Matching Person & Technology, Inc. (Section B)

NEXT STEPS:
Move on to the *Client's Abilities* form.

Client's Abilities

Name: _____   Form Completed By: _____

Age/DOB: _____   Today's Date: _____

Date of brain injury: _____   Type of brain injury: _____

As of today, rate your abilities in each area.

Section A. Thinking & Remembering

	Poor ⇒ Excellent					Comments
Attention/Concentration	1	2	3	4	5	
Self-Awareness	1	2	3	4	5	
Remembering	1	2	3	4	5	
Organizing	1	2	3	4	5	
Navigation (not getting lost)	1	2	3	4	5	

Section B. Language-Senses-Movement

	Poor ⇒ Excellent					Comments
Understanding	1	2	3	4	5	
Expression	1	2	3	4	5	
Seeing	1	2	3	4	5	
Hearing	1	2	3	4	5	
Speech	1	2	3	4	5	
Physical Strength and Stamina	1	2	3	4	5	
Lower body use (hips, legs, feet)	1	2	3	4	5	
Grasping and use of fingers	1	2	3	4	5	
Upper body use (arms, shoulders, trunk)	1	2	3	4	5	
Mobility (getting around)	1	2	3	4	5	

Section C. General

	Poor ⇒ Excellent					Comments
Personal care and household activities	1	2	3	4	5	
Physical comfort & well being	1	2	3	4	5	
Overall health	1	2	3	4	5	
Freedom to go wherever desired	1	2	3	4	5	
Participation in desired activities	1	2	3	4	5	
Educational attainment	1	2	3	4	5	
Employment status/ potential	1	2	3	4	5	
Family relationships	1	2	3	4	5	
Close, intimate relationships	1	2	3	4	5	
Autonomy, self-determination (choosing)	1	2	3	4	5	

Fitting in, belonging, feeling connected	1	2	3	4	5
Emotional well-being	1	2	3	4	5
Finances	1	2	3	4	5

Section D. List other medical conditions (e.g., seizures, dizziness, headaches) here:

Section E. Which of the 5 statements below BEST describes you?

☐ I have the support I want from family/friends.

☐ I feel encouraged by people who help me.

☐ I feel the general public accepts me.

☐ I want to go to school or work.

☐ I have many things I want to accomplish.

☐ Family/friends don't encourage me.

☐ I am often frustrated or overwhelmed.

☐ I am curious & excited about new things.

☐ I am usually calm and patient.

☐ I am often discouraged.

☐ I like having a challenge.

☐ I feel nervous in groups of people.

☐ I find technology interesting.

☐ I want more independence.

Summary:

Section A: Thinking-Remembering

Notes:

Section B: Language-Senses-Movement

Notes:

Section C: General-Life Satisfaction

Notes:

Section D: Other Medical Conditions

Notes:

Section E: Self-Understanding

Notes:

This section is from the *Assistive Technology Device Predisposition Assessment* and is used with permission from the Institute for Matching Person & Technology, Inc. (Section C-E)

NEXT STEPS:

Move on to ***Client's Memory and Organization Systems***, ***Low vs. High-Tech Tools*** and/or ***Client's Background Summary*** forms.

Client's Current Memory and Organization Systems

Use this as a conversation starter to understand current memory/ organization systems. Circle all that apply.

Scoring Scale:
5	Independent (no help needed)
4	Can do with minimal help
3	Can do with some help
2	Can do with lots of help
1	Not independent; can't do without help

Name: _____ **Form completed by:** _____ **Date:** _____

Appointments (activities, events, other)

What is your current system for tracking appointments? Examples:
Low tech: wall calendar, planner, someone else **High tech:** cell phone, smartphone, tablet
Other:

How well do you keep track of appointments? **1   2   3   4   5**

Contacts (name, address, phone, other)

What is your current system for keeping track of contacts?
Low tech: address book   **High tech**: cell phone, smartphone, tablet
Other:

How well do you keep track of contacts? **1   2   3   4   5**

To Do List (daily, weekly, long-term)

What is your current system for keeping track of the things you need to do?
Low tech: piece of paper, notepad, planner **High tech:** cell phone, smartphone, tablet
Other:

How well do you plan or follow to do lists? **1   2   3   4   5**

Expenses/Finances

What is your current system for keeping track of your finances/the amount you are spending?
Low tech: notepad, planner   **High tech:** cell phone, smartphone, tablet, calculator
Other:

How well do you keep track of finances or use a calculator? **1   2   3   4   5**

Self-Reminders (medications, ideas, people to call, etc.)

What is your current system for remembering important information other than an appointment?
Low tech: sticky notes, notepad, timer   **High tech:** recorder, cell/smartphone, tablet
Other:

How well do you keep track of reminders/memos? **1   2   3   4   5**

Client's Current Memory and Organization Systems

1. In general, are you happy with the current systems you use for memory and organization?

☐YES ☐ NO

Why or why not?

2. Which of the above areas do you think could be improved by using ATC (i.e., scored 4 or less). Check all that apply:

☐ Appointment/Activities

☐ Contacts

☐ To-Do List/Task

☐ Calculator/Expenses

☐ Self-Reminders

☐ Other:

3. Do you have a support system (e.g., family member, friend, staff) that could assist you with learning to use ATC?

☐ YES ☐ NO ☐ MAYBE

4. What is the current status of your finances for purchasing a new device and/or service contract, if applicable?

☐ Unlimited available resources - enough to purchase a device and on-going contract.

☐ Some resources - enough to purchase a device only.

☐ Very limited resources - enough to contribute some funds toward a device

☐ No resources for purchasing ATC.

☐ Non-applicable - already has a device; doesn't need service contract, etc.

NEXT STEPS:

Move on to *Low vs. High-Tech Tools for Supporting Memory and Organization*.

Low vs. High-Tech Tools for Supporting Memory and Organization

Purpose: To provide a comprehensive list of options for review during the assessment phase of working with a client.

Directions: Use this list to guide the process of determining what systems the client already uses (e.g., the *Client's Current Memory and Organization* systems form) and options to consider.

NOTE: The client and family may decide that high-tech ATC for memory and organization is not their preference, that perhaps a low-tech option such as a simple kitchen timer and/or wall calendar for time management is all that is needed. If this is the case, then several sections of this manual may still be useful. Low-tech supports need to be systematically trained and made part of a routine every bit as much as more complex devices such as smartphones.

Time needed to complete assessment: 10 minutes

Notes:

Examples of a Range of Low vs. High-Tech Tools Categorized by Complexity and Task Type

Low-Tech/Specific Task

- Calculator
- Phone dialer
- Electronic speller, thesaurus, dictionary
- Watch/Clock
- Key Finder
- Mail sorter baskets
- Financial Planner
- Posted instructions on appliance (e.g., operating instructions for washer) or vocational activity (e.g., filing instructions)

- Pill box reminder
- Alarm clock
- Oven timer
- Labeler
- Color coding files, instructions, baskets
- Map; posted directional signs
- Address book

Mid-Tech/Specific Task

- Camera

High-Tech/Specific Task

- Specialized or adapted software programs to facilitate: writing (e.g., Word), reading (e.g., www.kurzweiledu.com), email (e.g., www.coglink.com)
- Global Positioning System (GPS)
- Smart pens (e.g., Livescribe)

Low-Tech/Multi-function

- Planner
- Post it notes
- Checklists/notepads
- Appointment calendars

- Car memo pads
- Voice mail
- Answering machine
- Watch beeps

Mid-Tech/Multi-function

- Data watches (e.g., Timex data watch, Fossil Wrist Palm, Casio Databank)
- Voice recorder/digital recorder
- Cell phone

- Pagers

High-Tech/Multi-function

- Smartphones (e.g., iPhone, Android, Blackberry, Windows)
- Specialized Task Guidance systems (Planning and Executive Assistant and Trainer [PEAT]; ISAAC, Pocket Coach)

- Personal digital assistants (PDA) (e.g., iPod Touch)
- Tablets (e.g., iPad, Kindle, Windows, Samsung)

Adapted with permission from Sohlberg & Turkstra (2011). *Optimizing cognitive rehabilitation: Effective instructional methods.* Guilford Press.

NEXT STEPS: Move on to *Client's Background Summary*.

Client's Background Summary

Name: **Form completed by:**   **Date:**

From the *Client's Abilities* form:	Yes	No
Time since injury: Has the client stabilized from his/her brain injury? (Client is not in the acute phase of recovery; s/he is at least 6 months - year post-injury).	☐	☐
Attention and awareness: Does the client have relatively good attention skills and awareness of his/her strengths & challenges?	☐	☐
Remembering and organizing: Does the client have memory and/or organizational challenges that could benefit from using ATC?	☐	☐
Language, senses, movement: Does the client have relatively good vision, hearing, hand movement, and language skills?	☐	☐
From the *Survey of Technology Use* & *Current Memory & Organization Systems* (Client) forms	Yes	No
Experience and comfort: Did the client use low-tech and/or high-tech systems before the injury?	☐	☐
Does s/he use some type of system now?	☐	☐
Motivation—Expectations: Can the client and trainer answer this key question: "What will ATC help me accomplish that I'm not already able to do?"	☐	☐
Motivation—Readiness: Does the client demonstrate a generally positive view toward technology and/or indicate a readiness to learn ATC?	☐	☐
Finances: Does the client have the resources to purchase a device as well as a service contract, data plan, or maintaining the device, if needed?	☐	☐

Note: If the client already has a device that is a good fit, write N/A.

Support system: Does the client have other people in his/her life besides the trainer to encourage and reinforce his/her use of ATC? ☐ ☐

Is the client a good candidate for ATC? Why or why not?

Notes:

NEXT STEPS:

1. If the client appears to be a good candidate for ATC, continue with the *Toolkit* on the next page (***Client's Goal Planning***).
2. If the client does not appear to be a good candidate for ATC at this time, continue on to the ***Client's Goal Planning*** section with other purposes in mind (e.g., training low-tech systems).

Client's Goal Planning—Interview Questions

Name: _____ **Interview completed by:** _____ **Date:** _____

Introduction script: "I'd like to learn more about your hopes, dreams, and goals for the future and to see how technology might help you achieve those goals. Let's begin with the big picture, then go from there."

Trainer: Ask the questions and record answers in the space below.

1. "What are your hopes for your future in terms of _____?"
   [Fill-in the blank with specific items from list below or other options appropriate to the client.]

   o Employment; Volunteerism
   o Education
   o Family life
   o Social life
   o Personal health
   o Transportation
   o Recreation
   o Hobbies
   o Other

2. "What are you or people you know **already doing** that could help you reach your goals for [item(s) from above]?"

3. "What is the first thing you or someone you know and trust **could do next** to help you increase your chances of success in each area?"

4. Summarize the above information for client and write it down.

NOTE: Refer to the **Goal Planning Sheet** *for items # 5-12.*

5. Pull out **Goal Planning Sheet***;* point to "My Goal is to…" in the cloud on the mountain top.
6. *"*This says My Goal is to [insert goal]. Below that are some examples of goals other people have had. You might share some of these goals or have others of your own."
7. *"*What is an achievable goal you'd like to focus on for [insert timeframe]?"
8. Point to "You are here" on the left side of the sheet. "Where would you say you are with this goal right now?"
9. Point to "How will technology help?" in the middle of the form. "Let's talk about how technology can help you achieve your goal."
10. Read through each area listed and discuss possible applications.
11. "Based on your goal, choose one or two of these areas to focus on as you select and learn to use technology."
12. Summarize all three sections of the **Goal Planning Sheet**.

Notes/Steps:

NEXT STEPS:
1. After completing the *Client's Goal Planning* process, move on to **A Walk Through the Client's Week—Overview***.*
2. Develop a list of specific steps with the client to help him/her move forward with goal planning, including ATC device selection and training as appropriate.
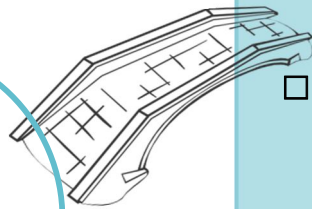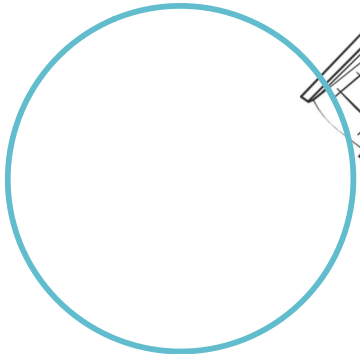
Client's Goal Planning

My goal is to:

Goals for: _____
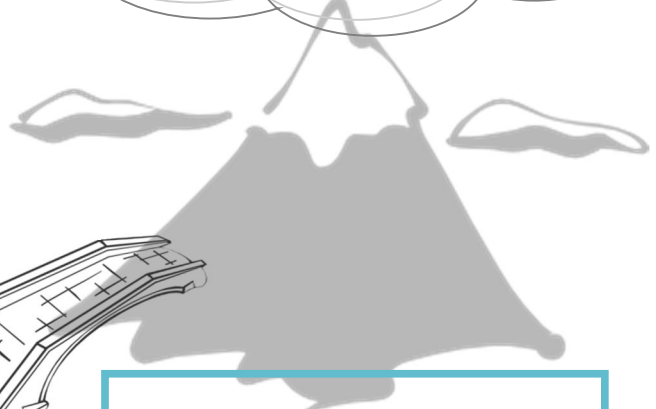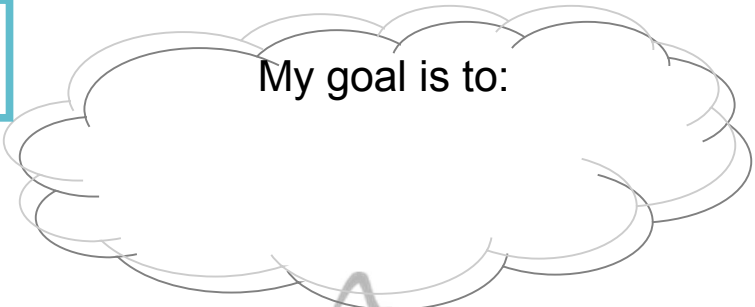
Today's Date: _____

Completed By: _____

YOU ARE HERE

How will technology help?
(Check top 1-2 choices)

☐ MEMORY: Remembering where I need to be, what I need to do, and when (Ex. Calendar & alarms for appointments, birthdays)

☐ ORGANIZATION: Keeping track of important information (Ex. To do list, memos)

☐ CONNECTION: Getting in touch with other people (Ex. Phone, email)

☐ GETTING AROUND: Going places (Ex. Camera, GPS)

☐ STIMULATION: Exercising my brain & having fun (Ex. Games, music)

Examples of Goals

o Increase contact with family
o Volunteer
o Get a job
o Go to school
o Do more around my apartment/house
o Take my medications
o Take care of a pet
o Other:

A "Walk Through the Week" Log

Name: _____ **Week of:** _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
NOTES:							

Device & App Selection

Selecting Devices Checklists do not need to be completed in order. (See "Low vs. High Tech Tools" on page 13 for examples of common devices.)

OPERATING SYSTEM: What is the operating system (OS) of the device? (Note: If a client is considering a device upgrade, transitioning between devices with the same OS [e.g., iPod Touch to iPhone] is generally easier than switching between OS [e.g., iPod Touch to Android phone].)

iOS	Android	Windows	Other

EASE-OF-USE: Is the device relatively easy for the client to handle and operate? For example, can the client do the following? (Note: See section on Making a Device More Accessible, page 25.)

- ☐ Transport and hold the device?
- ☐ Press on/off, volume buttons, etc.?
- ☐ See and read information on the screen?
- ☐ Enter information and respond to the device via typing text, audio, photo, etc.?
- ☐ Hear the phone's ringer, alarms, alerts, etc.?

COST: Is the device, service/data plan (if applicable), and/or additional non-native apps, etc, affordable to the client?

☐ Yes   ☐ No

Selecting Apps

SUPPORTING COGNITION: What app support does the client need? The client needs help with:

- ☐ Remembering to do future things (acting on intentions)
- ☐ Recalling past events
- ☐ Recalling newly learned information and skills
- ☐ Recalling important information/facts
- ☐ Planning ahead
- ☐ Getting and staying organized

- ☐ Performing multi-step tasks, sequencing
- ☐ Multi-tasking (doing several things at once)
- ☐ Problem solving, making decisions
- ☐ Finding one's way (route finding)
- ☐ Time management (including estimating and tracking time, pacing, etc.)
- ☐ Concentrating in the midst of distractions

Adapted with permission from Wild (2013).

Examples of Specific Apps

Native	Non-Native
☐ **Calendar:** Used to schedule appointments	☐ **Week Calendar:** Used to schedule appointments better than native Calendar app when scheduling recurring or complex appointments
☐ **Reminder:** Used to manage tasks and to-dos	☐ **Evernote:** Used for taking and managing notes. Includes ability to record and include photos.
☐ **Camera/Photos:** Used to take and manage photos	☐ **Appigo Todo:** Used for high-level task manage-ment. Includes ability to manage project tasks.
☐ **Notes:** Used to take brief notes	☐ **Corkulous Pro:** Used to create and organize visual notes
	☐ **PocketMoney:** Used to track and monitor financial information
	☐ **Forgetful:** Used to store text, audio, and video reminders

More Points to Consider (Note: Native applications, while potentially useful for some clients, are generally limited with regard to options for repeating information, setting alerts and tracking overlapping appointments.)

COMPLEXITY: How much "app complexity" can the client handle (e.g., number of steps involved with using the app; potential for getting lost in the app, etc.)?

FEATURES: For calendar and other "reminder" apps, determine the following:

☐ Options for repeating information
☐ Options for alerts, including separate sounds, number of alerts one can set, ability to record one's own sounds/voice, etc.
☐ Notification for overlapping appointments
☐ Appointment color-coding
☐ "Push" notifications - alerts and reminders take over the screen; device has to be turned on

BACK UP: What is the system for backing up app contents - syncing to computer? Web-based "cloud" back up? Who will be responsible for backing up contents?

Summary: What are the most appropriate device and apps at this point? Rationale:

NEXT STEPS: Once a device and app(s) have been selected, move on to the **Basic Skills and Routines Assessment Checklist.**

Basic Skills & Routines Assessment Checklist

Name: _____ **Completed by:** _____

Date: _____ **Device/Apps:** _____

1 = Not independent; can't do without help
2 = Can do with lots of help
3= Can do with some help
4 = Can do with minimal help
5 = Independent (no prompts needed)
N/A = Non-applicable

Program	Basic Skill (Device operation)	Routine (Device integration)	Comments
Phone (if applicable)			
Receives calls	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Makes calls	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Retrieves voice msg	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Calendar			
Identifies today's date & time	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Enters appts/events	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Checks appts/events	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Responds to alerts	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Programs alerts	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Contacts			
Enters phone # & addresses	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Checks phone # & addresses	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Notes/To Dos			
Enters notes/To-Dos	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
Checks previously written notes/To-Dos	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
ABCs of ATC	*iPod Touch & cell phone*		
A-Always has the device	N/A	1 2 3 4 5 N/A	
B-Be on it (Uses the device regularly)	N/A	1 2 3 4 5 N/A	
C-Charges the device	1 2 3 4 5 N/A	1 2 3 4 5 N/A	
S-Knows what to do when **S**tuck	1 2 3 4 5 N/A	1 2 3 4 5 N/A	

How many icons/apps does the device currently have on the home/main page?
List below any additional programs/apps the client is currently using and at what level (scale of 1-5):

NEXT STEPS: Initial Training Focus