Assistive Technology Infusion Project

Round 4

Guidelines for Completing The Application

Round Four Application Deadline: Wednesday, February 12, 2003

General Information

1. Student Identification

The information provided below will create a unique Application Name which will accompany this application throughout the entire term of the project.

Overview
In order to protect confidentiality rights of students with disabilities, an application name consisting of the district of residence IRN #, the building contact person's last name, and the student's birth date (i.e., 056347 Smith 04-24-1992) will automatically be assigned.

Please do not use the student's name anywhere in the application.

Student Date of Birth
Enter the Student's Date of Birth (mm/dd/yyyy).

Gender
Select the Student's Gender

Grade
Select the Student's Grade

Duplicate Birthdate Applications
If you are submitting an application for more than one student born on the same day, please indicate by checking 1st (for first applicant), 2nd (for second applicant), 3rd (for third applicant).

Note: If you need to uncheck the Duplicate Birthdate Applications buttons, hold the shift key down while clicking on a highlighted button.

Password Protect
You can password protect this entire application program on your computer. Others will not be able to open, edit, and access the applications on your computer.

To password protect the entire program
- Click the Password button
- When prompted for the Old Password, type "atip."
- In the New Password field, type your new password
- Retype your new password in the Confirm new password field
- Click OK
Please remember your new password. Password protecting this database program is optional.

Next/Previous Buttons
Navigate through the application questions and screens by clicking the Previous and Next buttons at lower left and right.

Section Complete Boxes
As you answer the questions in each section, check the box next to "Click here when this section is complete". Prior to submitting the application, the boxes should all be checked, insuring a complete form. Click on the letter/number above any unchecked box to go to that section to complete.

2. Student's Primary Disability

Check one: (as listed on the IEP)
Check the Student's Primary Disability as it is listed on the IEP.
Only one item can be selected.

School Attending
Enter the School Building Name or Program that the student is attending.

Check the Service Location
Enter the location or type of program in which the student receives services.

3. District of Residence

Looking up your IRN #
First, select your County. Click on the button and choose from the list of Ohio counties.
Then, choose your District of Residence. Click on the button to scroll the list.

If your IRN # is not found...
If your IRN # is not found, you may not apply directly for an ATIP grant. For students served by Educational Service Centers, Joint Vocational School Districts and Non-Public Schools, the application must be submitted by the District of Residence Local Education Agency. The federal grant guidelines require the ATIP funds to be distributed to LEAs. Please contact the student's District of Residence LEA.

The student's District of Residence, Address and County where the district is located will automatically complete. Please verify the data fields that fill in and edit where needed. The IRN # and District of Residence name fields are not modifiable.

Time Saver for Multiple Applications: If you've already created your first application and the District of Residence information is the same for this subsequent applicant, clicking the "Duplicate" button will automatically copy in these fields.

4a. District Contact

District Contact: Person designated to monitor overall district participation. Several fields have been completed per the IRN selected. Edit as needed.

Enter information on a District Contact Person. This is the person who is designated to monitor overall district participation.

Districts must designate one District Contact Person who is responsible for:
a) Disseminating ATIP information to local staff in a timely manner;
b) Communicating with the ATIP staff on district wide issues; and
c) Tracking overall district participation in the Assistive Technology Infusion Project.

Several fields (address, city, state, zip, etc.) have been filled in pertinent to the information in the IRN database and the IRN # you selected in the previous District of Residence screen. If any information is incorrect, please edit the fields appropriately.

Time Saver for Multiple Applications: If you've already created your first application and the District Contact information is the same, click the "Duplicate" button and these fields will automatically copy from the previous application.

4b. Superintendent

Superintendent Contact: Several fields have been completed per the IRN # selected. Edit as needed.

Enter Superintendent information.
Several fields (address, city, state, zip, etc.) have been filled in pertinent to the information in the IRN database and the IRN # you selected in the District of Residence screen. If any information is incorrect, please edit the fields appropriately.

Time Saver for Multiple Applications: If you've already created your first application and the District Superintendent information is the same, click the "Duplicate" button and these fields will automatically copy from the previous application.

4c. Treasurer

Treasurer Contact: Several fields have been completed per the IRN # selected. Edit as needed.

Enter Treasurer information.
Several fields (address, city, state, zip, etc.) have been filled in pertinent to the information in the IRN database and the IRN # you selected in the District of Residence screen. If any information is incorrect, please edit the fields appropriately.

Time Saver for Multiple Applications: If you've already created your first application and the Treasurer information is the same, click the "Duplicate" button and these fields will automatically copy from the previous application.

4d. Building Contact

Building Contact: Person designated to monitor the administration of the grant at a building level and manage data reporting for a student.

Enter information on a Building Contact Person
This is the person who is designated to monitor the administration of the grant at a building level and manage data reporting for a student.

Districts must designate one Building Contact Person who is responsible for:
a) Communicating with the ATIP staff;
b) Implementation and data reporting for an individual student receiving assistive technology through the ATIP grant; and
c) Managing the administration and implementation of the grant at the building level.

Several fields (address, city, state, zip, etc.) have been filled in pertinent to the information in the IRN database and the IRN # you selected in the District of Residence screen. If any information is incorrect, please edit the fields appropriately.

Time Saver for Multiple Applications: If you've already created your first application and the Building Contact information is the same, click the "Duplicate" button and these fields will automatically copy from the previous application.

5. Assistive Technology(ies) Items Requested

Confirms the Assistive Technology(ies) Requested:
This list confirms up to twelve items that you have requested for this application. This list is generated from III Solution Selection: F. Selection of this application.

Select the primary category of this requested technology(ies):

- Communication: Speech: i.e., augmentative communication devices
- Communication: Hearing: i.e., FM systems
- Curricular/Other: i.e., tools for reading, writing or to modify the curriculum
- Early Childhood: i.e., tools for participation in preschool activities
- Positioning/Mobility/Access: i.e., equipment for physical access
- Technical: i.e., software requiring server installation
- Vision: i.e., magnification/ Braille equipment

The information is used to assist with the review process of the grant.

I. Problem Identification

A. Present Level of Performance

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

The team must summarize the student's abilities as they relate to educational/developmental performance. A variety of techniques may be utilized in obtaining data to support the team's conclusions: record review, observation, direct assessment, work samples, interviews, etc. Any standardized evaluation procedures should include interpretative statements in a language that can be clearly understood by the rest of the team, including the parents. The application should address the techniques used for gathering this information.

This student data may include, but is not limited to, the following areas:
 - Cognitive status
 - Academic achievement
 - Sensory/perceptual status
 - Visual and auditory status
 - Language and communication status
 - Motor, postural, and mobility status
 - Social and emotional status
 - Significant medical information

Example 1: This student participates in all general education classes in the sixth grade. The classroom teacher indicates writing is laborious and tiring. His is currently dictating his responses to worksheets and tests to an educational assistant. All report writing is done at home where he dictates to his mother. He is dependent on the availability of a scribe for all of his written work. He has expressed a preference to do his own writing for activities of self-expression (i.e. his journal). He is able to speak but is sometimes misunderstood by those unfamiliar to him. According to his sixth grade teacher, given extra time to complete assignments, he does A work. His grade point average is lower than expected (2.8) due to amount of work completed. He is pleasant and cooperative and very motivated to do good work. The current vision report indicates slight impairments in both eyes for visual acuity.

Example 2: This student has a diagnosed congenital moderate to severe hearing loss in both ears. Recent audiological tests indicate her hearing loss is stable. She wears bilateral aids at all times. Her second grade teacher reported that she does slightly below average work in all subject areas (2.2 grade point average for second grade). She receives speech therapy to address articulation and language deficits. The student's speech is understandable but there are noticeable sound errors, including omitting final sounds. These sound errors are often noted in her phonics/reading instruction.

Vocabulary tests showed that her receptive vocabulary (6.9) is below what is expected for an eight year old child (8.0). The current multi-factored evaluation indicates vision and motor skills are within age expectations. The teacher reports she often chooses to do activities alone and spends most of her free time watching others.

If you would like to spell check your work, click on the "Spell Check This" button.

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.

The team must initially reach consensus on the specific area of need for this student which might be improved with assistive technology. The question being asked is: "What is it that we expect the student to be able to do within the educational program that he/she isn't currently able to do because of his/her disability?"

Assistive technologies serve as tools that will enable the student to perform given tasks more efficiently, effectively, or with increased independence. The statement of need should be addressed in relation to:
  1. The specific tasks that the student is unable to do, and
  2. The environments where these tasks are performed.
At this initial point of the process, the specific technology tools are NOT named.

Example: The student needs a more independent and efficient way to complete writing activities in the classroom and at home. The writing assignments he is expected to complete include daily notetaking, daily homework, test responses, journal entries, and occasional story/report writing.

If you would like to spell check your work, click on the "Spell Check This" button.

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.

Modifications and accommodations incorporated for this student should be addressed. This may include, but is not limited to, instructional supports, low tech accommodations, or current technologies that have been in place for some time. Discuss past and current modifications and/or accommodations, including how long these have been in place, and why or why not these are effective.

Example 1: The student dictates his responses to worksheets and tests to an educational assistant. The educational assistant attends all academic classes, except math, with the student. This has been working well if the student is given extra time to complete assignments or the amount of work is adjusted to allow more time for completion. However, this is becoming more difficult with the increasing workload and doesn't maximize his learning potential. All report writing is done at home where he dictates to his mother. His mother has been supporting her son throughout elementary school, but is concerned about the time commitments and cognitive level required to support him as he transitions into the higher grades.

Example 2: Directions are frequently repeated to the student. The student is seated in the front of the class where she supplements her hearing by lipreading the teacher. Her classroom teacher restates vocabulary in the classroom when the student has difficulty understanding. Frequent use of the blackboard for assignments helps the student with a visual form. A classroom aide assists the student individually as needed to follow directions and understand subject area information.

If you would like to spell check your work, click on the "Spell Check This" button.

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.

Now that the team is satisfied with clearly defined educational/developmental concerns for the student, consideration should progress to the exploration of assistive technology possibilities that may be applicable to assist the student in performing the expected educational tasks. The team should specify the assistive tecchnology "features" that match the student's abilities in identified tasks.

Features are "specialized" components or functions of a tool that match the special needs of this student. In most instances, multiple features are necessary to meet the needs of a student. The process for determining applicable features may often require direct assessment techniques. Teams should address techniques used to gather this information, including formal assistive technology assessments. (Individuals considering an AAC device may refer to the Ohio Medicaid Rule when identifying system features.) The team will need to utilize various resources to research tool options.

Example 1: The student's handwriting is legible but laborious and tiring. He produces only 15-20 words every 10 minutes according to the Occupational Therapy report. He needs to produce text at a much faster rate (approximately 6-8 wpm) to keep up with the current pace of assignments in the classroom. His best production is during dictation. He is able to dictate approximately 20-30 minute in one sitting (producing approximately 50-60 words every 10 minutes, but is dependent on the availability of a scribe for all of his work. He needs to be able to produce text independently at school and at home. Therefore, his assistive technology solution must be portable. It will need to allow for his slowed and slightly slurred speech. The teacher indicates that he is very aware of grammar and punctuation rules and would like him to have the opportunity to practice and advance these skills. Therefore, he needs the ability to review and edit text produced. The student needs at least 14-point type due to visual impairments. Because he fatigues easily, the student would benefit from software solutions that offer production shortcuts such as word production.

Example 2: The student requires a voice output device with high quality speech intelligibility. She is able to activate only a single switch reliably and needs auditory enhancements of the items being scanned due to visual impairment. Sentence based messages are required to convey needs, wants and responses for specific activities. Given her reading limitations, these will be programmed on key spaces with graphic symbol representations. She has a much larger graphic vocabulary than text vocabulary. Therefore, multiple pages are needed with dynamic display page changes to move between these levels. With row column scanning, the message overlay should have 2

rows, with 4 messages keys in each row. Her scanning accuracy is greatly decreased with additional rows or keys. The student has many communication opportunities as she moves throughout the classroom, the building, at home, and in the community. Therefore, the device must be mounted to her wheelchair for accessibility in many locations.

E. Continuum of Options and Trial Use

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.

As the team generates solutions, a continuum of options is considered that have the features described for the student. This continuum may include low tech modifications as well as high tech devices and systems. If the team is uncertain of options, they should seek input from others who may assist. Local personnel may have knowledge in these areas. Teams may also contact their SERRC or Educational Service Center (ESC).

A trial period is considered best practice for a complete assistive technology evaluation process and is highly recommended for ATIP applications. The SERRCs and ORCLISH have loan libraries where some devices and software may be borrowed. Some vendors will also loan equipment or provide demos. Appropriate training may be needed when trial periods are initiated. The results of this trial period should address the length of time and data that indicates success or shortcomings with this system. The team should carefully review and discuss results from trial use when making the most appropriate selection for the student.

If no trial period is implemented, the team should provide an explanation in the space provided.

Example:

Device/Software/ Technology Considered	Trial Period Yes/no	Duration of Trial	Results/Explanation
Write OutLoud more features	yes	6 months	Reads text, student needs
Kurzweil	yes	2 weeks	Easy for student to use.
		demo version	Lots of features, good voice quality
Wordsmith	no		Not available

F. Selection

Describe how the recommended technology(ies) meet individual needs and 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.

A team consensus for all assistive technology recommendations should be obtained. Teams should provide a rationale for each piece of technology recommended.

The rationale should include:

- How will the specific technology devices and services being recommended meet the individual needs of this student and help the student reach desired outcomes?
- What are the benefits of this solution over other possible options?
- Why did the team select this for the student?
- Is this a cost effective solution?

Applications are limited to twelve items per student. Applicants may not bundle items, unless offered as a bundle by the vendor.

Each assistive technology item requested in this application must be justified and supported in all areas of reporting.

Complete information regarding shipping and handling costs as appropriate.

Example:
Technology Recommended
Aladdin Rainbow Pro

Rationale for Recommendation
The Aladdin Rainbow Pro was selected because it enables the student to view enlarged text with reverse contrast of white on black. It has a large 14 inch monitor which is needed for this student. Additionally, it has a color feature which was not available on the Rainbow basic model. This will allow the student to benefit from the colors in maps and other graphics in his text books.

The team has tried enlarging material. This has been time consuming and costly. We have investigated the cost of having outside agencies produce large print books. The cost was prohibitive. The team researched that a black and white CCTV would not meet the needs of colored classroom materials such as maps and diagrams.

Verification
Describe how the recommended technology(ies) meet individual needs and 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.

Confirms the Assistive Technology(ies) Requested:
This list confirms up to twelve times that you have requested for this application. This list is generated from Section III Solution Selection: F. Selection of this application.

Select the primary category of this requested technology(ies):
- Communication: Speech: i.e., augmentative communication devices
- Communication: Hearing: i.e., FM systems
- Curricular/Other: i.e., tools for reading, writing or to modify the curriculum
- Early Childhood: i.e., tools for participation in preschool activities
- Positioning/Mobility/Access: i.e.,equipment for physical access
- Technical: i.e., software requiring server installation
- Vision: i.e., magnification/ Braille equipment

The information is used to assist with the review process of the grant.

III. Solution Selection

G. Assistive Technology Requested

Device/Software Requested (from III Solution Selection F. Selection)

The technology items you listed earlier have been filled in at the top of this screen. We are now asking for purchasing details for each item.

Clicking on the vendor field will allow you to choose from a pulldown list of ATIP participating vendors. If a vendor is not on this list, choose Add a Vendor to add their information to the Vendor database. It will automatically be added to your pulldown list. Return to the application screen to choose that vendor from the list. The vendors supplied within the database are vendors who have agreed to be ATIP Vendor Partners. You are not limited to the use of these vendors only.

Several vendors have offered special pricing for the Ohio Assistive Technology Infusion Project. When obtaining cost information, ask if reduced Ohio pricing is available. Consider additional costs that may be needed for shipping. There is a field, to list the individual shipping costs per item for this individual application. Your local Special Education Regional Resource Center (SERRC) may be able to advise you on price offerings. Also check the ORCLISH web site at http://www.orclish.org

Tip on viewing the Vendor Website: On the Vendor Website field, Right-click (windows) or Control-click (Mac OS) to open the Vendors' website URL in a browser.

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.

The goals that are written into this application do not have to be included in the IEP or IFSP at the time of application. However, if the application is approved, it is required that the IEP or IFSP will be amended to include these goals.

IV. Implementation

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.

A plan for evaluating student use of the assistive technology in meeting desired outcomes should describe the specific techniques and frequency for collecting data. How will you determine if the student is successful with the technology? What baseline information do you need to obtain so that progress can be monitored? Indicate techniques and frequencies for collecting data to evaluate student progress towards the goals. Merely stating "Charting with 80% accuracy" does not provide a clear picture of your evaluation procedures.

J. Team Members and Responsibilities

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.

The team must identify how, when, and by whom the requested devices and services will be delivered and implemented in the targeted educational environment. Include persons responsible for maintenance/repair, set up, and technical support as appropriate.

District technology personnel may need to be involved when interfacing equipment with other classroom/school technologies.

Address staff/parent/student training that is needed to utilize the assistive technologies. Include the student and parents in this team whenever possible. If parents or students are a part of the team, do not use their names; list the words "Parent" or "Student" only.

If the application is approved, a list of signatures will be required.

V. Local Share

K. 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.

The school district is responsible to provide supports and services necessary to complete the decision making process and implement needed technologies for a specific student. These are considered local sharing costs that have been incurred by the district within this assistive technology process. This may include the costs for evaaluation, other technology, additional assistive technology, in-kind costs for services, costs incurred for educational assistants, costs incurred with professional development, installation or connectivity charges, or contracted costs for outside assessment. Contacts and consultations with agencies such as the SERRC might be included. You may also include anticipated costs to implement and maintain these assistive technologies, i.e., for training, extended warranties, repair and maintenance, or insurance premiums.

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.

In some instances, funding options other than ATIP, may be available to the student for the purchase of assistive technology. The school district may utilize alternative funding sources as long as the use of these funds would not result in a reduction of medical or other types of assistance to the child or the family. When the district pursues and/or obtains funds from other agencies to assist this student, it is also considered a local sharing effort and may be reported. If a student is eligible for an alternate funding source that is not persued, please provide an explanation. Alternate funding sources will often have specific eligibility requirements and guidelines for items that are covered. Parents may provide you with information on the family/child's eligibility for some sources.

Alternate funding sources may include Medicaid, Personal Insurance, County Boards of MR/DD, Bureau for Children with Medical Handicaps (BCMH), Rehabilitation Services Commission (BVR, BSVI), Ohio SchoolNet Commission (TLCF, SchoolNet Plus), ORCLISH Federal Quota, or other local or disability specific agencies.

Applications requesting over $3,001 should consider the availability or application to other funds. List this consideration on the chart. The completion of this question is optional for applications below $3,001.

VI. Significance

M. District Impact

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

This grant should have significant impact on the district's service delivery of assistive technology and the student's participation in the general curriculum. The final two sections of this application will ask you to reflect and describe the impact that has occurred.

- The District: Describe efforts to integrate assistive technology devices and services within the building and district, including incorporation in the district technology plan.
- The Student: Describe ways that the assistive technology(ies) requested will support instruction that actively engage in the general education classroom and progress in the general curriculum.

N. Access to General Curriculum

How will the assistive technology(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.

This grant should have significant impact on the district's service delivery of assistive technology and the student's participation in the general curriculum. The final two sections of this application will ask you to reflect and describe the impact that has occurred.

- The District: Describe efforts to integrate assistive technology devices and services within the building and district, including incorporation in the district technology plan.
- The Student: Describe ways that the assistive technology(ies) requested will support instruction that actively engage in the general education classroom and progress in the general curriculum.

Assistive Technology Infusion Project Round 4

Student Identification

District of Residence IRN#:
Contact Last Name:
Student Date of Birth:
Student's Primary Disability:
School/Program Attending:
Service Location:

Age:
Sex:
Grade:

District of Residence

IRN#:
District:
County:
Address:
City, State
Zip:

District Contact

Name:
Title:
Facility:
Address:
City, State Zip:
Phone:
Fax:
Email:

Superintendent

Name:
Title:
Facility:
Address:
City, State Zip:
Phone:
Fax:
Email:

Building Contact

Name:
Title:
Facility:
Address:
City, State Zip:
Phone:
Fax:
Email:

Treasurer

Name:
Title:
Facility:
Address:
City, State Zip:
Phone:
Fax:
Email:

Assistive Technology Items Requested

1
2
3
4
5
6
7
8
9
1 0
1 1
1 2

Primary category of this technology:

-
-
-
-
-
-
-

Total Funding Requested:

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.

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.**

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.

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.**

E. Continuum of Options and Trial Use

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	
Results/Explanation	
2	
Results/Explanation	
3	
Results/Explanation	
4	
Results/Explanation	
5	
Results/Explanation	
6	
Results/Explanation	
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Results/Explanation	
8	
Results/Explanation	
9	
Results/Explanation	
10	

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Results/Explanation

11

Results/Explanation

12

Results/Explanation

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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*

   Rationale for Recommendations

2. *Technology Recommended*

   Rationale for Recommendations

3. *Technology Recommended*

   Rationale for Recommendations

4. *Technology Recommended*

   Rationale for Recommendations

5. *Technology Recommended*

   Rationale for Recommendations

6. *Technology Recommended*

   Rationale for Recommendations

7. *Technology Recommended*

   Rationale for Recommendations

8. *Technology Recommended*

   Rationale for Recommendations

9. *Technology Recommended*

   Rationale for Recommendations

10. *Technology Recommended*

    Rationale for Recommendations

11. *Technology Recommended*

    Rationale for Recommendations

12 *Technology Recommended*

   Rationale for Recommendations

G. Assistive Technology Requested
Please contact vendors to explore reduced pricing opportunities available in Ohio.

1   *Vendor*   **Click to select a vendor**   *Web*
    Address   *Ph*   *Item*
                              ,   *Fax*   *Model*
    Contact   *TF*   **1** *@*   *=*

                                                                   Shipping and Handling

2   *Vendor*   *Web*
    Address   *Ph*   *Item*
                              ,   *Fax*   *Model*
    Contact   *TF*   **1** *@*   *=*
                                                                   Shipping and Handling

Shipping and Handling

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3   *Vendor*   *Web*

Address   *Ph*   *Item*

                    ,   *Fax*   *Model*

Contact   *TF*   **1** *@*   *=*

Shipping and Handling

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4   *Vendor*   *Web*

Address   *Ph*   *Item*

                    ,   *Fax*   *Model*

Contact   *TF*   **1** *@*   *=*

Shipping and Handling

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5   *Vendor*   *Web*

Address   *Ph*   *Item*

                    ,   *Fax*   *Model*

Contact   *TF*   **1** *@*   *=*

Shipping and Handling

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6   *Vendor*   *Web*

Address   *Ph*   *Item*

                    ,   *Fax*   *Model*

Contact   *TF*   **1** *@*   *=*

Shipping and Handling

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7   *Vendor*   *Web*

Address   *Ph*   *Item*

                    ,   *Fax*   *Model*

Contact   *TF*   **1** *@*   *=*

Shipping and Handling

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8   *Vendor*   *Web*

Address   *Ph*   *Item*

                    ,   *Fax*   *Model*

Contact   *TF*   **1** *@*   *=*

Shipping and Handling

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9   *Vendor*   *Web*

Address   *Ph*   *Item*

                    ,   *Fax*   *Model*

Contact   *TF*   **1** *@*   *=*

Shipping and Handling

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10   *Vendor*   *Web*

Address   *Ph*   *Item*

                    ,   *Fax*   *Model*

Contact   *TF*   **1** *@*   *=*

Shipping and Handling

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11   *Vendor*   *Web*

Address   *Ph*   *Item*

                    ,   *Fax*   *Model*

Contact   *TF*   **1** *@*   *=*

Shipping and Handling

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12   *Vendor*   *Web*

Address   *Ph*   *Item*

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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. Evaluation Plan

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

J. Team Members and Responsibilities

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

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V. Local Share

K. 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.

Supports and Services	*Proposed/ Completed*	*Provider*	*Funding Source*	*Cost*
1				
2				
3				
4				
5				
6				
7				
8				
9				

Total Amount of 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			
Personal Insurance			
MR/DD			
Rehab. Services Comm.: BVR, BSVI			
SchoolNet (i.e.: TLCF, Schoolnet Plus)			
ORCLISH (i.e.: Federal Quota, Impact Study)			
Civic or Community Organizations			
Ohio Dept of Health: BCMH			
Other			

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.

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.