



Assistive Technology

Service Delivery Guidelines

Intervention guidance for service providers and families of young children with assistive technologies needs



ALASKA EARLY INTERVENTION / INFANT LEARNING PROGRAM

Service Delivery Guidelines

ASSISTIVE TECHNOLOGY

GUIDANCE FOR SERVICE PROVIDERS AND FAMILIES ON THE USE OF ASSISTIVE
TECHNOLOGY FOR YOUNG CHILDREN WITH SPECIAL NEEDS

JUNE 2011



MISSION

To promote positive development and improved outcomes for Alaska's families by creating a culturally responsive, comprehensive and accessible service delivery system that links service providers, empowers families and engages communities

–Alaska Early Intervention/ Infant Learning Program

ASSISTIVE TECHNOLOGY

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Erin Kinavey, Early Intervention Manager - Part C Coordinator
Lisa Balivet, Data Manager
Meghan Johnson, Training Coordinator
Linda Borghols, Program Specialist
Jane Atuk, Program Specialist
Kassi Hill, Office Administrator

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Kristin Bradshaw, MS, OTR/L – Alaska Center for Children & Adults (ACCA)
Karol Fink, MS, RD – Chronic Disease Prevention & Health Promotion, HSS Division of Public Health
Fatima Hoger, MS, RD, LD – Family Nutrition WIC, HSS Division of Public Assistance
Elaine Nisonger, RD, LD – Family Nutrition WIC, HSS Division of Public Assistance
Lizette Stiehr, MA – Family Outreach Center for Understanding Special Needs (FOCUS)
Laurie Thomas, MEd – Community Connections, Early Learning Program
Melanee Tiura, RD, CDE – Bristol Bay Area Health Corporation
Kathleen Wayne, MS, RD – Family Nutrition WIC, HSS Division of Public Assistance

Prepared by

Information Insights, Inc.
212 Front Steet, Suite 100
Fairbanks, AK 99701
(907)450-2450
www.ialaska.com

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INTRODUCTION

Assistive technology, or AT, is redefining the possibilities for young children with special needs beginning early in life by helping to bridge barriers that can hinder or delay learning. Parents are often surprised to learn that assistive technology can be appropriate for infants and toddlers. But even very young children whose special needs limit their ability to interact with the world around them—by crawling, touching, seeing, hearing or talking—can benefit from technology that enables them to access and actively explore their surroundings. AT refers to any item that helps increase a person’s independence and functioning, whether it is purchased off the shelf or adapted from something else.

AT also makes it possible for children with special needs to do more for themselves, promoting independence and self-confidence. A child with speech problems can use a simple, homemade picture book to express his or her needs, or an electronic communication device that “speaks” for him or her. A child who cannot use his or her hands can operate a computer with a switch and an on-screen keyboard. A child who has difficulty sitting can be placed in a laundry basket to bathe more independently. A child with limited mobility can be lifted in and out of the tub safely using a mechanical device. These are just a few examples of the wide variety of assistive technology available today. They range from inexpensive, low-tech solutions that include simple modifications of household items to sophisticated, high-tech devices that rely on computer-driven electronics.

PURPOSE OF THE GUIDELINES

The purpose of these guidelines is to help parents and service providers learn more about the use of assistive technology with infants and toddlers with special needs and to provide an overview of best practices for including assistive technology in a child’s Individualized Family Service Plan (IFSP). They include tips and resources for funding AT, for advocating for a child’s rights to AT, and for transitioning to school- and community-based services when a child approaches age three. Resources for obtaining more information and support are listed in the appendices

Not all practices will be appropriate in all cases. The guidelines are intended to be flexible, not prescriptive or limiting, and to set the tone for the family to be an instrumental part of early intervention.

EARLY INTERVENTION SERVICES IN ALASKA

Early intervention services are federally mandated under Part C of the Individuals with Disabilities Education Act (IDEA), a federal law passed in 1986 which requires states to ensure young children who may have disabilities or developmental delays receive an evaluation to identify the potential need for early intervention.

Amendments to IDEA require states to promote the use of assistive technology devices and services, where appropriate, to enhance the development of infants and toddlers with special needs.

Alaska's early intervention services are administered by the Department of Health and Social Services, Office of Children's Services, Early Intervention/Infant Learning Program (EI/ILP). They include a flexible array of services for children birth to 3 years of age who experience disabilities or developmental delays, or who are at risk for developmental delays.

EI/ILP partners with grantees to provide services directly to families at a local and regional level. In 2010, services were provided to children throughout the state by approximately 115 highly qualified staff employed within 17 regional grantee agencies. Programs vary widely by staff and region size. Service may include:

- Developmental screening and evaluation
- Individualized Family Service Plans to outline goals for the family and child
- Child development information
- Home visits
- Infant mental health services
- Physical, occupational or speech therapy
- Specialized equipment
- Referrals to other needed services

EI/ILP APPROACH TO SERVICE DELIVERY

Because no single professional can meet all the needs of a child with developmental delays, EI/ILP encourages the use of a *transdisciplinary* approach, with a primary service provider assigned to each child and a team of professionals from different disciplines who share their expertise with the parents and other team members as needed to support the child's progress and participation in daily activities in the family's home and community.

In addition to taking a team approach to service delivery, the core values of the EI/ILP support services that are *evidence-based* and *family-centered*. By listening to the family throughout the process, intervention techniques can be modified on a continual basis to match the child's and family's unique needs and strengths.

MORE INFORMATION

More information and resources for early intervention services in Alaska are available at the EI/ILP website. The site includes a statewide directory of EI/ILP programs serving all regions of Alaska.

 www.hss.state.ak.us/ocs/InfantLearning

WHAT IS ASSISTIVE TECHNOLOGY?

Assistive technology is a broad term that includes both AT devices and AT services.

AT DEVICES

AT devices can range from simple, low-tech aids like straws and Velcro to sophisticated machines, such as customized, electronic communication devices and motorized wheelchairs. The federal definition of assistive technology includes any device that helps a child with a disability function in a given environment, whether the device is purchased off the shelf, modified, or customized.

Whether a simple, homemade toy or an expensive piece of high-tech equipment, an AT device cannot benefit a child if it is not used. To be effective:

- It must be the right tool for the child's needs
- It must be kept in good repair
- Parents and caregivers must know how to use it
- Parents must understand its importance to the child's developmental goals

For these reasons, the law places as much importance on guaranteeing access to AT services as it does on access to devices.

AT SERVICES

Federal law defines AT services as any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:

- Assessing the needs of a child with a disability, including a functional evaluation of the child in the child's natural environment
- Purchasing, leasing or otherwise providing for the acquisition of AT devices for children with disabilities
- Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing AT devices
- Coordinating and using other therapies, interventions, or services with AT devices, such as those associated with existing education and rehabilitation plans and programs

- Training or technical assistance for a child with a disability or, if appropriate, for the child's family
- Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of children with disabilities

Common Myths about Assistive Technology

MYTH: Assistive technology is high tech and expensive.

REALITY: Some of the most useful and effective tools are inexpensive, simple and are known as low-tech. The idea is to find something that addresses the child's needs while capitalizing on strengths.

MYTH: Assistive technology is a luxury.

REALITY: If a tool makes a task easier or more convenient to do, it is not a luxury, no matter what the cost. Assistive technology is a necessity that gives individuals with special needs more independence.

MYTH: Assistive technology is a cop out.

REALITY: Just as an individual in a wheelchair needs a ramp to go around stairs, a child with special needs benefits from tools to help work around barriers to participation in everyday routines.

MYTH: If a child is given a communication device to "speak" they will get lazy and give up on using speech.

REALITY: Research and clinical practice show that AT communication systems do not interfere with speech development. In fact, many children demonstrate an increase in language, speech and communication skills once an augmentative or alternative communication system is introduced.

MYTH: One size fits all

REALITY: AT tools may change. The right match between the AT device, the child's specific needs, and the task at hand is critical. While one device may work for one child, the same may not be at all appropriate for another. Even for the same child, different tasks may require different tools.

MYTH: Only individuals with certain disabilities find AT useful.

REALITY: People of all ages, abilities, and needs may be able to benefit from AT. Matching the individual needs of the child with the right tool and learning how to use it properly provides more options for success.

MYTH: If assistive technology is available, it will be used.

REALITY: For AT to be used successfully, the child's family must be involved in the selection of the appropriate device and must receive appropriate training and support in its use.

MYTH: Determining a child's AT needs is done only once.

REALITY: Evaluating a child's AT needs is a process that is ongoing and requires continued review of the desired outcomes. Needs may change. The IFSP team should consider what the child would like to do that he or she can't do now.

TYPES OF ASSISTIVE TECHNOLOGY

Examples of Assistive Technology



Switch-operated musical light box
(Enabling Devices)



Boost with Equals Cards
(AbleNet)



Children's hearing aids
(oticonusa.com)



Hole-In-One Fork and Spoon
(Ableware Medical Supplies)

Assistive technology devices are generally classified into the following categories:

Vision. Using vision is one of the most important ways in which we learn. Methods for enhancing vision and helping children to interpret visual information include increasing contrast, enlarging stimuli and making use of a child's tactile and auditory senses. Visual aids to assist young children with vision problems can include but are not limited to: glasses, magnifying devices, enlarged pictures, light boxes with transparent overlays, use of tactile and auditory books and materials, enlarge text, high contrast materials, speech synthesizers, audio recordings, and thermoform graphics (a precursor to Braille). AT for the visually impaired can also include such objects as canes to enhance orientation and mobility.

Hearing. Hearing impairments or auditory processing problems may interfere significantly with learning to speak, read, and follow directions. Hearing problems can affect a child's overall level of social interaction, safety, and the ability to form social attachments. A hearing impairment may be progressive, permanent, or intermittent.

Assistive devices to help with hearing and auditory processing include but are not limited to: amplifiers, hearing aids, vibrating toys, personal FM units, sound field FM systems, alerting systems (to notify when someone is at the door, on the phone, smoke alarm is going off), text telephones (TTYs), Alaska Relay system for phone calls, or closed caption TV and sign language. An FM system is a local wireless broadcast system that consists of a microphone and transmitter for the speaker and "walkman-like" receivers with headphones for listeners with hearing impairments or attention disorders.

Self Care. In order to be ready to learn new things and achieve developmental outcomes, some children require assistance with daily self care and daily living activities. Because of the emphasis on family-centered services, assistive technologies which help children eat, drink, dress, bathe, or interact with their family members and become more independent are particularly important. Assistive

devices which assist with daily self care include such things as modified eating utensils, specialized bottles and nipples, specially designed toilet seats, adapted bath seats, and aids for tooth brushing, washing, dressing, and grooming.

Positioning. Some children may need supports to maintain body or joint alignment so they will feel stable and comfortable and can focus on daily routines in their natural environment. Many common household items, like rolled up towels or pillows, can help with positioning, especially for the birth to three age group. Padding, structured chairs, straps, supports, or restraints can be used to hold the body in an upright, forward facing position. It may be necessary to design positioning systems for a variety of settings and activities. Examples of equipment used for positioning are side lying frames, walkers, crawling assists, floor sitters, chair inserts, wheelchairs, straps, trays, standing aids, bean bag chairs, bouncers, high chairs, sand bags and so forth.



Positioning wedge
(Form and Function)



Foam tummy scooter
(AbleNet)



Little Mac communicator
(AbleNet)

Mobility. Mobility devices promote independent or assisted movement and allow the child to explore his or her environment and develop language and motor skills. Children whose physical impairments limit their mobility may need a number of devices to help them get around, including such things as orthotics, braces, self-propelled walkers, specialized strollers and car seats, manual or powered wheelchairs, and powered recreational scooters. For children with mobility issues related to low-vision and blindness, long white canes, electronic image sensors which provide information through vibrations, and telescopic aids for navigating through the home or childcare center can be used.

Augmentative and Alternative Communication (AAC)

Every child needs some method of communication in order to let his or her needs be known, ask questions, get more information, socialize with others and become independent. A child who is not able to communicate effectively is at great risk for cognitive, social, emotional and behavioral problems. AT can help reduce the gap between receptive and expressive language development that can develop when a child has no way to express themselves. Augmentative and Alternative Communication (AAC) refers to any device (low-tech or high tech/electronic) to enhance, support or replace communication for a person with limited or unintelligible speech.



QuickTalker 12
(AbleNet)



Communication board
(Enabling Devices)



BookWorm
(AbleNet)



iPad mounted on a child's wheelchair
(AbleNet)

Begin early. Young children who are nonverbal, whose speech is difficult to understand, or whose communication is ineffective may benefit from using communication boards with symbols or photographs, single or multiple message voice output electronic communication devices, or any combination of modes to communicate. AAC systems should be used to support and encourage the development of verbal language and not as a substitute for speech.

Early Reading, Writing and Math or Emerging Literacy.

Aids or devices can be used in the development of reading, writing and early math skills. These skills can be adapted so the child can hold a book, turn pages, look and point to pictures, grasp a crayon, draw lines, string beads, stack blocks and hold or play with manipulatives. The emphasis is on attaining developmental goals, not pushing academics. AT to promote pre-academic readiness includes but is not limited to page flippers or fluffers, devices to hold books, and anything that promotes school readiness including play, mobility, positioning, augmentative communication, and self care.

Computer Access. Computer technology can help very young children acquire important developmental skills such as communication, language and social interaction while working toward their individual goals. Computers work best when the parent or caregiver is working alongside the child, providing guidance and reinforcement. Software programs that parallel the child's developmental age have been developed for a wide range of developmental levels.

Children may use touch screens, touch monitors, iPads with adaptations, and switches along with their specialized software. These programs help infants and toddlers learn and practice cause and effect, early choice making, pre-reading and writing skills as well as building cognitive, language, play and social skills.

When the term *assistive* is added to either hardware or software descriptions, the specific products were either created or customized to meet the needs of people with disabilities. In some cases, these products are specifically and exclusively used by people with special needs. In other cases, products available "off the shelf" can become assistive

technologies when they are customized or used in unique ways to meet special needs.

Play. Because play is the work of children, AT devices such as switch-operated and adaptive toys serve an important role in the development of infants and toddlers with disabilities. AT for play can be as simple as including visual supports in a dramatic play area can help a child with low vision play alongside her peers.



Switch-operated toy with timer
(AbleNet)

Adapting commercially toys to accommodate the needs of individual children is also part of AT for play. A full range of toys can ensure that children with special needs have a full range of sensory inputs and that playing with these toys offers them a variety of different movement patterns. They also provide children with opportunities to develop their play skills with both objects and peers while giving them more control over their environment.



PowerLink 4 Appliance Controller
(AbleNet)

A switch is a button-like device that can control toys, games, wheelchairs, lights, appliances and computers. Children can activate switches by small or large movements of any controllable body part (head, hand, arm, leg, toe, eye) or by blowing puffs of air into a straw-like switch. Playing with switch-operated adapted toys helps build important cause and effect and choice-making skills which help prepare a child for communication aids and computer use.

AT for promoting play may also include but is not limited to: adapted puzzles (e.g. putting handles on puzzle pieces), adapted paint brushes and crayons, a head wand or stick for painting, software games, software for drawing and painting, adapted go-carts and scooter boards.

Environmental Controls. Environmental controls and modifications like remote control switches and modified on/off buttons can promote a child's independence and social interaction. Using environmental controls, children can independently control toys, CD players, televisions and appliances, and be more active participant in many different environments. For example, a simple environmental control can allow a child to power a wheelchair or control a toy using the touch of a button or the sound of his or her voice. More complex environmental control systems can turn lights on and off, open doors, and operate most anything in the home.

Photo Credits

Enabling Devices
enablingdevices.com
(800) 832-8697

AbleNet
ablenetinc.com
(800) 322-0956

Environmental modifications may also include installing railings to aid a vision-impaired child or changing the type or color of lighting to adapt to the sensory needs of a child with autism.

A CONTINUUM OF DEVICES

It is important to realize that within each of these categories, there is a continuum of device choices from simple, low-tech adaptations with no batteries or electronics to complex, high-tech computer driven devices. All should be considered when trying to find the AT to use with a particular child for different tasks and in different settings. A first step may be to think creatively to devise solutions using materials at hand to fit the needs of the child. Child safety should always be a guiding concern when adapting everyday objects for use in AT. For some children, however, it will be necessary to acquire more sophisticated and specialized equipment.

Because technology is constantly changing, the intervention team should consider items not listed in these guidelines. Consult professionals such as AT specialists, occupational therapists, physical therapists, speech language pathologists, special educators and other AT resources and vendors for the latest devices. The team is encouraged to try out and borrow devices prior to acquiring them to insure the child can use them. One size does not fit all!

WHO PROVIDES AT SERVICES

Professionals who are trained, knowledgeable, and up-to-date in various aspects of assistive technology can provide a range of services related to the effective selection, acquisition and use of AT to support a child with a disability. Although there is no mandatory national certification, the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) does certify professionals working in the field of AT.

Assistive Technology of Alaska (ATLA), located in Anchorage, is the state's Assistive Technology Tech Act Project. As such it provides the most comprehensive AT resources in the state, including assessments, training, demonstrations, education, and AT device loans. EI/ILP providers as well as vision specialists, speech language pathologists, and occupational and physical therapists in private practice may also provide AT services.

Other nonprofit community organizations, including the Stone Soup Group, independent living centers, and school districts may also have staff that is trained in conducting assistive technology evaluations. Hospitals (e.g., Providence Alaska, Shriner's) and vendors (e.g., Apria Healthcare, Frontier Medical, Interior Medical Supply) can be good sources of durable medical equipment (DME), such as wheel chair, and may also do assessments and trials.

ASSESSING THE NEED FOR ASSISTIVE TECHNOLOGY

CONSIDERING ASSISTIVE TECHNOLOGY

Children who are eligible for early intervention services are eligible to be evaluated for AT needs. Federal law requires the need for AT to be *considered* whenever an Individualized Family Service Plan is developed. The IFSP is the written document that defines the early intervention services provided to the child and family based on family-identified priorities. The need for assistive technology devices and services is based on whether the infant or toddler requires them to support their participation in their family's daily life.

In order for children to have the best chance of receiving the AT they need, parents and providers should be knowledgeable about how assistive technology fits into a child's IFSP:

- A child's need for assistive technology is considered as part of the initial and ongoing EI/ILP assessment process.
- The need for AT devices and services must be determined on an individual basis by the IFSP team. It should not be based upon a category, severity, or class of disability.
- AT devices and services must be provided as outlined in the IFSP. The IFSP team must specify which, if any, AT devices and services are needed to achieve child and family outcomes.

WHO CONSIDERS A CHILD'S ASSISTIVE TECHNOLOGY NEEDS?

AT considerations are discussed by the IFSP team as part of the regular EI/ILP assessment process. The multidisciplinary team is comprised of the parents, the EI/ILP service coordinator, the person conducting the AT evaluation, and the early intervention providers who will be working with the child. These may include an occupational therapist (OT), physical therapist (PT), a speech language pathologist (SLP), a special educator, and the child's Medicaid case manager and primary care provider. The Medicaid case manager can provide information regarding what Medicaid will cover and can help advocate for the child. The primary care provider is an important member of the team, since he or she must write the prescription in order to obtain the AT equipment.

The team may also include accessory or outside providers from the community who may collaborate with the team on acquiring and using AT. Vendors can provide information about AT equipment and may be able to provide equipment for trials. At the family's request, the team may also include additional family members or an advocate outside the family.

Team size and members will vary depending on the needs of the child. AT devices and services are often selected, implemented, and overseen by different professionals who have knowledge and experience using different types of AT. For example, a special educator or early intervention provider often evaluates and works with switch-operated toys and cognitive or educational devices; a speech language pathologist works with augmentative communication devices; occupational and physical therapists and nurses work with mobility and positioning devices and daily living aids; an audiologist or a teacher of students who are deaf or hearing impaired works with amplification and sign language; and a teacher of students who are blind or visually impaired works with low vision, tactile and Braille devices. It is more productive when professionals collaborate across disciplines to integrate the use of assistive technology devices.

The team may consult with others when evaluating AT devices and services, including an AT specialist, a Medicaid case manager, vendor representatives, and health care providers. Additional community providers, such as an SLP, OT or PT in private practice, may also be called on to assist the IFSP team. Anyone who has the potential to contribute to the decision-making or implementation can be invited to participate on the team.

WHEN TO CONSIDER ASSISTIVE TECHNOLOGY

It is never too early to consider using AT. The ideal time for a child to learn to use AT is when he or she is learning others skills. Consider evaluating a child for assistive technology when:

- **A disability limits interaction with the environment and interferes with experiential learning.** AT can be used to provide physical access to the environment (e.g., switch toys, floor scooters, touch window, photo books, Velcro, bean bag chair). Infants with physical disabilities may benefit greatly from playing with switch-operated toys.
- **A significant gap exists between receptive and expressive abilities.** AT can assist with expressive communication through the use of programmable switches, single voice output devices.
- **A disability is impeding the independence of an individual.** Sometimes AT can be used to allow a child with a disability to function more independently. For example, having a power wheelchair allows a child to travel independently without the necessity of having someone push the wheelchair. Low-tech examples of AT to promote independence include putting shelf liner under a

child's plate or using a rolled up towel in a high chair so the child can eat more independently.

THE ASSESSMENT PROCESS

Once the IFSP team considers a need for AT, the child's IFSP team begins an ongoing process of AT assessment. The formal assessment process differs in several important ways from the more informal and preliminary process of considering a child's need for AT. Consideration is a short discussion that takes place during IFSP meetings using known information. It may result in a decision to continue something already in use or to try (or not try) a new AT device or service. Assessment goes into much more detail.

The assessment process:

- Takes place over a period of time
- Requires the acquisition of new information
- Includes observation of the child and family's typical activities and routines
- Should focus on the child's strengths and needs
- Should use a multidisciplinary team approach
- Should include families as a crucial part of the team

Useful Questions when Considering AT

- Parents and providers should consider AT devices for children when they are unable to participate in activities with their family and peers. IFSP teams may use the following questions to assist them in determining if a child needs an AT assessment. Questions may include, but are not limited to:
- Is the child able to communicate like other children without special intervention?
- Is the child able to move around like other children without special intervention?
- Is the child able to sit independently? Stand independently? Walk independently?
- Is the child able to use typical ways to learn from his/her environment and show what she/he knows without special intervention?
- Is the child able to independently eat, dress, bathe, and take care of age-appropriate self-care needs like other children without special intervention?
- Is the child able to play with others, toys/games, and alone just like other children his/her age without special intervention?

PRINCIPLES OF ASSISTIVE TECHNOLOGY ASSESSMENT

Parents and providers may find the following principles helpful when they begin to assess the child's functional skills and the possible AT solutions:

- Use AT to modify an age-appropriate activity or enhance the child's capability to participate in that activity. AT should be considered when an activity, by its design, prevents a child from participating.
- Any AT device should aim at increasing a child's independence in the natural environment. A technology assessment should be done in the home and other places where the technology will be needed and used by the child.
- AT should support the child's interactions with others and enable the child's access to and active exploration of their environments. The selection process should begin by matching the features of an adaptation or device to a child's strengths and needs rather than focusing on a particular device. Often simple, low-tech adaptations are effective and the best place to start.
- Family involvement in the choice of AT is essential to successful use of AT for infants and toddlers. All members of the family, including parents, babysitters, grandparents, siblings, and others who spend time interacting with the child should have input in the assessment process.

TECHNOLOGY ASSESSMENT STEP-BY-STEP

Adopting a systematic approach to AT consideration and assessment ensures that a child's technology-related needs are considered during IFSP development, that AT choices are appropriate to the child's functional needs and skills, and that they are integrated into the IFSP with appropriate review and follow up.

1. Conduct an Informal Assessment

The potential for AT to meet a child's needs is considered during discussions of the multidisciplinary IFSP team, including input from the child's family.

Questions to ask:

- Does the child experience any challenges in participating in their family's daily routines that might be addressed by the use of AT?
- What adaptations has the family tried before?
- Does the child need a formal technology assessment?

2. Develop and Conduct a Formal Technology Assessment

An AT specialist or other knowledgeable professional may join the IFSP team to conduct a more formal technology assessment. The assessment or IFSP team develops a methodology for measuring the child's technology-related needs.

Questions to ask:

- Who are the most appropriate participants in the formal AT assessment? Are there specialists who should be included on the assessment team?
- Can the child be accurately evaluated with standard assessment procedures?
- Does the use of AT as an accommodation during testing enhance the child's performance?
- Which strategies or devices will best support the child's success in participating in chosen activities?
- What strengths and limitations of the child impact the types of devices or adaptations that should be considered?

3. Evaluate Technology Solutions

The assessment team evaluates and reports on the AT devices and adaptations chosen for consideration. Trials with a variety of devices can actually help determine the child's needs, preferences and learning styles.

Questions to ask:

- Does the type of technology we are assessing actually do what we thought it would do for the child?
- Which of the technology solutions tried is the most effective?
- Do we need to consider additional training or consultation?

4. Document Assistive Technology in the Individual Family Service Plan

The IFSP team incorporates appropriate AT into the goals and objectives in the child's IFSP.

Questions to ask:

- Was a specific AT device identified in the IFSP?
- Is the AT necessary for the child to meet one or more of the goals on the IFSP?
- Who is responsible for supporting the child's use of the device?
- Which agency is responsible for maintenance and repair of the AT device?
- Who needs to be trained in using the AT device and who will provide training?
- Who is responsible for monitoring each aspect of implementation of the AT goals and objectives?

5. Conduct a Periodic Review of the Assistive Technology

The IFSP team provides follow-up to determine if AT devices and services are helping meet the child's early intervention goals.

Questions to ask:

- Are the AT devices and services that were provided being utilized?
- Are the AT devices and services functioning as expected?
- Have long range plans (including transition) for the child's AT use been made?

These steps were adapted from Education Tech Points, an organizational tool developed by Gayle Bowser and Penny Reed that uses a framework of systematic questions to guide school districts in assistive technology planning and assessment at key points in special education service deliver and later adapted by Penny Reed for the Wisconsin Assistive Technology Initiative (WATI).

INCLUDING ASSISTIVE TECHNOLOGY IN THE IFSP

The IFSP is an important tool for documenting the AT that will be provided to meet the child’s needs. The best way to include the plan for AT services and devices is to integrate it into the IDEA requirements already included in the IFSP. Table 1 illustrates how to embed an AT plan into the IFSP process and written document.

Table 1: Embedding AT into the IFSP process and written document

IDEA REQUIREMENT	HOW TO EMBED ASSISTIVE TECHNOLOGY
A statement of the infant’s or toddler’s present levels of development; initial and annual evaluation	If the child already uses AT to assist with any developmental area, be sure to include descriptions here (e.g., communicates words and phrases using a picture exchange system).
A statement of the family’s resources	If the child uses AT, talk to the family about how they obtained the device and any training they have received or are receiving; list these as resources.
A statement of the family’s priorities and concerns	Ask about AT as it relates to the family’s priorities and concerns if the child is already using AT, ask how it plays a role in their daily routines.
A statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family	With infants and toddlers, often PTs, OTs, SLPs or teachers are providing AT services. Although when children are older, an AT specialist may also be used. Be sure that the person listed on the IFSP as the service provider is linked up to the AT interventions to be provided.
The steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services	Detail how the AT service or device will be acquired or transferred from the EI/ILP program to the preschool system once the child reaches age 3.

Source: Tots-n-Tech, *Resource Brief 6: IFSP, “Including Assistive Technology in the Individualized Family Service Planning Process.”* April 2009.

In addition to embedding AT in the IDEA requirements, there are two other ways to address AT in the IFSP:

- A special page is added to the IFSP to specifically address AT
- A special section is added to the IFSP to specially consider the ways in which a child/family may benefit from AT. This is how AT is handled in an Individualized Education Plan (IEP) once a child enters preschool special education

WHAT TYPE OF INFORMATION SHOULD BE INCLUDED?

The IFSP should contain a clear description of:

- The type of device, its purpose, and where it is to be used (i.e. specific activities, locations, time of day)
- The training of the child, the family, and others involved in the major life functions of the child
- The repair, maintenance, and upgrade, if appropriate, and responsible agency
- If the device is to be shared among children, each child's IFSP should describe the availability for each
- Any ongoing technical assistance, if required, and the responsible agency. The ever-changing needs of the young child should be reviewed at least every 6 months and new goals should be set for the child as needed. New technology should be provided in the early intervention (home/community) settings as needs and goals change.

See Appendix 2 for a general guidelines and a checklist that can be used when considering AT on the IFSP.

Examples of IFSP Outcomes/Objectives for a Toddler that Include Assistive Technology

_____ will play and move in the yard, at the park, or on the playground at the child care center when given an adapted car or tricycle. *(supplementary aid in the natural environment)*

_____ will learn the concept of "cause and effect." She will use a switch and an environmental control unit to turn on the portable CD player in four out of five consecutive trials during family playtime and/or in the child care center. *(developmental objective)*

_____ will play with switch-activated or battery operated toys beside other children at home or at the child care center. *(developmental objective)*

_____, during snack time, will use sign language, gesture, or single message speech output device to request "more" in four out of five opportunities. *(related service)*

_____ will participate in activities at home using a variety of no, low, medium and high technology adaptations including a control unit, adaptive switches. *(supplementary aids in the natural environment)*

FUNDING ASSISTIVE TECHNOLOGY

Funding for AT is available from a variety of public and private sources. The family service coordinator and other members of the IFSP team will work with the family to identify funding sources for AT equipment included in the child's IFSP. The list of funding sources below includes many of the options typically used to acquire or pay for AT devices and services.

Many more funding options are included on the ATLA website. Resources are categorized by disability-specific options (e.g., neuromuscular diseases, blind/visually impaired, developmental disabilities, hearing loss, communication, and mobility), foundations and trusts, civic organizations and service clubs, and TRICARE (military). A few specialized categories are also listed such as home and vehicle modifications. Follow the link for Funding Options at www.atlaak.org.

PUBLIC FUNDING SOURCES

Early Intervention/Infant Learning Programs. Families of children from birth to three receiving early intervention services in Alaska may receive help purchasing assistive technology through their EI/ILP provider. EI/ILP is the payor of last resort for funding AT equipment and services that are included in a child's written IFSP. There are some limits to the type of equipment EI/ILP funds can be used to pay for. See the list of limitations and exclusions on page 29.

Medicaid. Medicaid is a joint federal and state program which covers some equipment for individuals who are eligible. To qualify for Medicaid funding, AT devices must be medically necessary for the child and must be prescribed by a physician. There must be a statement of the medical necessity to justify the equipment. Medicaid pays only after all other resources have been utilized. These benefits are provided to children through age 21. Contact the local Public Assistance office for more information.

Early Periodic Screening Diagnosis and Treatment (EPSDT). EPSDT is a special program created under Medicaid enabling children under the age of 21 to receive not only screening and diagnostic services, but also any medically necessary treatments that may not be available under a state's Medicaid plan. When medically necessary, services covered under EPSDT include clinic and rehabilitative services, physical therapy, occupational therapy, speech pathology and audiology, licensed psychological services, social work services, and inpatient psychiatric screening. If a

determination is made through a screening that a child needs any of these services stated above, then the services must be provided whether or not they are included in the state plan. As a result of the assessment it may be determined that assistive technology is needed as part of the rehabilitative or treatment services and can be funded.

Denali KidCare. Denali KidCare is a form of Medicaid for children through age 18 and for pregnant women who meet income guidelines. Designed to ensure that Alaska children have access to health insurance, it is easier to qualify for than family Medicaid. A child's eligibility is based on the parent's income. When a pregnant woman is on Denali KidCare, her newborn child will automatically be covered for a year from the time of birth. You may combine this coverage with other health insurance, as defined by Denali Kid Care. In addition to medical bills, medication, and transportation for medical treatment, Denali KidCare pays for hearing aids and physical rehabilitation equipment and many other services.

DD/EI Mini Grants. The DD/EI Mini Grant Program provides small grants up to a maximum of \$2,500 per year through the Alaska Mental Health Trust Authority (AMHTA). These funds may be used to pay for unmet medical, dental, hearing, therapeutic/assistive technology equipment and services and home improvement needs of individuals with developmental disabilities. Individuals who have been determined to be eligible for developmental disabilities (DD) services or who are enrolled in an EI/ILP may apply for mini-grants.

THIRD PARTY FUNDING SOURCES

Private Insurance. Some health insurance plans will buy equipment or pay part of the cost for some AT devices, but it depends on the specific wording of the policy. Qualified devices will be listed generically as “therapeutic aids” or “speech generating device.” Unless the policy says the equipment is not covered, it makes sense to ask the insurance company to pay for it. The equipment must be considered medically necessary and therefore requires a doctor's prescription and prior authorization.

If their policy covers the cost of AT devices and services, parents may choose to use their insurance to pay for it, or they may decline to use their private health insurance based on financial considerations, such as out-of-pocket expenses, co-pays, insurance deductions, or decreases in lifetime coverage.

Private pay. Parents may choose to purchase AT devices or services for their child, including adaptive toys, with their own money or other private funds. Sometimes parents may share the cost of the device or extra warranty or repairs with another funding source. For example, the parent may buy the device itself and an agency helps with repairs.

Alaska Assistive Technology (AT) Loan Fund. Alaska's AT Loan Fund is a flexible loan option program that allows a person with a disability, or their representative

or parent, to purchase needed AT when there is no other source of funding. This option may allow families to access a lower interest rate and/or longer-term repayment timelines based on their child's needs. Each loan recipient is legally obligated to pay their loan back per the signed loan documentation. The State guarantees 90% of this loan while the commercial bank covers the remaining 10% guarantee. The maximum loan amount is \$40,000; the minimum is \$2,500. Contact the AT Loan Fund Coordinator at (907) 465-6933.

Foundations & Trusts Private foundations, charitable organizations, service clubs, or other local groups may be approached to provide funding support for assistive technology devices/services. Some private foundations have been set up specifically to provide help to people with disabilities.

Civic Organizations. There are many local civic and service organizations which may provide funding to help someone in their community. Look in the local yellow pages, do an online search, or contact the state and local Chamber of Commerce. An extensive list is also included on the Funding Options page of ATLA's website under the category Civic Organizations. Examples are the Lions Club, Elks Club, Rotary Club, Kiwanis, Knights of Columbus and Shriners. Some of these organizations have a national focus on disability or on a particular disability. Others will fund devices for a particular child who is known to the local club.

More local options include churches, high school groups, neighborhood organizations, labor unions, local media (radio, television, newspapers), and special interest groups (e.g., computer clubs, HAM radio operators). Even if money is not available, they may be willing sponsor or help organize or publicize a fund-raising activity.

LOANS, LEASING & REUTILIZATION

AT Loan Libraries. There are many AT loan libraries located throughout Alaska. They are maintained by local early intervention programs, independent living centers, the Special Education Service Agency (SESA), and ATLA, the state's Tech Act Project. Equipment loan libraries are listed in Appendix 3.

Manufacturer Loan and Leasing Programs. Many manufacturers of AT devices have equipment available for rent or lease. Sometimes rent or lease payments can be applied toward purchase. Ask the manufacturer or vendor if this is an option.

Alaska Assistive Technology Trading Post (AK Trading Post). The AK Trading Post is a statewide reuse and recycling program for assistive technology and durable medical equipment or DME (e.g. wheelchairs, walkers, stair lifts). Alaskans can find programs and individuals throughout the state that have specific equipment for loan, demonstration, give-away, or sale through the online searchable database at www.AKTradingpost.org.

Used Computers. Used or refurbished computers may be available from used computer outlets in Alaska. There are several organizations outside Alaska that give

away computers. Look on the Funding Options page on ATLA's website under the category Computers/Software. Recipients may be required to cover shipping costs or pay a nominal fee.

OTHER SOURCES

There are a number of education-related grants, corporate technology donation programs, and funding options that teams should consider. ATLA and other organizations and providers who work with infants and toddlers may be able to provide recommendations as well as assistance with identifying funding or equipment lending sources. AT vendors and manufacturers can also be a good resource for funding assistance and information.

HOW TO APPLY FOR FUNDING

While there are many different sources of funding that can be used to purchase or acquire assistive technology, funding is not always easy to secure. It requires organization and, often, persistence. It may be necessary to combine resources to help purchase a device or piece of equipment. It is recommended that parents play an active role in preparing funding requests.

PREPARE A FUNDING PACKAGE

After an AT assessment is complete, a funding package is prepared that includes the necessary documentation and a formal funding request. It is important to meet the requirements of the agency exactly when preparing the package. Develop a documentation checklist to attach to the file. As each piece of documentation is added to the file, check it off.

In addition to the results of the child's AT needs assessment and technology evaluation, the request must include an explanation of the projected benefit from use of the technology or service. This is sometimes called the *funding justification*. A funding justification is different from an AT assessment. A technology assessment determines what tool or equipment a child needs. A funding justification states how that tool would improve the child's life in some way.

An effective funding justification will:

- State the need that the assistive technology will address as established in the assessment.
- Explain why this technology is the best solution for the child's needs. Explain any other approaches that were tried but were unsuccessful.
- Document the child's proven ability to use the assistive technology. Include pictures or video of the child using the technology with positive results, or provide a clear statement, based on an assessment, that the child has the cognitive and physical abilities necessary for using the technology

- Point out how money will be saved if use of the equipment allows attendant care to be reduced.
- Address any other concerns the specific funding system has historically expressed in response to similar funding requests

When writing the funding justification, use terms that are the most appropriate for the funding source:

- For Medicaid, a device must be “medically necessary,” meaning it is included in the course of treatment being provided to the child and that a professional, such as a physician or speech therapist, is supervising its use.
- For private insurance, a device or service must be covered under the “terms of the policy.” Assistive technology can usually be provided under “other medical services and supplies,” though it may be necessary to purchase additional insurance coverage or a rider in order for technology costs to be included in the terms of the policy.
- Medicaid and private insurance alike generally pay for technologies that help restore people to “functioning levels” and take the place of a body part that is not working. Typically, these programs do not pay for technologies or services whose function is educational or life-enhancing rather than health related.

Other documentation to include in the package:

- A physician's prescription or written statement of medical need from doctors or other health professionals
- The AT assessment describing the child’s needs resulting from his or her disability. Include any correspondence obtained from professionals that would support the child's need for technology.
- A description of the AT device or equipment being requested. It is helpful to include a picture or brochure because the persons reviewing the application may not be familiar with the technology.
- The cost of the device, plus any training and ongoing support or instruction in the use of the technology, and any future or hidden expenses incurred with their purchase, such as costs of software upgrades or renewals, batteries, cleaning, or home modifications necessary for the technology to be used. Costs associated with the technology may have to be assumed by the family if they are not considered in the initial application for funding.
- Any other paperwork the agency requires

Organize the funding request package clearly. All pages should be clearly labeled with the child’s name, the name of the person submitting the request, the document name, and the date.

Write a letter of transmittal to include with the funding request package:

- List the documentation in the request by name and/or form number

- Indicate how many copies of each document are in the package
- Provide a name and phone number of a contact person
- Request that the funding agency get in touch with the contact person immediately if necessary documentation is missing or if processing the claim will be delayed for any reason.

When all of the documentation is complete, forward the entire file to the funding agency. Keep copies of every document and conversation concerning your funding request. Note names of persons with whom you speak, dates of communication and the content of the discussion as you understood it.

Tips that Lead to Success

- **Apply to several funding sources at the same time.** Be sure to meet the requirements of each agency.
- **Find out if agencies will share costs.**
- **Fill in the agency's forms correctly.** Many applications are denied because forms are not filled out properly.
- **Assume no knowledge on the part of the reviewers.** In addition to the standard form, include any other information that describes or shows what the equipment does and how it benefits the child.
- **Avoid using jargon.** Define all unfamiliar terms.
- **Turn in all documentation at the same time.** Typically, funding agencies will only move a case along once all of the paperwork is submitted.
- **Take the funding request package to the agency in person.** While there, have it checked to make sure everything required has been included. Get the name of the person who reviewed the application.
- **Call regularly to check on the funding request.** Each time try to talk to the same person.
- **Be super polite—and persistent!**

Source: **Parents, Let's United for Kids.** *Family Guide to Assistive Technology.* 1997. Available online at www.pluk.org/AT1.html

LIMITATIONS & EXCLUSIONS

Certain equipment and services are not covered under the scope of assistive technology, and EI/ILP funds cannot be used to pay for them. The following are examples of devices or services that are not considered AT under this program.

- Equipment and services that are prescribed by a physician, primarily medical in nature and not directly related to a child's developmental needs. Examples include but are not limited to helmets, oxygen, feeding pumps, heart monitors, cochlear implants, apnea monitors, intravenous supplies, electrical stimulation units, beds, etc.
- Equipment and services for which developmental necessity is not clearly established
- Equipment and services covered by another agency
- Equipment and services where prior approval (when applicable) has not been obtained
- Typical equipment, materials, and supplies related to infants and toddlers utilized by all children and which require no special adaptation. Examples include clothing, diapers, cribs, high chairs, car seats, infant swings, typical baby/toddler bottles, cups, utensils, dishes, infant monitors, etc. Toys that are not adapted, used by all children and are not specifically designed to increase, maintain, or improve the functional capabilities of children with disabilities include such examples as building blocks, dolls, puzzles, balls, ball pits, tents, tunnels and other common play materials.
- Standard equipment used by service providers in the provision of early intervention services (regardless of service delivery setting), such as therapy mats, tables, desks, etc.

PLANNING FOR TRANSITION

When a child leaves early intervention services, assistive technology can continue to be a part of their lives. Six months prior to the child's third birthday, the IFSP team must develop a transition plan. A discussion of AT needs and strategies for moving equipment along with the child should be part of the transition planning process to ensure that a child does not lose access to assistive technology.

The need for AT should be one of the considerations when a child is evaluated to determine eligibility for special education services. If the child is eligible, the IFSP team should collaborate in the development of the child's IEP, sharing information about the child's AT needs and use.

For children who are eligible for special education, AT must be provided when it is necessary:

- To support placement in the least restrictive environment
- To ensure that a student benefits from his or her education
- To implement the goals and objectives in the student's IEP

Because children may be transitioning to a new environment where activities and routines are different, the team should analyze what is required of typical students of the same age. The team can then consider how many of these requirements could be completely or partially fulfilled by the child if he or she has access to appropriate assistive technology.

AT should be considered as an option for every IEP. Some students, of course, will not require technology, but many students will benefit from technology that supports their educational success. School districts are not required to provide all of the possible AT devices that might be nice to have or might provide the best possible arrangements. However, AT is required when its presence enables the student to make reasonable progress toward the goals the IEP team identifies.

Transition Planning Tools

EI/ILP Transition Planning Handbook

A detailed, step-by-step guide for parents going through the transition process with a timeline of steps as a child gets older and an overview of the process to create an Individual Education Plan (IEP). Available at:

www.hss.state.ak.us/ocs/InfantLearning/afterage3/ilp_StepAhead.pdf

Alaska Transition Training Initiative

A consortium of early childhood programs and providers in Alaska, ATTI helps address transition issues for special needs children moving from Part C to Part B at age 3. Learn more at:

www.alaskaearlytransitions.org/trainers.html

Stone Soup Group: Transitions

Information and resources for parents and caregivers transitioning someone with special needs from one phase of care to the next, including medical and legal issues, guardianship, Medicaid, and transitions into postsecondary programs. Links to parent groups, behavioral supports and assistance programs specifically for kids transitioning from an early intervention to early education can be found at:

www.stonesoupgroup.org/transitions.html

The Paper Trail Notebook

An organizational tool available from the Stone Soup Group, the Paper Trail Notebook can assist the family in identifying and organizing information that will be needed for transition, including records of medical history, appointments and providers. Available at no charge to families of children with special health care needs through EI/ILP providers or directly from the Stone Soup Group at (907) 561-3701 or by visiting:

www.stonesoupgroup.org/papertrail.html

ADVOCATING FOR ASSISTIVE TECHNOLOGY

Getting assistive devices and services is not always easy. Finding and paying for the right technology can require commitment and energy. Professionals can help, but parents have a better chance of getting what is needed if they are involved in selecting the technology and planning for its use. In addition to working with professionals, parents can talk with other families about how they found the best technology and services and where they found help paying for special technology.

Parents should participate actively in developing plans for their children's education, including AT if needed, and come to IFSP team meetings prepared to ask questions. When a parent questions an AT evaluation, the parent should be prepared to follow-up on those questions, using due process rights, if necessary.

LEGISLATION RELATING TO ASSISTIVE TECHNOLOGY

To advocate for their children, parents need to familiarize themselves with the laws that support AT. Federal and state laws that guarantee access to assistive technology to children with special needs are only meaningful when parents or guardians know about them and can use legal processes to secure their rights.

Individuals with Disabilities Education Act (IDEA), Part C. Congress enacted the Education for All Handicapped Children Act (Public Law 94-142), in 1975, to support states and localities in protecting the rights of, meeting the individual needs of, and improving the results for infants, toddlers, children, and youth with disabilities and their families. In 1992, Congress added provisions that AT devices and services be made available to children with disabilities if needed as part of special education, related services, or supplementary aids and services designed to address their unique needs.

This landmark law was amended again in 1997 as the Individuals with Disabilities Education Act or IDEA. The amendments included under Part C (formerly Part H) of IDEA require the provision of assistive technology for infants and toddlers with disabilities, when appropriate, as one of 17 different early intervening services that must be provided by states receiving early intervention funding.

Technology-related Assistance for Individuals with Disabilities Act of 1988.

The 1988 "Tech Act" or Assistive Technology Act (Public Law 100-407) provided the original definition of AT services and devices.

ASSISTIVE TECHNOLOGY ADVOCACY AFTER TRANSITION

School-age children with special needs have additional protection and guarantees under federal law including the following provisions within IDEA Part B, the Rehabilitation Act of 1973 (Section 504), and the Americans with Disabilities Act (ADA).

Individuals with Disabilities Education Act (IDEA), Part B. IDEA Part B requires school systems to educate children with disabilities from age three through age 21. These provisions are especially important for parents to be familiar with as their child transitions from EI/ILP. The act mandates that each eligible child be provided with a free appropriate public education (FAPE) and that every child be educated in the least restrictive environment (LRE). IDEA also requires schools to use supplementary aids and services to assure that students with disabilities participate in and benefit from public education. Assistive technology is specifically mentioned as a service which school districts may have to provide in order for a student with disabilities to benefit from special education. Part B also assures that children with disabilities and their parents or guardians are protected by due process in decision making about the child's special education and related services. When an IEP team is considering the use of AT devices or services, decisions must be made with due consideration of FAPE, LRE, parental involvement, and parents' due process rights.

Rehabilitation Act of 1973, Section 504. Students who do not qualify for special education under IDEA but are determined handicapped under Section 504 of the Rehabilitation Act of 1973 are eligible for "reasonable accommodations" that may include assistive technology devices and/or services. (Section 504 uses the term "handicapped" while IDEA uses the term "disability.")

Section 504 requires that any "program or activity receiving Federal financial assistance" comply with non-discrimination rules. These regulations mean that public schools must provide students who have disabilities an educational opportunity equal to the educational opportunity provided to students without disabilities.

Americans with Disabilities Act (ADA) Amended 2008. A student or young child with a disability may also be entitled to AT as a reasonable accommodation to his or her disability under the Americans with Disabilities Act. The ADA requires that "Reasonable Accommodations" be made so people with disabilities can have an equal opportunity to participate in employment, public services (transportation), public accommodations, government functions, and telecommunications. The ADA's definition of "auxiliary aids and services," includes "acquisition or modifications of equipment and devices" which supports the provision of assistive technology devices and services to individuals with disabilities.

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APPENDICES

1. Parent Q&A
2. Tots-n-Tech Guidelines for Including AT in the IFSP
3. Resources

PARENT Q&A

Q: Does assistive technology just mean computers?

AT certainly includes computers, but it also refers to a number of other types of accommodations and adaptations which enable children with special needs to function more independently. Examples of some inexpensive, low-tech solutions include built-up utensils, wedges for positioning, wrist splints, or Velcro tabs to keep positioning pads in place.

Q: What is an adaptation? How does adaptation differ from accommodation?

Adaptation means developing unique devices or methods designed specifically to assist persons with disabilities to perform daily tasks. An adaptation is something specially designed which is not normally used by other people. An accommodation, on the other hand, is a change in routine, access method, or approach that may be used by people with or without disabilities. Examples of adaptations include toys and puzzles adapted with special knobs, switch adapted battery operated toys or specially designed keyboards to operate computers. Examples of accommodations include use of FM system to hear better, sign language instead of speech, large print or Braille for reading.

Q: When is using assistive technology appropriate?

AT may be considered appropriate when it does any or all of the following things:

- Enables an individual to perform functions that can be achieved by no other means
- Enables an individual to approximate normal fluency, rate, or standards--a level of accomplishment which could not be achieved by any other means
- Provides access for participation in programs or activities which otherwise would be closed to the individual
- Increases endurance or ability to persevere and complete tasks that otherwise are too laborious to be attempted on a routine basis
- Enables an individual to concentrate on learning or employment tasks, rather than mechanical tasks
- Provides greater access to information
- Supports normal social interactions with peers and adults
- Supports participation in the least restrictive educational environment.

Q: Isn't assistive technology just a crutch? Won't children become too dependent on technology and not learn to use the skills they have?

AT should be used as support for access, learning and performing daily tasks. In general, assistive technology is appropriate when it compensates for disabilities so

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that the individual can function as normally as possible. Though a child may be dependent upon a particular device in order to perform skillfully, denying the device denies the child an opportunity ever to achieve success at the level of his or her potential. If the use of assistive technology enhances function and increases skills and opportunities, then it is not a "crutch," but a legitimate support.

Q: Is assistive technology required for all infants and toddlers who have an IFSP?

No, the decision regarding the need for AT must be made on an individual basis.

Q: Who makes the decision if an infant or toddler needs AT devices or services?

The IFSP team makes the decision based on assessment results. Decision making is a team process that should reflect multidisciplinary involvement. The IFSP team should include the parent and persons with experience in providing assistive technology devices/services. The team must include the resource coordinator and other team members as appropriate.

Q: What is the role of parents in the assessment process?

Parents provide information about the child's developmental need, as well as their goals and outcomes. If parents believe their child would benefit from AT they should discuss this with other members of the IFSP team. Parents should request an assessment if they are unsure whether or not their child could benefit from AT, or to determine what type of AT would be most helpful.

Q: What are the timelines for buying and providing AT devices and services?

IDEA regulations do not specify a timeline for the provision of assistive technology. However, if the IFSP determines that AT is necessary to achieve outcomes on the IFSP, then it must be provided in a timely manner. The resource coordinator, with the assistance of the parent and other team members, should identify funding for assistive technology devices. When alternative funding is not available, the EI/ILP must provide the device as the payor of last resort.

Q: Are personal use devices excluded?

No, the IFSP decides on a case-by-case basis what AT a child needs to benefit from the early intervention program. If hearing aids, for example, are included in the IFSP, the EI/ILP provider is responsible for providing that device or ensuring that it is provided at no cost to the parents with the exception of cochlear implants or other surgically implanted devices.

Q: Who is responsible for purchasing assistive technology?

The EI/ILP family service coordinator is responsible for coordinating the acquisition and provision of AT devices and services. Sometimes, parents may choose to buy devices for their child. There are several other funding sources that may be used to provide needed AT devices in Alaska:

- Medicaid

- Early, Periodic, Screening, Diagnostic, and Treatment (EPSDT)
- Medicaid Tax Equity and Fiscal Responsibility Act (TEFRA)
- Supplemental Security Income-Disabled Children's Program (SSI-DCP)
- Family Support Assistance Program
- Private Insurance
- Financial Loan Programs
- Private/Charitable/Community Resources

Q: What should a parent do if an agency refuses to pay for assistive technology a child needs?

Agencies like EI/ILP providers and school districts are mandated to provide AT if the need for technology is in the child's written plan. If one of these agencies refuses to pay for needed technology, then a parent must consider using due process rights. In the case of EI/ILP services, the parent should follow the appeal process outlined in the Child and Family Rights booklet on the EI/ILP website.

Q: Do parents have the right to request a due process hearing over the provision of assistive technology?

Yes, AT devices and services are included as one of the early intervention services available to infants and toddlers with disabilities under Part C, and are subject to the procedural safeguards required by the IDEA, including the right to request a due process hearing. As specified in the Policies and Procedures for Special Education in Oklahoma, parents or guardians may request a hearing to challenge whether the early intervention program is designed to meet the needs of a child with disabilities.

Q: Can AT devices be insured?

Parents who own assistive devices that are used at home may wish to purchase home owners or renters' insurance with a special rider that covers damage to or loss of the device.

Q: Under what circumstances does private health insurance pay for assistive technology?

Some private health insurance policies will pay all or part of the cost for some assistive technology devices. The devices are unlikely to be listed specifically in the policy, but may be included under some generic term like "therapeutic aids." Usually the devices have to be prescribed by a physician in order to be covered by the policy.

Q: When does Medicaid cover assistive technology?

Medicaid (Title XIX) will pay for prosthetic devices—that is, replacement, corrective, or supportive devices prescribed by a physician or other licensed person. Each state has some flexibility in determining which prosthetic devices are included in the list of Medicaid-covered expenses. Devices that are frequently covered by Medicaid are

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canes, crutches, walkers, manual wheelchairs, hospital beds, speech generating devices and related accessories, and hearing aids or eyeglasses for children and youth.

Q: Who owns the AT device?

It depends on who purchased the device. If the EI/ILP provider purchases the device, then it maintains ownership. If the parent's private insurance purchases the device, then it belongs to the family. If Medicaid purchases the device, the family retains the device.

Q: Who is responsible for maintenance and repair of equipment?

The family's EI/ILP provider is responsible for repairs for AT devices used as part of the child's early intervention services, and for ensuring that the child receives substitute equipment while his or her device is being repaired.

Q: What provisions should be made for transfer of equipment when a child transitions from early intervention services under Part C to public school services under Part B?

The IFSP team should consider transferring equipment between the agency and the child's public school district during transition. Agencies that purchase AT can use Memorandum of Understanding or Interagency Agreements to transfer equipment between agencies.

Q: What should happen when an AT device is no longer appropriate for a child?

First, the IFSP team should conduct an AT assessment to determine why the device is no longer meeting the child's needs and whether the child still requires AT to meet their needs. If the AT device is no longer appropriate, the IFSP team needs to show that the child no longer needs AT to achieve outcomes or determine if another device will meet the child's needs.

Q: If an AT device is no longer needed or appropriate to a child and it was paid for by Medicaid or private insurance, can it be donated for another child's benefit?

If a device is purchased for a child using that child's Medicaid funds or private insurance, then the device belongs to the family and the parents could donate the device to another child or to an AT equipment loan program. See Appendix 3 for a list of AT loan libraries in Alaska.

Thomas Jefferson University



Arizona State University

Including Assistive Technology in the Individualized Family Service Planning Process

States generally report higher rates of AT use when AT is included in the Individualized Family Service Planning Process and documented on the written plan (IFSP). IDEA outlines information to be included on the IFSP but does not specify an exact format. There are many variations in the format of an IFSP and in the ways that AT is described on the plan. Some states have created separate AT sections while others include AT questions within sections. Regardless of the design of the form there are always ways to include AT on the IFSP.

What Types of AT Should Be Considered in the IFSP?

A child's caregivers and the people who work with the child/family in developing the IFSP may have their own personal definitions of AT and may judge the extent to which a child may or may not benefit against these personal definitions. IDEA defines AT very broadly as: Any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. Equipment such as a highchair that is adapted with towel rolls to help the child sit up is, by IDEA definition, AT as is a special spoon with a curved handle purchased at a local discount store. Anything that helps or can potentially help a child to perform a skill or participate in an activity is AT.

Review Your State's IFSP Process and IFSP Written Plan

Reviewing your state's current IFSP document, and the process used for developing initial and annual IFSP's, can be a first step to ensure that AT is represented in both the process and document. There are 3 primary ways that AT can be described on the written IFSP document:

1. A special page is added to the IFSP to specifically address AT.
2. A special section is added to the IFSP [as is required in the Individualized Education Plan (IEP)] to specially consider the ways in which a child/family may benefit from AT.
3. Mention of AT is embedded into IDEA requirements already included on the IFSP (see chart below)

IDEA Requirement	How to embed discussions of AT into IFSP process & document
A statement of the infant's or toddler's present levels of development; initial and annual evaluation	If the child already uses AT to assist with any developmental area be sure to include descriptions here (e.g., communicates words and phrases using a picture exchange system).
A statement of the family's resources	If the child uses AT, talk to the family about how they obtained the device & any training they have received or are receiving; list these as resources.
A statement of the family's priorities and concerns	Ask about AT as it relates to the family's priorities and concerns. If the child is already using AT, ask how it plays a role in their daily routines.
A statement of the measurable results/outcomes expected to be achieved for the infant or toddler and the family	AT is not the outcome itself but is a way of helping a child/family achieve an outcome; for example, "X will participate during meal or snack preparation by using a switch to turn on the blender, toaster, or other appropriate appliances." AT is an intervention strategy.
A statement of specific EI services necessary to meet the unique needs of the infant or toddler and the family	With infants/toddlers, often PTs, OTs, SLP's or teachers are providing AT services although when children are older, an AT specialist may also be used. Be sure that the person listed on the IFSP as the service provider is linked up to the AT interventions to be provided.
The steps to be taken to support the transition of the toddler with a disability to preschool or other appropriate services	Detail how the AT service or device will be acquired or transferred from the 0-3 EI to preschool system once the child reaches the age of three.

APPENDIX 2

GUIDELINES FOR CONSIDERING AT ON THE IFSP

Use the following questions as a guideline for thinking about how adaptations and AT might contribute to a child's functional abilities or a family's ability to include the child in activities/routines. These questions will help you consider and decide on technology that will be helpful to the child.

- Are there any devices/materials or adaptations that may assist a child to participate in activities/routines or perform functional skills? Yes No
- List outcome(s) that will be supported by assistive technology.
- Describe how the assistive technology will help achieve the outcome(s).
- In what activities and routines will the device be used?
 - Bath time Chore Time Errands Morning Routine Bedtime
 - Playtime Evening Routine Mealtime Story time Travel Time
 - Anytime
- What types of devices are needed? Check all that apply.
 - Assistive listening Communication Computer access Early math
 - Early reading Early writing Environment control Mobility
 - Play Positioning Self care Vision
 - Other: _____
- Does the natural environment include something that could be used or adapted to serve the same purpose?
 Yes No
- How will the assistive technology be acquired?
 - It will be borrowed It will be purchased Other _____
 - If purchased, what is the cost?
 - If borrowed – where from and for what length of time?
- Start date of services: _____ End date of services: _____

ASSISTIVE TECHNOLOGY REVIEW

- When will we know if the device is successful?
- Is the device still being used? Yes No, explain:
- Is the device still needed? Yes No, explain:
- Is the device helping to achieve the child's outcome(s)? Yes No, explain:
- List family's questions, concerns, and comments relating to the device:

**These guidelines were compiled using information from IFSPs in Maryland, Kentucky, Oklahoma, Missouri, and Louisiana, and IDEA 2004.*

GENERAL IFSP CONSIDERATIONS

A sample annotated IFSP section/page is included and illustrates how these considerations may be included. The letters correspond to the section(s) of the IFSP.

Outcomes (B, C) - Children's outcomes will reflect their ability to participate and learn within activities and routines. When creating outcomes think about how AT could help the child do these things. Once the child's outcome(s) have been determined, the team should discuss how AT might help the child achieve these goal(s). Assistive technology should support the outcomes on the IFSP, it should not be its own separate outcome.

Devices (A, D, E) - IDEA definition of AT device leaves a lot of room for the team to decide the specific device the child will use. Devices may include high tech equipment as well as low tech, homemade solutions. When providers from the team are interacting with the family in their natural environment they should make observations about items already in the home that could be adapted to serve the same purpose. Many types of adaptations or AT used with infants and toddlers with disabilities may be helpful for or useable by all children. For example, a computer-based toy may be fun for anyone and may encourage interaction among children.

Device trials (F) - The child should be allowed to try different devices (ideally, borrowed through a lending library) within their daily activities and routines. The team should observe the child during these activities/routines to see what works and what does not work. If a device does not help the child participate and learn it should be returned to the lending library and a new device should be tried. Repeat this process until an appropriate device is found.

Where/When - The team should specify where and when the device will be used (even if the answer is everywhere). Keep these answers in mind when selecting a device for the child.

Strategies - Obtaining the device should be listed as a strategy on the IFSP.

Specifics - Be as specific as possible when describing devices and how they will help achieve the child's outcome(s).

Review (G) - AT that isn't helping is no good! At each review make sure to discuss the AT presently being used. Address any concerns, problems, questions, the team might have. If it isn't being used reassess the child's need for the device and have the team brainstorm alternatives.

Maintenance/Repair - High tech devices will need routine maintenance and repair if they are damaged. The team should decide who will be responsible for making sure the device gets these needed services.

What assistive technology is needed? **A.** List the AT that the child will be using, being as specific as possible. Include separate _____ pages for each additional device needed.

This assistive technology is related to which outcome(s)? **B.** Rewrite the outcome and outcome number _____

How will the assistive technology help achieve the associated outcome(s)? **C.** Describe how the AT will help the child achieve their outcome and why it is necessary _____

Does the needed assistive technology exist in the family's natural environment? Yes No **D.** By observing the child in their natural environment the team will be able to determine if the needed AT already exists or if something can be modified.

Is the assistive technology needed something all children use? Yes No

Is there something in the child's natural environment that could be used or adapted to serve the same purpose? Yes No

How will the assistive technology be acquired? Borrowed Purchased* Other _____

E. These types of items will be off the shelf, less expensive than specialized items, and may encourage social interaction among siblings or other children.

*If purchased, estimated Cost _____

F. An AT assessment can simply involve a team member observing the child using the device to see if it allows participation and learning opportunities within activities and routines.

Assessor: _____ Date: _____

Will the equipment permanently belong to the family? Yes No If no, when must it be returned and to whom? _____

Review G. Team members should review the child's use of the technology on a regular basis.			
AT is Being Used	AT is no longer needed	AT is helping with associated outcome(s)	Comments:

RESOURCES

ALASKA RESOURCES

Access Alaska provides independent living services to seniors and Alaskans with disabilities including assistance securing funding, finding information and accessing resources, training and services, including assistive technology, to help them lead the most productive, meaningful and satisfying lives possible.

Access Alaska has offices in Anchorage, Fairbanks, Mat-Su and Kenai.

121 W. Fireweed Lane, Ste 105, Anchorage, AK 99503

Toll-free (800) 770-4488. Local (907) 248-4777. TT (907) 248-8799

Email info@accessalaska.org

www.accessalaska.org

Alaska 2-1-1 is an easy-to-remember telephone number that connects callers at no cost to information about critical health and human services available in communities around Alaska.

701 W. 8th Avenue, Suite 230, Anchorage, Alaska USA 99501

Toll-free 2-1-1 or (800) 478-2221

www.alaska211.org

Alaska Assistive Technology Trading Post. Operated by ATLA, the AK Trading Post is a free online resource for finding AT equipment for loan, sale, or to be given away. It includes equipment from local lending programs.

3330 Arctic Blvd., Ste.101, Anchorage, AK 99503

Toll-free (800) 723-2852(ATLA). Local (907) 563-2599. TTY (907) 561-2592.

Fax (907) 563-0699 | Email atla@atlaak.org

<https://catalog.aktradingpost.org>

Alaska Center for Children and Adults (ACCA-ILP) is a nonprofit working to help Alaskans with disabilities in the Interior, Copper Valley and Northern Alaska through an Infant Learning Program, Fetal Alcohol Community Evaluation and Services (FACES), and a loan closet of assistive technology.

1020 Barnette Street, Fairbanks, AK 99701 | Email acca@acca-ilp.org

Toll-free (866) 456-4003. Local (907) 456-4003. Fax (907) 456-6124

www.acca-ilp.org

Alaska Center for the Blind and Visually Impaired (ACBVI) is the only vision rehabilitation and training facility in Alaska offering a full range of classes to day and residential clients, other instructional services and healthcare systems to support vision care in Alaska.

3903 Taft Dr., Anchorage, AK 99517-3069

Toll-free (800) 770-7517. Local (907) 248-7770

www.alaskabvi.org

Alaska Early Intervention/Infant Learning Program (EI/ILP) is a division of the Alaska Department of Health and Social Services, Office of Child Services that partners with grantees around the state to provide services directly to children with special needs and their families at a local level.

P.O. Box 240249, 323 East 4th Avenue, Anchorage, AK 99501
 Toll-free (877) HSS-FMLY (477-3659). Local (907) 269-8442
 Fax (907) 269-3497
earlyintervention.alaska.gov

Find a complete list of EI/ILP providers in Alaska at:

www.hss.state.ak.us/ocs/InfantLearning/program/program_dir.htm

Alaska Governor’s Council on Disabilities and Special Education (GCDSE) is one of four governor-appointed advisory boards to the Alaska Mental Health Trust. The council plans, evaluates, and promotes programs for people with disabilities in the state of Alaska.

3601 C Street, Suite 740, P.O. Box 240249, Anchorage, AK 99524-0249
 Toll-free (888) 269-8990. Local (907) 269-8990, Fax (907) 269-8995
www.hss.state.ak.us/gcdse

Assistive Technology of Alaska (ATLA). As Alaska’s Tech Act project, ATLA provides the state’s most comprehensive AT resources, including assessments, training, webinars, demonstrations, education and AT device loans, including technology for deaf and hard of hearing.

3330 Arctic Blvd., Ste.101, Anchorage, AK 99503
 Toll-free (800) 723-2852(ATLA). Local (907) 563-2599. TTY (907) 561-2592.
 Fax (907) 563-0699 | Email atla@atlaak.org
www.atlaak.org

Assistive Technology Program, Division of Vocational Rehabilitation, improves access to AT for Alaskans with disabilities of all ages in the areas of education, employment, community living, information technology and telecommunications. Primarily funded by a federal grant from the Assistive Technology Act, most services are delivered through ATLA.

801 West 10th Street, Suite A, Juneau, AK 99801-1894
 Toll-free Voice/TDD (907) 465-2815. Local (907) 465-6933

Disability Law Center of Alaska is an independent, nonprofit law firm providing legal representation, education and strategic advocacy for people with disabilities anywhere in Alaska.

3330 Arctic Blvd., Suite 103, Anchorage, AK 99503
 Toll-free (800) 478-1234. Local (907) 565-1002. Fax (907) 565-1000
www.dlcak.org

APPENDIX 3

LINKS Mat-Su Parent Resource Center serves parents in communities within the Mat-Su Borough School District, including outreach to remote areas and villages, through support and training, connections to mentors, information and referral. Services are provided through one-on-one assistance and individualized workshops for small or large groups.
4931 E. Mayflower Lane, Wasilla, AK 99654
Phone (907) 373-3632. Fax (907) 373-3620 | Email ContactUs@LINKSprc.org
www.linksprc.org

Providence Hospital in Anchorage provides full-service, comprehensive healthcare, including a children's hospital and family medicine center. The hospital has a seating clinic and PT/OT who can do assessments for adaptive equipment, such as wheelchairs.
3200 Providence Drive, Anchorage, AK 99508
Phone (907) 562-2211. 24-Hour Nurse Advice (907) 212-2945
www.providence.org/alaska/pamc

Shriners Hospitals for Children in Portland and Spokane help Alaska children overcome orthopaedic conditions, spinal cord injuries, cleft lip and palate, and burns, and offer treatment to families on a sliding scale. They offer in-depth AT assessments, training and fitting of adaptive devices for children who need specialized equipment. Alaska Shriners assist with fundraising and hold clinics so current patients can receive ongoing care without traveling.
Al Aska Shrine, 1930 East Northern Lights Boulevard. Anchorage, AK 99508
Phone (907) 274-4344
www.alaskashrine.com

Southeast Alaska Independent Living (SAIL) helps Alaskans with disabilities by providing services and information to support them in conscientiously living independent, healthy lives.
3225 Hospital Drive, Suite 300, Juneau, AK 99801
Toll-free (800) 478-SAIL (7245). Local (907) 586-4920
Outdoor Recreation Community Access (907) 586-0104
TTY (907) 523-5285. Fax (907) 586-4980

Special Education Service Agency (SESA) provides consultation and training for caretakers of Alaskans with disabilities and developmental delays.
3501 Denali St., Suite 101, Anchorage, AK 99503 | Email sesa@sesa.org
Phone (907) 334-1300. Fax (907) 562-0545. TTY (907) 563-8284
www.sesa.org

Stone Soup Group is a grassroots nonprofit founded by parents of children with special needs to provide information and advocacy and to build partnerships between families and healthcare professionals.
 307 E. Northern Lights Blvd. #100, Anchorage, AK 99503
 Toll-free (877) 786-7327. Local (907) 561-3701
www.stonesoupgroup.org

NATIONAL AND ONLINE RESOURCES

Alliance National Parent Technical Assistance Center (NPTAC)

4826 Chicago Avenue South, Minneapolis, MN 55417-1098
 Toll-free (888) 248-0822. Fax (612) 827-3065. TTY (612) 827-7770
 Email alliance@taalliance.org
www.taalliance.org

Alliance for Technology Access Resource Centers

2175 East Francisco Blvd., Suite L, San Rafael, CA 94901
 Phone (415) 455-4575. TTY (415) 455-0491 | Email ATAinfo@ATAccess.org
www.ataccess.org

Assistive Technology Training Online Project

University at Buffalo Center for Assistive Technology
 515 Kimball Tower, Buffalo, New York 14214
 Phone (716) 829-3141. Fax (716) 829-3217
atto.buffalo.edu

The Center for Best Practices in Early Childhood Education

Western Illinois University, Horrabin Hall 32
 1 University Circle, Macomb, IL 61455
 Phone (309) 298-1634 x248. Fax (309) 298-2305 | Email l-robinson1@wiu.edu
www.wiu.edu/thecenter

Closing the Gap

526 Main Street, P.O. Box 68, Henderson, MN 56044
 Phone (507) 248-3294. Fax (507) 248-3810
www.closingthegap.com

Family Center on Technology & Disability

1825 Connecticut Ave., NW Ste. 7005, Washington, D.C. 20009
www.fctd.info

Let's Play Project

University at Buffalo, Center for Assistive Technology
 322 Kimball Tower, Buffalo, NY 14214
 Phone (716) 829-3141. Fax (716) 829-2420
www.letsplay.buffalo.edu

APPENDIX 3

National Assistive Technology Advocacy Project

Neighborhood Legal Services, Inc.
295 Main Street, Room 495, Buffalo, NY 14203
Phone (716) 847-0650. Fax (716) 847-0227. TTY (716) 847-1322
Email nls01@sprynet.com
www.nls.org

NECTAC: National Early Childhood Technical Assistance Center

Campus Box 8040, UNC-CH, Chapel Hill, NC 27599-8040
Phone (919) 962-2001. Fax (919) 966-7463
Email nectac@unc.edu
www.nectac.org

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)

1700 North Moore Street, Suite 1540, Arlington, VA 22209-1903
Phone (703) 524-6686. Fax (703) 524-6630. TTY (703) 524-6639
www.resna.org

Rehabtool.com

www.rehabtool.com

Simplified Technology

6201 Candle Ct., Eldersburg, MD 21784
Fax (410) 795-8834 | Email linda@Lburkhart.com

Tots-n-Tech

Arizona State University and Thomas Jefferson University
tnt.asu.edu

Wisconsin Assistive Technology Initiative (WATI)

Phone (608) 758-6232 x340. Fax (608) 868-6740.
www.wati.org

Additional Copies or Services

These guidelines are available online at www.earlyintervention.alaska.gov

To request additional copies or auxiliary aids and services, please contact:

Alaska Early Intervention/Infant Learning Program
P.O. Box 240249
323 East 4th Avenue
Anchorage, Alaska 99501

Toll-free (877) HSS-FMLY (477-3659)
Local (907) 269-8442
TT Relay (800) 770-TYPE (8973)



Alaska Infant Learning Program

This report, historical data and other publications available at www.earlyintervention.alaska.gov

Call toll free in Alaska: 1 (877) HSS-FMLY (477-3659); In Anchorage 269-8442

INFANT LEARNING PROGRAMS THROUGHOUT ALASKA



The Alaska Infant Learning Program offers developmental services to families of children birth to 3. If you have concerns about your child's development make a referral to your local Infant Learning Program. Our Mission is to promote positive development and improved outcomes for Alaska's children birth to 3 by creating a culturally responsive, comprehensive and accessible service delivery system that links service providers, empowers families and engages communities.