

QUALITY INDICATORS FOR ASSISTIVE TECHNOLOGY SERVICES

The QIAT Consortium

The consideration of assistive technology devices and services is required during the development of every Individualized Educational Program (IEP) and every Individual Family Service Plan (IFSP) for children from age three to school age. The Individuals with Disabilities Education Act of 1997 (IDEA '97) asks each team which plans for the education of a child with a disability document any assistive technology devices and/or services the child may need. Despite this requirement, there has been no agreed upon description of high quality assistive technology services by which schools can measure their compliance.

Since the summer of 1998, the Quality Indicators for Assistive Technology (QIAT) Consortium has focused its efforts on defining a set of descriptors that could serve as over-arching guidelines for quality assistive technology services. The Consortium attempted to develop guidelines that would be applicable, regardless of service delivery models. It is the belief of the consortium that these descriptors can be used to guide:

1. school districts in the development and provision of quality assistive technology services which are aligned to federal, state and local mandates;
2. assistive technology service providers in the evaluation and improvement of their services;
3. consumers of assistive technology services in the selection of adequate assistive technology services;
4. university faculty and professional development providers in the delivery of programs that develop knowledge and skills needed to offer quality assistive technology services;
5. leaders in the development of regulations and policies related to the use of assistive technology in education.

When reviewing or using the Quality Indicators for Assistive Technology, it is important to be aware of some basic assumptions that pertain to all areas of QIAT. First, it is essential that ALL assistive technology services developed and delivered by states or districts are legally correct according to the mandates and expectations of federal and state laws and are aligned to district policies. Second, assistive technology efforts, at all stages, involves on-going collaborative work by teams which include families and caregivers, school personnel, and other needed individuals and service agencies. Third multidisciplinary team members involved in assistive technology processes are responsible for following the code of ethics for their specific profession.

Note: IDEA '97 requires that assistive technology devices and services be provided for all children with disabilities who need them. This applies to children from birth to twenty-one years of age. In the following document, when the term IEP is used, the reader can assume that the indicator also applies to IFSPs unless otherwise indicated.

Quality Indicators for Administrative Support

This area defines the critical areas of administrative support and leadership for developing and delivering assistive technology services. It involves the development of policies, procedures, and other supports necessary to sustain effective assistive technology programs.

1. **The education agency has written procedural guidelines that ensure equitable access to assistive technology devices and services for students with disabilities, if required for FAPE.**

Intent: The education agency has clear written procedural guidelines that provide equal access to assistive technology devices and services for all students. Access to AT is the same for the student regardless of abilities, economic status or geographic location. All district personnel are familiar with the procedural guidelines.

2. **The education agency has clearly defined and broadly disseminated policies and procedures for providing effective assistive technology devices and services.**

Intent: District personnel in special education and general education are familiar with the policies and procedures in both special education as well as general education. The procedures are readily available at each campus and all school personnel know how to access the procedures.

3. **The education agency has written descriptions of job requirements, which include knowledge, skills, and responsibilities for staff members who provide assistive technology services.**

Intent: The education agency has clear written statements of job requirements that address the necessary AT knowledge, skills and responsibilities for all staff members. This includes all personnel from the classroom through central office. This could be reflected in a position description, assignment of duty statement or some other written description.

4. **The education agency employs a range of personnel with competencies needed to provide quality assistive technology services within their areas of primary responsibility.**

Intent: The agency employs staff members from the classroom through the central office who have knowledge and skills of AT commensurate with job requirements. Though classroom teachers, supervisors and purchasing agents may need different knowledge and skills related to assistive technology, all must be knowledgeable for the system to work well.

5. **The education agency includes assistive technology in the technology planning and budgeting process.**

Intent: Historically, the AT needs of the agency have either been separate or omitted. A comprehensive technology plan provides for the technology needs of all students in both general education as well as special education.

6. **The education agency provides continuous learning opportunities about assistive technology devices, strategies and resources for staff, family and students.**

Intent: The training addresses the needs of the student, the family, and all of the staff involved with the student. Ongoing training and technical assistance opportunities are readily accessible to all members of the IEP team. The training and technical assistance includes training on AT devices, strategies and resources to support IEP goals and objectives.

7. **The education agency uses a systematic procedure to evaluate the components of assistive technology services to ensure accountability for student progress.**

Intent: There is a clear systematic procedure with which all administrators are familiar and use regularly. This procedure is used consistently across the agency at both central office and the building level. The components of this process include budgeting, planning, delivery and evaluation of AT services.

COMMON ERRORS:

1. If policies and guidelines are developed, they are not known widely enough to assure equitable application by all IEP teams.
2. It is not clearly understood that the primary purpose of assistive technology in school settings is to support the implementation of the IEP for the provision of a free appropriate public education (FAPE).
3. Personnel have been appointed to head assistive technology efforts, but resources to support those efforts have not been allocated. (Time, a budget for devices, professional development, etc.)
4. Assistive technology leadership personnel try to or are expected to do all of the assistive technology work and fail to meet expectations.
5. Assistive technology services are established but their effectiveness is never evaluated.

Quality Indicators for Consideration of Assistive Technology Needs

Consideration of the need for assistive technology devices and services is an integral part of the educational process identified by IDEA '97 for referral, evaluation, and IEP development. Although assistive technology is considered at all stages of the process, the Consideration Quality Indicators are specific to the consideration of assistive technology in the development of the IEP as mandated by IDEA '97. In most instances, the Quality Indicators are also appropriate for the consideration of assistive technology for students who qualify for services under other legislation (e.g. 504, ADA).

1. **Assistive technology devices and services are considered for all students with disabilities regardless of type or severity of disability.**

Intent: IDEA '97 is based on a child-centered process. Decisions regarding the need for assistive technology are determined by the unique educational needs of each individual student. Services cannot be determined based on categories.

2. **The IEP team has the knowledge and skills to make informed assistive technology decisions.**

Intent: The IEP team members collectively use their skills to recommend assistive technology devices and services needed to remove barriers to student performance. When the assistive technology needs are beyond the knowledge and scope of the IEP team, additional support from other resources is sought.

3. **The IEP team uses a collaborative decision making process based on data about the student environment and tasks to determine assistive technology needs.**

Intent: Although IDEA requires that the AT needs of students be considered during the development of the IEP, it does not specify a process. The IEP team uses a state or district determined process to make informed decisions regarding the need for assistive technology. The process is communicated and used consistently across the district.

4. **A continuum of assistive technology devices and services is explored.**

Intent: The IEP team considers a range of tools and strategies, including no tech, low tech and high tech to meet the educational needs of the student. Consideration is not limited to the devices and services currently available within the district.

5. **Decisions regarding the need for assistive technology devices and services are made based on access to the curriculum and the student's IEP goals and objectives.**

Intent: After the IEP team determines the curricular tasks the student needs to complete and develops the goals and objectives, the team considers whether assistive technology is required to accomplish those tasks.

6. **Decisions regarding the need for assistive technology devices and services and supporting data are documented.**

Intent: The IEP team determines whether or not assistive technology devices and/or services are needed. The IEP team uses something more than a check box to document the basis of the decision.

COMMON ERRORS:

1. Assistive technology is considered for students with severe disabilities only.
2. No one on the IEP team is knowledgeable regarding assistive technology.
3. Team does not use a consistent process based on data about the student, environment and tasks to make decisions.
4. Consideration of assistive technology is limited to those items that are familiar to team members or are available in the district.
5. Team members fail to consider access to the curriculum and IEP goals in determining if assistive technology is required in order for the student to receive FAPE.
6. If assistive technology is not needed, team fails to document the basis of its decisions.

Quality Indicators for Assessment of Assistive Technology Needs

Quality Indicators for Assessment of Assistive Technology Needs is a process conducted by a team, used to identify tools and strategies to address a student's specific need(s). The issues that lead to an assistive technology assessment may be very simple and quickly answered or more complex and challenging. Assessment takes place when these issues are beyond the scope of the problem solving that occurs as a part of normal service delivery.

1. **Assistive technology assessment procedures are clearly defined and consistently used.**

Intent: Throughout the educational agency, personnel are well informed and trained about assessment procedures and how to initiate them. There is consistency throughout the agency in the conducting of assistive technology assessments.

2. **Assistive technology assessments are conducted by a multidisciplinary team which actively involves the student and family or caregivers.**

Intent: The multidisciplinary team conducting an assistive technology assessment is comprised of people who collectively have knowledge about the abilities and needs of the student, the demands of the customary environments, the educational objectives, and assistive technology. Various team members bring different information and strengths to the assessment process.

3. **Assistive technology assessments are conducted in the student's customary environments.**

Intent: The assessment process takes place in customary environments (e.g., classroom, lunchroom, home, playground, etc.) because of the varied characteristics and demands in those environments. In each environment, district personnel, the student and family or caregivers are involved in gathering specific data and relevant information.

4. **Assistive technology assessments, including needed trials, are completed within reasonable time lines.**

Intent: Assessments are initiated in a timely fashion and completed within a time line that is reasonable as determined by the IEP team. The timeline complies with applicable state and agency requirements.

5. **Recommendations from assistive technology assessments are based on data about the student, environments and tasks.**

Intent: The assessment includes information about the student's needs and abilities, demands of the environments, and educational tasks and objectives. It may include trial use of the technology in the environments in which it will be used.

6. **The assessment provides the IEP team with documented recommendations about assistive technology devices and services.**

Intent: The recommendations from the assessment are clear and concise so that the IEP team can use them in decision-making and program development.

7. Assistive technology needs are reassessed by request or as needed based on changes in the student, environments and/or tasks.

Intent: An assistive technology assessment is available any time it is needed due to such changes or when it is requested by the parent or other members of the IEP team.

COMMON ERRORS

1. Procedures for conducting assistive technology assessment are not defined, or are not customized to meet the student's needs.
2. A team approach to assessment is not utilized.
3. Individuals participating in an assessment do not have the skills necessary to conduct the assessment, and do not seek additional help.
4. Team members do not have adequate time to conduct assessment processes, including necessary trials with AT.
5. Communication between team members is not clear.
6. The student is not involved in the assessment process.
7. When the assessment is conducted by any team other than the student's IEP team, the needs of the student or expectations for the assessment are not communicated.

Quality Indicators for Documentation in the IEP

The Individuals with Disabilities education Act of 1997 (IDEA '97) requires that the IEP team consider assistive technology needs in the development of every Individualized Education Program (IEP). In addition, Part C of IDEA '97 requires that the IFSP team consider the assistive technology needs of all children with disabilities over the age of three years. Once the IEP or IFSP team has reviewed assessment results and determined that assistive technology is needed for provision of FAPE, it is important that the IEP or IFSP document reflects the team's determination in as clear a fashion as possible. The Quality Indicators for Assistive Technology in the IEP help the team to describe the role of assistive technology in the child's educational program.

- 1. The education agency has guidelines for documenting assistive technology needs in the IEP and everyone on the IEP team is aware of them.**

Intent: Education agencies give instructions to IEP and IFSP teams as to how IEPs and IFSPs should be written. These instructions include guidance about documentation of assistive technology needs. Districts give direction to IEP and IFSP teams about how to document assistive technology as a related service, supplementary aid or service, goal, objective etc.

- 2. Assistive technology is included in the IEP/IFSP in a manner that provides a clear and complete description of the devices and services to be provided and used.**

Intent: IEPs and IFSPs are written in such a manner that everyone who attended the IEP/IFSP meeting and other people who might need to use the information to implement the plan understand what is to be done. IEPs and IFSPs are clearly written with as little "jargon" as possible. They give a clear picture of the devices and services which the IEP team determined were necessary.

- 3. Assistive technology is used as a tool to support achievement of IEP/IFSP goals and objectives as well as participation and progress in the general curriculum.**

Intent: There should be a clear relationship between assistive technology devices and services included in an IEP/IFSP and the goals and objectives developed by the team. Most goals and objectives should be developed before decisions about assistive technology use are made.

- 4. IEP content regarding assistive technology use is written in language that describes measurable and observable outcomes.**

Intent: At the point of periodic review, the IEP/IFSP is used to measure whether the district met its commitments and the whether the educational goals set for the child were appropriate. Content which describes measurable and observable outcomes for assistive technology allows the team to review the success of the plan.

5. All services needed to implement assistive technology use are documented in the IEP/IFSP.

Intent: IDEA lists a variety of services (i.e. evaluating, customizing, maintaining, coordinating services, training for the child and family, technical assistance for professionals) which must be provided to support the child's use of an assistive technology device. IEPs and IFSPs which include assistive technology devices often fail because inadequate services are provided. It is important that the IEP/IFSP includes services as well as devices.

COMMON ERRORS:

1. IEP teams do not know how to include assistive technology in IEPs.
2. IEPs including assistive technology use a "formula" approach to documentation. All IEPs are developed in similar fashion and the unique needs of the child are not addressed.
3. Assistive technology is included in the IEP, but the relationship to goals and objectives is unclear.
4. Assistive technology devices are included in the IEP, but no assistive technology services support the use.
5. Assistive technology expected results are not measurable or observable.

Quality Indicators for Assistive Technology Implementation

Assistive technology implementation pertains to the ways that assistive technology devices and services, as included in the IEP (including goals/objectives, related services, supplementary aids and services and accommodations or modifications) are delivered and integrated into the student's educational program. Assistive technology implementation involves people working together to support the student using assistive technology to accomplish expected tasks necessary for active participation in customary educational environments.

1. Assistive technology implementation proceeds according to a collaboratively developed plan.

Intent: Following IEP development, all those involved in implementation work together to develop a written action plan that provides detailed information about how the assistive technology will be used in specific educational settings, what will be done and who will do it.

2. Assistive technology is integrated into the curriculum and daily activities of the student.

Intent: Assistive Technology is used when and where needed to facilitate the student's access to the curriculum, and active participation in educational activities and routines.

3. Team members in all of the child's environments share responsibility for implementation of the plan.

Intent: Persons working with the student in each environment know what to do to support the student using assistive technology.

4. The student uses multiple strategies to accomplish tasks and the use of assistive technology may be included in those strategies.

Intent: Assistive Technology tools are used when needed to remove barriers to participation and/or performance. Alternate strategies may include use of the student's natural abilities, other supports, or modifications to the curriculum, task or environment. At times these alternate strategies may be more efficient than the use of assistive technology.

5. Training for student, family and staff is an integral part of implementation.

Intent: Determination the training needs of the student, staff and family based on how the assistive technology will be used in each unique environment. Training and technical assistance are planned and implemented as ongoing processes based on current and changing needs.

6. Assistive technology implementation is initially based on assessment data and is adjusted based on performance data.

Intent: Formal and informal assessment data guide initial decision-making and planning for Assistive Technology implementation. As the plan is carried out, student performance is monitored and implementation is adjusted in a timely manner to support student progress.

7. Assistive technology implementation includes management and maintenance of equipment and materials.

Intent: For technology to be useful it is important that equipment management responsibilities are clearly defined and assigned. Though specifics may differ based on the technology, some general areas may include organization of equipment and materials, responsibility for acquisition, repair and replacement, and assurance that equipment is operational.

COMMON ERRORS

1. Implementation is expected to be smooth and effective without addressing specific components in a plan. Team members assume that everyone understands what needs to happen and knows what to do.
2. Plans for implementation are created and carried out by one IEP team member.
3. The team focuses on device acquisition and does not discuss implementation.
4. An implementation plan is developed that is incompatible with the instructional environments.
5. No one takes responsibility for the care and maintenance of assistive technology devices and so they are not available or in working order when needed.
6. Contingency plans for dealing with broken or lost devices are not made in advance.

Quality Indicators for Evaluation of Effectiveness

This area addresses the evaluation of the effectiveness of the assistive technology devices and services be provided. It includes data collection and documentation to monitor changes in student performance resulting from the implementation. Student performance is reviewed in order to identify if, when, or where modifications and revisions to the implementation are needed.

- 1. Team members share clearly defined responsibilities to ensure that data are collected, evaluated, and interpreted by capable and credible team members.**

Intent: Each team member is accountable for ensuring that the data collection process determined by the team is implemented. Individual roles in the collection and review of the data are assigned by the team. Data collection, evaluation, and interpretation are lead by persons with relevant training and knowledge. It can be appropriate for different individual team members to conduct these tasks.

- 2. Data are collected on specific student behaviors that have been identified by the team and are related to one or more goal.**

Intent: In order to evaluate the success of the assistive technology use, data is collected on various aspects student performance. The behavior targeted for data collection is related to one or more IEP goal (s) (e.g. ability to accomplish the task, use of the technology, changes in student behavior).

- 3. Evaluation of effectiveness reflects the objective measurement of changes in the student's performance (e.g. student preferences, productivity, participation, independence, quantity, quality, speed, accuracy, frequency, or spontaneity).**

Intent: Expected changes in student performance are determined by the IEP team. The behavior targeted for data collection must be observable and measurable. Data which captures changes in student behaviors may be either quantitative, qualitative, or both.

- 4. Effectiveness is evaluated across environments including during naturally occurring opportunities as well as structured activities.**

Intent: The team determines the environments where the changes in student performance are expected to occur and prioritizes appropriate activities for data collection in those environments.

5. Evaluation of effectiveness is a dynamic, responsive, ongoing process that is reviewed periodically.

Intent: Scheduled data collection occurs over time and changes in response to both expected and unexpected results. Data collection reflects measurement strategies appropriate to individual student's needs. Team members evaluate and interpret data during periodic progress reviews.

6. Data collected provides a means to analyze response patterns and student performance.

Intent: The team regularly analyzes data to determine student progress and error patterns.

7. The team makes changes in the student's educational program based on data.

Intent: During the process of reviewing data, the team determines whether program changes/modifications need to be made in the environment, tasks, and tools. The team acts on these decisions and makes needed changes.

COMMON ERRORS:

1. An observable, measurable student behavior is not specified as a target for change.
2. Team members do not share responsibility for evaluation of effectiveness.
3. An environmentally appropriate means of data collection and strategies has not been identified.
4. A schedule of program review for possible modification is not determined before implementation begins.