

MODIFIED ASSISTIVE TOOLS PILOT

PRE-CHECK

Use this Pilot when you can check **ALL** of the boxes below:

- We systematically excluded the need to use a Pilot for the physical environment; *OR* we completed a Pilot of the physical environment and addressed the physical environment features that created barriers to participation in a routine or activity.
- We have completed a universal assistive tool Pilot but have not found any working solutions to support the child's participation.
- We identified a gap between the child's ability and adult expectations in the way a child participates in a routine or activity; **OR** a particular daily routine or activity is not working well.

If there are boxes left unchecked, complete the appropriate Pilot(s).

PROCEED!

Child's Name: Date:

Your Name:

Setting: ____

Additional Team Members:

CAR Process and Modified Assistive Tools

Reminder: Modified assistive tools include the use of materials to extend, stabilize, confine, and build up common items in ways other than what they are designed for (e.g., laundry basket for sitting supports, paper towel rolls to maintain position, picture symbols displayed on a pool noodle segment). They also may include materials used to create individualized supports (e.g., gel bags or fidget balloons for sensory supports).

Who: The team may include the family, professional, other classroom staff, service providers, educational diagnostician, and community agent. The team identifies someone to take the lead for considering modified assistive tool solutions. In a school setting, this may be the teacher or related service provider. In the home or community, it could be the service coordinator or a service provider. The lead person reaches out to other professionals for ideas and suggestions (e.g., related service providers, assistive technology specialist). The lead person keeps the team informed of the results. If other team members collect information, they share results with the lead.

How:



Collaborate with classroom staff and other service providers to consider possible modified assistive tool solutions. Complete the core worksheets on the modified tool to-do checklist. If your district or program has included other core worksheets, complete those as well.



Try modified assistive tool solutions for one to two weeks. Assess and document outcomes.



Review the information collected along with data from any actions taken to determine if the child is participating more fully in the selected routines and activities.

Consider: Is the routine or activity working well? If it is, the team might continue with the current plan. If it's not, continue to use the CAR process and complete the specialized assistive tools Pilot.

Modified Assistive Tools Pilot To-Do Checklist

Use the checklist to explore solutions. Spend one to two weeks trying solutions.

COLLECT

Core Worksheets

- 1. Itinerary (Worksheet #1)
- 2. Add-On (Worksheet #4)
- 3. Portfolio pages 1, 6, 8, & 11

Program Worksheets (if provided by your administrator)

ACT

Core Worksheets



1. Log (Worksheet #2)

2. Hub-n-Spokes (Worksheet #3)

Program Worksheets (if provided by your administrator)

REFLECT

Core Worksheets



- 1. Itinerary (Worksheet #1 completed in C stage)
- 2. Log (Worksheet #2 completed in A stage)
- 3. Portfolio pages 12 & 14

Program Worksheets (if provided by your administrator)

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Additional Resources

(For full bibliography see Primary Sources on the USB drive)

Assistive Tool Device Examples

EZ AT 1: http://www.pacer.org/stc/pubs/stc-16.pdf

EZ AT 2: http://www.pacer.org/stc/pubs/EZ-AT-book-2011-final.pdf

EZ AT 2 iBooks Edition: https://itunes.apple.com/us/book/ez-at-2/id781912747?mt=11

fabricATe: www.fabricate4all.org

Collection

Functional Evaluation for Early
Technology Process (FEET): http://www.
frcn.org/pdfs/Symposium2014/FEET_Forms.pdf

WORKSHEET #1

Itinerary of Daily Routines and Activities

Step 1

Information collected will identify routines and activities where assistive tools and/or physical environment features may be useful or are already being used.

- List the child's current daily routines and activities. To get you started, the Routines and Activities Starter Sheet (found
- on the USB drive) offers typical examples in the home and in the classroom.
- For each routine and activity that you list, record a check mark in one box under column (A) and in one box under column (B).

Child's Name			Setting (home, community, school, classroom)								
Name(s) of Individual(s) Completing Step 1	(A) Gen	(A) Generally, how satisfied are you with how this activity is going? (B) How is the child's participal in this activity meeting your expectations?									
	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Does Not Meet	Occasionally Meets	Meets	Exceeds			
List Routines and Activities											

WORKSHEET #1 (CONTINUED)

Step 2

From the list of routines and activities you recorded in Step 1, identify and record up to three that you identified that fell into the **red zone** for both columns (A) and (B).

- Answer questions (C), (D), (E), and (F) to create a baseline data point by placing a check mark in the appropriate box in each column.
- Starting with the baseline and for each additional data point, print out and draw a line (or trace with your fingers) from
- the previous check mark to the current check mark. A line drawn straight down (I) indicates no change; a line drawn toward the bottom right corner of the page (\) indicates improvement; a line drawn toward the bottom left of the page (/) indicates a red flag and should be examined.
- Determine the time frame for collecting the information and record it in the time boxes at the end of the form. Also, transfer the recorded dates to Worksheet #2.

Name(s) of Individual(s) Completing Step 2		(C) Typically, how often does the child have the chance to participate in this activity?			(D) Typically, how involved is the child during this activity?		(E) How is the child's participation in this activity meeting your expectations? For baseline, transfer responses from STEP 1, Column B.			3- r er	(F) Are there physical environment features and/or items that if taken away would prevent the child from participating in this activity?	
Below: Record up to three activities or routines that fall into the red zone (from Step 1).	Data Collection Point*	Once Each Week	A Few Times Each Week	Once Or More Each Day	Not Very Involved	Somewhat Involved	Very Involved	Does Not Meet	Occasionally Meets	Meets	Exceeds	List Items and/or Features Below. [Note: Items and/or features also should be recorded on the child's service records (e.g., IFSP or IEP)].
	В											
	1											
	2											
	3											
	В											
	1											
	2											
	3											
	В											
	1											
	2											
	3											
*Key: B = Baseline; 1 = Follow-up 1; 2 = Fo	llow-ı	ıp 2; 3 :	= Follov	w-up 3.								

Baseline Date: Follow-up 1 Date: Follow-up 2 Date: Follow-up 3 Date:

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worksheet #2 PEAT's Log

Today's Date:	Child's Name:	Routine or Activity:	
Baseline Date:	Follow-up 1 Date:	Follow-up 2 Date:	Follow-up 3 Date:
For each routine and ac	tivity listed in Step 2 of Worksheet #1,	create a log. Then complete Workshee	t #3.
Detail what is happer this routine or activit		ail plans to change the physical enviror	nment if appropriate.
Detail what you want		ail plans for a trial of universal assistive	e tools if appropriate.
sound like when this is working well.			
	Det	ail plans for a trial of modified assistive	tools if appropriate.
Once physical enviror and/or assistive tool detail what is happer	nment feature solutions are tried,	ail plans for a trial of specialized assisti	ve tools if appropriate.
		ot Working — Go back to the collect	
		re information that may lead to addition	
		orking — Continue using solutions an g., IFSP, IEP).	d document in the child's service record

worksheet #2 PEAT's Log

Today's Date:	Child's Name:	Routine or Act	tivity:
Baseline Date:	Follow-up 1 Date:	Follow-up 2 Date:	Follow-up 3 Date:
For each routine and ac	tivity listed in Step 2 of Worksheet #	1, create a log. Then complete Worl	ksheet #3.
Detail what is happe this routine or activit		etail plans to change the physical er	nvironment if appropriate.
Detail what you wan sound like when this	t it to look and	etail plans for a trial of universal ass	sistive tools if appropriate.
is working well.	Touting of activity		
	D	etail plans for a trial of modified ass	sistive tools if appropriate.
Once physical enviro and/or assistive tool detail what is happe	onment feature solutions are tried,	etail plans for a trial of specialized a	assistive tools if appropriate.
		lot Working — Go back to the coore information that may lead to ad	collect stage in the CAR process and gather diditional solutions.
		orking — Continue using solutio	ns and document in the child's service record

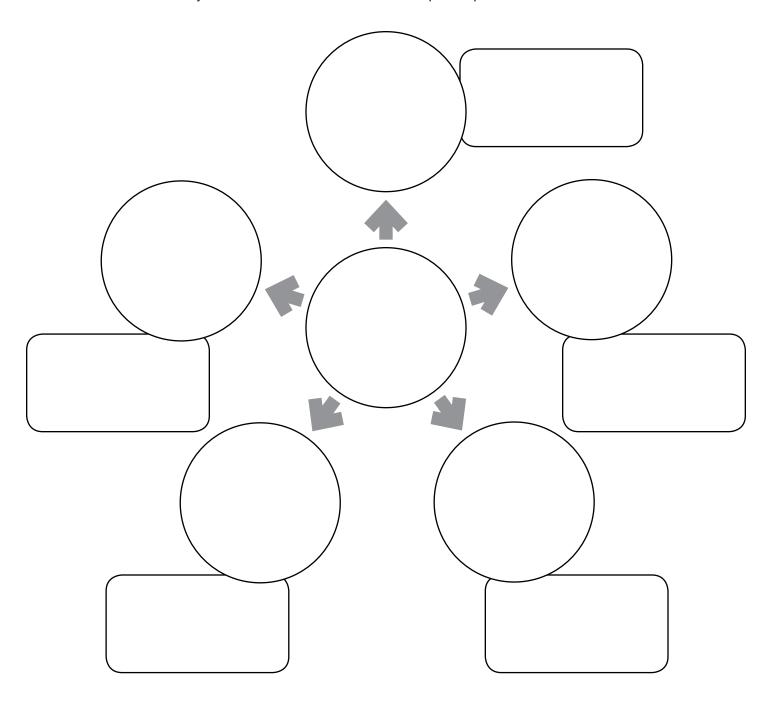
WORKSHEET #3

PEAT's Hub-n-Spokes

oday's Date:	Child's Name:	Solution	:
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This worksheet is completed to illustrate which of the successful physical environment features and/or assistive tools may be generalized across activities/routines and/or settings.

- 1. In the center circle list the child's physical environment features and/or assistive tools currently in use.
- 2. In the outer layer of circles describe up to five routines and activities and how the **PEAT** solution(s) is/are used (e.g., duration, position, frequency, delay response, etc.).
- **3.** In the boxes, list indicators that the child is meeting your participation expectations.



worksheet #4 PEAT's Add-On

	Today's Date:		Child's Name:							
This worksheet records all of the additional data collection tools/forms used as suggested in the Additional Resources section. Check the box for each of the additional resources used for this Pilot. PEAT's Primary Sources on the USB drive provides an annotated listing of these resources.										
	Able Play, toy rating system — National Lekotek Center									
	CARA's Kit: Creating Adaptations for Routines and Activities									
	CARA's Mini Posters									
	Environment Rating Scales									
	EZ AT 1									
	EZ AT 2									
	EZ AT 2 iBooks Edition									
	fabricATe									
	Functional Evaluation for Early Technology Process (FEET)									
	Inclusive Classroom Profile									
	Lauren Enders, MA, CCC-SLP Pinterest site									
	PACER TIKES									
	Questions to Conside	er in UDL Observa	ations of Early Childhood Environ	ment						
	Recommended Practices Products by Topic: Environment									
	Standard 9: NAEYC	Accreditation Crit	eria for Physical Environment St	andard						
	State/Local AT Lend	ing Library								
	The Physical Enviror	nment of a Child C	are Center: What Parents Should	d Know						
	The SpeciaLink Early	y Childhood Inclus	sion Quality Scale (2009)							
	Toy Guide for Differe	ently-Abled Kids								
	Toys: Universal Tools	s for Learning, Co	mmunication and Inclusion for C	hildren with Disabilities						
	Wisconsin Assistive	Technology Initia	tive (WATI)							
	Young Children's Phy	ysical Environmer	nt Measure (YCPEM)							