



## SPECIALIZED 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 for the physical environment and addressed the physical environment features that created barriers to participation in a routine or activity.
- We have completed Pilots for universal assistive tools and for modified assistive tools 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 Specialized Assistive Tools

**Reminder:** Specialized assistive tools are those designed specifically for individuals with disabilities. They are typically found in specialty catalogs or on websites and often require the expertise of a professional to select, set up, and train others to use.

**Who:** The team may include family members, service providers, classroom staff members, assistive technology coordinator, educational diagnostician, assistive technology specialist or expert (e.g., independent contractor), and community agent. Usually, an assistive tool specialist or service provider is designated as the team leader. The leader helps the team navigate the process of recommending specialized assistive tools. The team may decide to submit an official assistive technology referral. The team also may decide to request an official assistive technology referral.

### How:



Collaborate with classroom staff and/or other service providers, and an assistive technology specialist to consider possible specialized assistive tool solutions to address one to three routines or activities that are not working well. Complete the core worksheets on the specialized tool to-do checklist. If your district or program has included other core documents, complete those as well.



Try specialized assistive tool solutions for two to four 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, the designated leader moves the team on to making an official assistive technology referral.

## Specialized Assistive Tools Pilot To-Do Checklist

Use the checklist to explore solutions. Before an official referral is made, spend two to four 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. Hub-n-Spokes (Worksheet #3)
4. Portfolio pages 12 & 14

#### Program Worksheets (if provided by your administrator)

## Additional Resources

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

### Assistive Tool Device Examples

fabricATe: [www.fabricate4all.org](http://www.fabricate4all.org)

Lauren Enders: <http://www.pinterest.com/lasenders/>

PACER TIKES: <http://www.pinterest.com/PACERTIKES>

State/Local AT Lending Library: <http://ectacenter.org/topics/atech/stateresources.asp>

Toy Guide for Differently-Abled Kids:

<http://www.toysrus.com/shop/index.jsp?categoryId=3261680>

### Collect

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

Wisconsin Assistive Technology Initiative (WATI): Assessing Students' Needs for Assistive Technology (ASNAT): <http://www.wati.org/>

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) Generally, <i>how satisfied</i> are you with how this activity is going?				(B) How is the child's <i>participation</i> 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 (|) 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	Data Collection Point*	<b>(C) Typically, how often does the child have the chance to participate in this activity?</b>			<b>(D) Typically, how involved is the child during this activity?</b>			<b>(E) How is the child's participation in this activity meeting your expectations?</b> <small>For baseline, transfer responses from STEP 1, Column B.</small>			<b>(F) Are there physical environment features and/or items that if taken away would prevent the child from participating in this activity?</b>
		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
<i>Below: Record up to three activities or routines that fall into the red zone (from Step 1).</i>	B										
	1										
	2										
	3										
	B										
	1										
	2										
	3										
	B										
	1										
	2										
	3										

\*Key: B = Baseline; 1 = Follow-up 1; 2 = Follow-up 2; 3 = Follow-up 3.

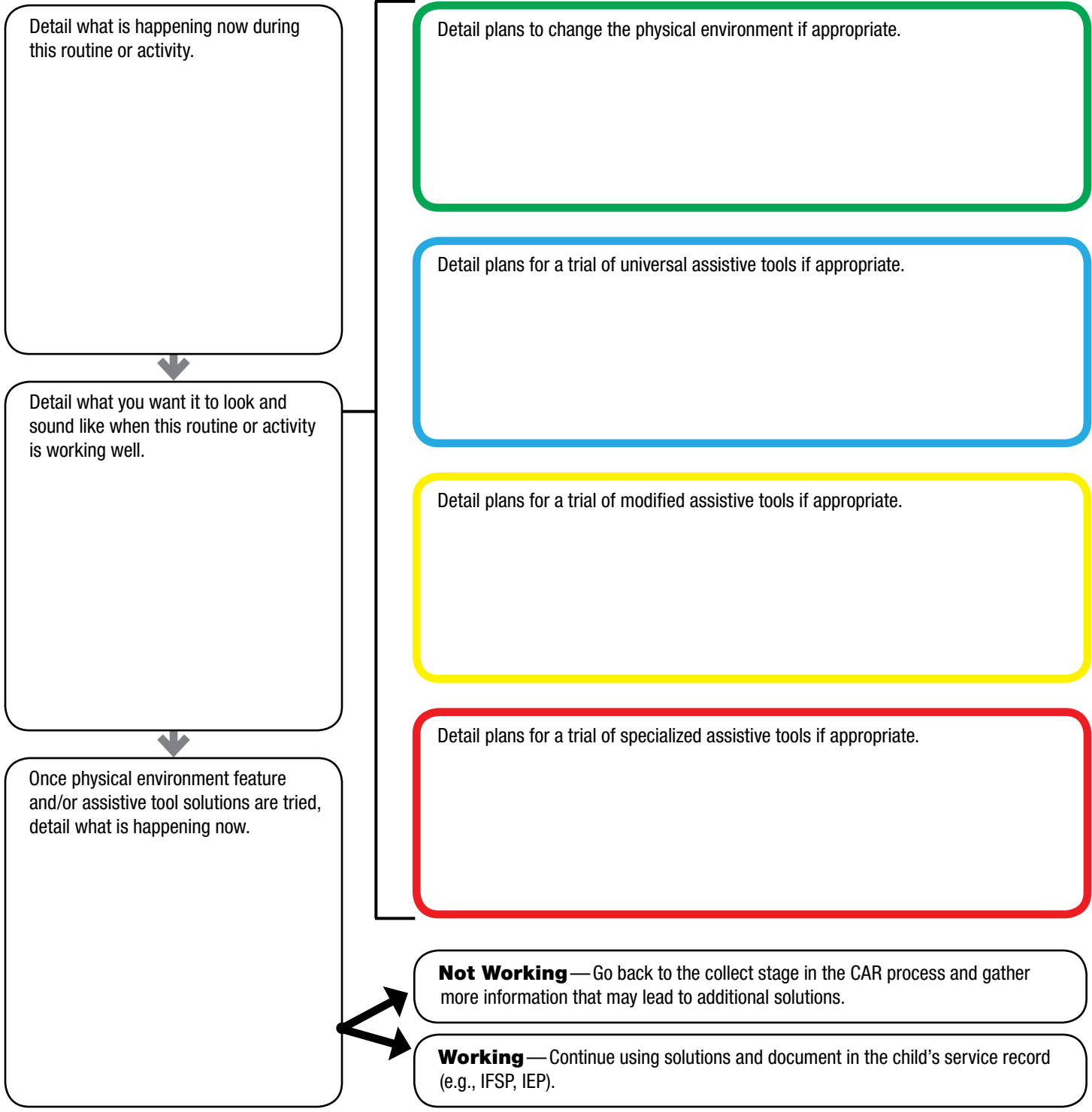
Baseline Date:  Follow-up 1 Date:  Follow-up 2 Date:  Follow-up 3 Date:

**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 activity listed in Step 2 of Worksheet #1, create a log. Then complete Worksheet #3.

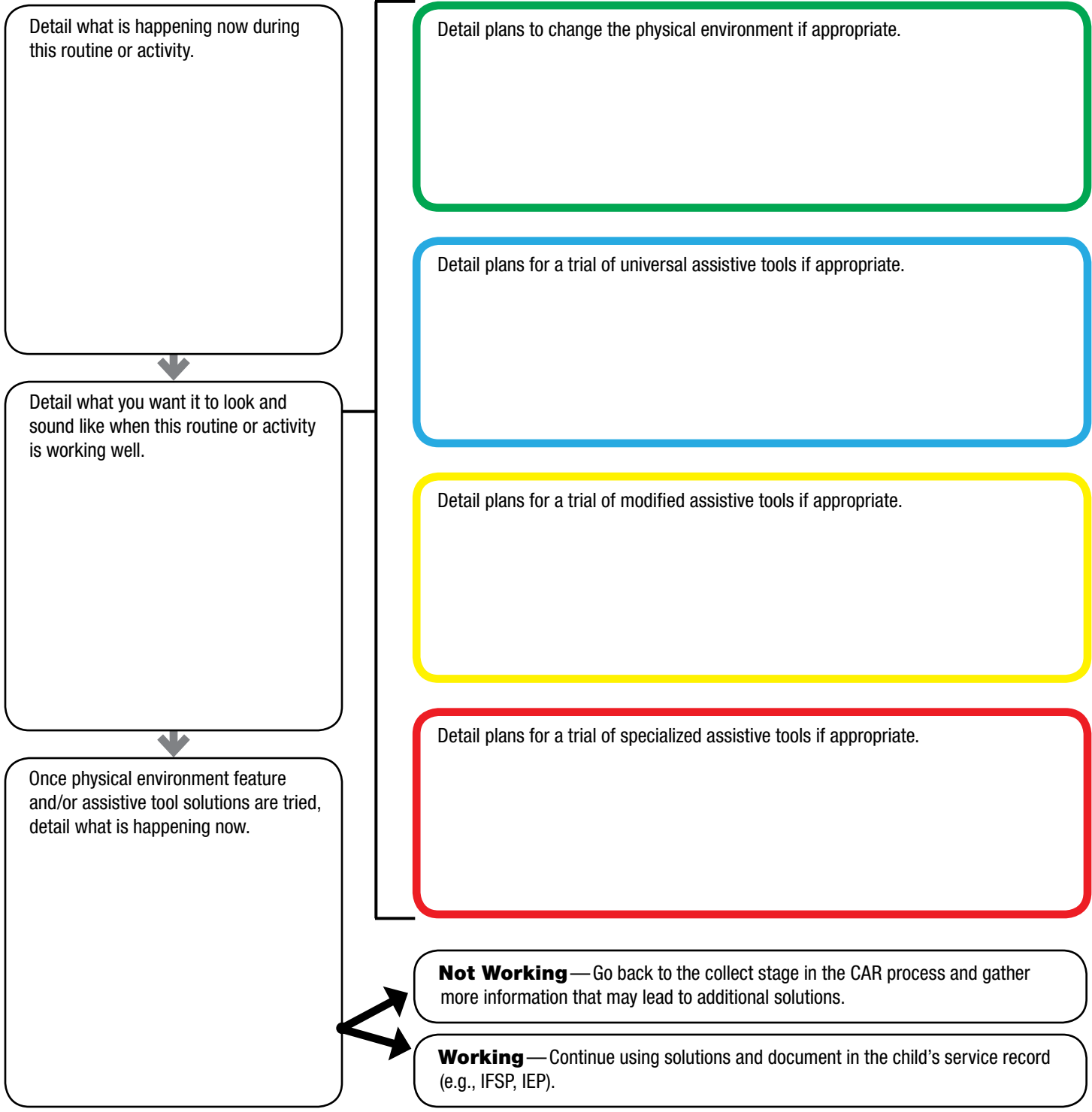


**WORKSHEET #2**  
**PEAT's Log**

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 activity listed in Step 2 of Worksheet #1, create a log. Then complete Worksheet #3.





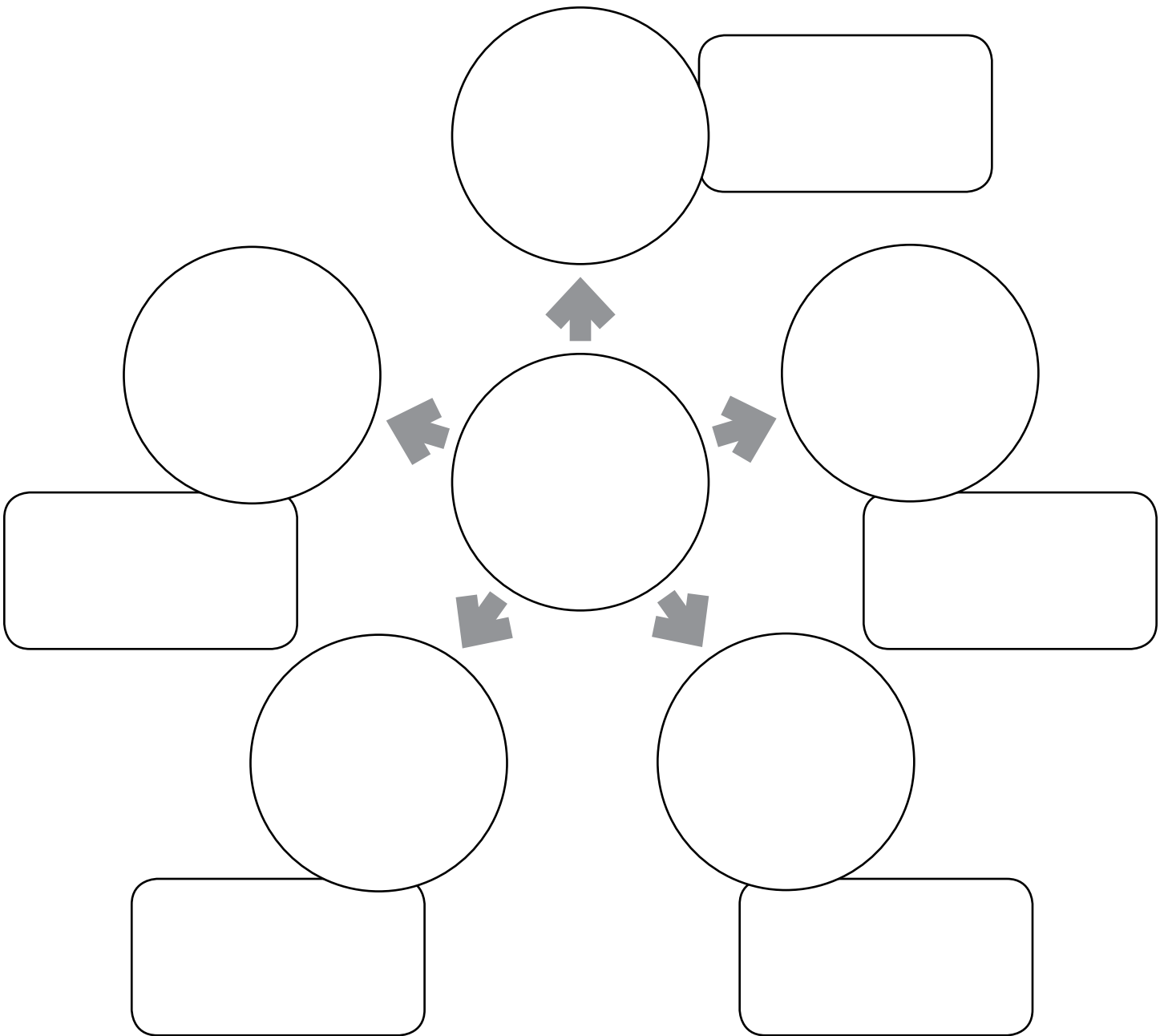
WORKSHEET #3

# PEAT's Hub-n-Spokes

Today's Date:  Child's Name:  Solution:

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 Consider in UDL Observations of Early Childhood Environment
- Recommended Practices Products by Topic: Environment
- Standard 9: NAEYC Accreditation Criteria for Physical Environment Standard
- State/Local AT Lending Library
- The Physical Environment of a Child Care Center: What Parents Should Know
- The SpecialLink Early Childhood Inclusion Quality Scale (2009)
- Toy Guide for Differently-Abled Kids
- Toys: Universal Tools for Learning, Communication and Inclusion for Children with Disabilities
- Wisconsin Assistive Technology Initiative (WATI)
- Young Children's Physical Environment Measure (YCPem)