

Appendix B

## **Forms and Checklists**

2013

## Local Funding Worksheet

The following form may be used to record and reference local agencies that may be contacted when seeking funding for AT.

### Medicaid:

**Description:** Must be Medicaid eligible. Medicaid funds durable medical equipment and medically related services. Wheelchair applications must be completed through the vendor in conjunction with the student's physical therapist. Speech-generating device (SGD) applications must be made through an ASHA-certified speech-language pathologist and submitted by the vendor.

**Contact:** Initiate (family/individual) the Medicaid application for eligibility through the County Department of Job and Family Services.

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name \_\_\_\_\_

Email: \_\_\_\_\_

### Private Insurance:

**Description:** Private insurance refers to a contract between the individual/family and the insurance company. Medical insurance is based on the "medical necessity" of services and equipment. Private medical insurance may provide certain types of AT and AT services under three categories of funding: prosthesis, durable medical equipment, and therapy services.

**Contact:** Contact (family/individual) private insurance provider.

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name \_\_\_\_\_

Email: \_\_\_\_\_

**Bureau for Children With Medical Handicaps (BCMh):**

**Description:** Offers diagnostic assessment for students under 21 years of age with a possible medical handicap. Treatment is based on financial eligibility.

**Contact:** County Health Department.

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name \_\_\_\_\_

Email: \_\_\_\_\_

**Family Support Services:**

**Description:** Student eligibility determined by County Board of Developmental Disabilities. Amount of assistance monies varies.

**Contact:** Ohio Department of Developmental Disabilities Gateway.

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name \_\_\_\_\_

Email: \_\_\_\_\_

**Vocational Rehabilitation: Ohio Rehabilitation Service Commission and Bureau for the Visually Impaired:**

**Description:** Eligibility possible when student reaches age 14 or a Transition Plan is initiated. Eligibility determined by VR counselor.

**Contact:** Regional vocational rehabilitation office.

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name \_\_\_\_\_

Email: \_\_\_\_\_

**Social Security:**

**Description:** SSI and SSDI do not directly provide funding for AT; yet, qualifying individuals may access other services and work incentives. Eligibility for SSI or SSDI also brings eligibility for Medicaid and/or Medicare.

**Contact:** Click this link to learn about local Social Security offices: <https://secure.ssa.gov/ICON/main.jsp>

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name \_\_\_\_\_

Email: \_\_\_\_\_

**Service Clubs and Organizations:**

**Description:** Local groups such as the Lions, Sertoma, Shriners, Kiwanis, Rotary, churches, and sororities/ fraternities often fill the gap when human service delivery systems fall short.

**Contact:** Explore local community service organizations.

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name \_\_\_\_\_

Description: \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name \_\_\_\_\_

Description: \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Name \_\_\_\_\_

Description: \_\_\_\_\_

# OCALI Consideration for Assistive Technology Checklist

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Check an area in which there is concern about the student functioning as independently as possible. (If no concern, indicate "no" in the Special Considerations section of the IEP.)**

Academic

reading       writing       math       learning/studying

Communication

understanding language       using language       speaking clearly

Access

computer access       mobility       seating & positioning

Environmental Control

Activities of Daily Living

play       recreation/leisure       self-care       vocational

Social Behavior

following routines and rules       making transitions       staying on task

Vision

Hearing

Other \_\_\_\_\_

**1. What specific task in the area identified above do we want this student to perform that he/she is unable to do because of his/her disability?**

- 2. What current special strategies, accommodations or assistive technologies have been tried to enable the student to complete this task? How well have they worked? (Include in the Present Levels of Performance section of IEP.)**

**“How well have they worked?”**

- 3. Are there continuing barriers when the student attempts this task? If so, describe. (Include in the Present Levels of Performance section of IEP.)**

- 4. Are there new or additional assistive technologies to be tried to address continuing barriers? If so, describe. (Document in Services section of IEP.)**

- 5. Is there a need for further investigation and/or assessment to determine assistive technology solutions? (Describe this plan and document in Services section of IEP.)**

# Assessment Summary of Student Need for Assistive Technology

Name \_\_\_\_\_ Date \_\_\_\_\_

Use this form to analyze data and define the student's specific need for assistive technology.

STUDENT		Area(s) of Need _____
ENVIRONMENTS	TASKS	
Specific Concerns/Needs: <i>What do we want the student to do?</i>		



## Assessment for Assistive Technology Tool System

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Area of Need: \_\_\_\_\_

<b>Specific Tasks:</b> State in terms of what the student is expected to do	<b>No-Low-High-Tech Tools Options/ Solutions and Features</b>	<b>Availability for Trial Use</b>	<b>Results</b>

# Assistive Technology Solution Continuum

Student: \_\_\_\_\_ Date: \_\_\_\_\_

1. *Identify the area of student needs (e.g., handwriting, speech, reading) and generate a continuum of AT options, including no-tech, low-tech, and high-tech. Begin with the simplest, least intrusive solutions.*
2. *Discuss the suggested solutions and make conclusions on the effectiveness of this solution.*

Alternatives for:	Conclusions

## Assistive Technology Technical Support Data

**Student Name:** \_\_\_\_\_

Equipment Name: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Purchased By: \_\_\_\_\_

Warranty Information: (\*maintain copy of original invoice)

Technical Support: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Training Received:

Date:

Provided By:

Provided To:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


Person/Agency Responsible for Maintenance and Repair:

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**Service Record**

Date	Problem	Result