

# Sweetwater #1

## Assistive Technology Team Services

Help with  
specific  
students

Help for  
staff  
members



Guidance is available for site teams in these areas of AT:

- Consideration
- Evaluation (Assessment)
- Acquisition of materials and devices
- Training
- Implementation of AT
- Evaluation of Effectiveness
- AT Trial Plan
- Documentation in the IEP
- Assistance Process



Technical Assistance (collaboration with staff) is available for:

- Using existing AT supports
- Training on software and materials
- Strategies for improving outcomes for students with disabilities
- Accessing resources
- Connecting AT and Common Core
- Accessible Instructional Materials (alternate book formats)



Contact for process, procedures and assistance:

Gretchen Borders [bordersg@sw1.k12.wy.us](mailto:bordersg@sw1.k12.wy.us) (307) 352- 3440 ext. 1282

Lamar Scott [scottl@sw1.k12.wy.us](mailto:scottl@sw1.k12.wy.us)

Lennie Lew [lew1@sw1.k12.wy.us](mailto:lew1@sw1.k12.wy.us)



## **Assistive Technology**

What is Assistive Technology (AT)?

Assistive Technology is a device and/or service that is determined to be educationally necessary for a student to access his/her general education curriculum and make progress toward his/her IEP goals. Assistive Technology equipment, whether low-tech or high-tech, is provided to allow students to complete an educational task he/she would not have otherwise been able to complete.

Who is AT for?

- An IEP committee must consider what, if any, AT may be needed by every student with a disability (written into IEP forms)
- A framework for consideration of devices and services:
  - Are they necessary?
  - Are they educationally relevant?
- Focus of AT:
  - AT in support of the Educational program/student goals
  - Access to the curriculum
- AT Decision making is based on the functional capabilities of students and problems they have completing work, meeting goals, or accessing the curriculum
- AT decisions DO NOT begin with picking out a technology or a tool for a child and then trying to make a student match the tool

## Process for Requesting Assistive Technology Device or Evaluation (Assessment)

1. The entire IEP team meets to Complete AT consideration form

Bozwater County School District #1  
Assistive Technology Consideration

Name of Child	WISER ID	DOB	Grade	School Year	Date

This request is for:

- ☐ Assistance determining what AT is needed (AT Team Consultation)
- ☐ The team needs access to resources, materials, and/or training

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

Reference to a goal or accommodation in the attached IEP: None

☐ Resources/Materials needed:

☐ \_\_\_\_\_

☐ Training \_\_\_\_\_

☐ Other: \_\_\_\_\_

2. AT Team Evaluates IEP Teams Request for AT
3. AT Team meets with designated staff to complete the device checkout form and provide training if necessary

AT Loan Library  
Acquisition of Materials/Devices  
Equipment Loan Agreement 2016/17 School Year

Item Borrowed: \_\_\_\_\_

Designated Borrowers:

☐ All School Personnel, including Contracted Staff

☐ Specific Individual(s): \_\_\_\_\_

☐ Student \_\_\_\_\_

☐ Staff \_\_\_\_\_

School: \_\_\_\_\_

Administrator: \_\_\_\_\_

Responsible Teacher: \_\_\_\_\_

Parent/Guardian of adult student: \_\_\_\_\_

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

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

Date School Year Ends: \_\_\_\_\_

Terms of Agreement  
In borrowing from the SCSD #1 Loan Library, we agree to:

\_\_\_\_\_

4. Trial Documentation: Staff is responsible for gathering data to determine if correct AT has been selected to meet student needs.

ASSISTIVE TECHNOLOGY TRIAL DOCUMENTATION

Name of Child	WISER ID	DOB	Grade	School Year	Date

IEP Goal Addressed by AT: \_\_\_\_\_

Strategy/Technology Used & Context: \_\_\_\_\_

Desired outcomes of Trial: \_\_\_\_\_

Date	Duration	Initials	Teacher Observations	Results of student Performance	Student Perceptions & Comments

5. Equipment return and plan for next school year

Bozwater County School District #1  
Assistive Technology Team  
Annual Inventory  
(for school year 2016-2017)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Special Education Teacher: \_\_\_\_\_ Principal: \_\_\_\_\_

Our records show the following Special Education Assistive Technology equipment was checked out to your school for this student this year. You are responsible for this equipment until it is checked back into the AT department in Special Services at the Central Administration Building, 3550 Footfall Boulevard, Rock Springs, Wyoming. All equipment for students CHANGING schools MUST BE RETURNED to the AT Team by the last day of school.

ITEM/DEVICE	SERIAL #	BAR CODE	VALUE

1. Do you expect this student to remain in the current room/school next school year?

6. Feedback Form

LOAN LIBRARY FEEDBACK FORM

Teacher: \_\_\_\_\_ Equipment: \_\_\_\_\_ Date: \_\_\_\_\_

1. Level of Satisfaction with the services provided (not device satisfaction):

☐ Highly Satisfied

☐ Satisfied

☐ Somewhat Satisfied

☐ Not at all Satisfied

2. As part of this loan, I needed assistance to:

☐ N/A-assistance not needed

☐ Understand how to operate device(s)

☐ Select specific device(s)

☐ Implement use of the device(s) with student

3. I received assistance from:

☐ N/A

☐ AT Team Member

☐ Someone at my school

☐ Other: \_\_\_\_\_

4. The item(s) arrived with all pieces included: ☐ YES ☐ NO

5. The item(s) arrived in good working condition: ☐ YES ☐ NO

# AT CONSIDERATION PROCEDURE

**\*NOTE:** Please consult with the AT team at least 10 business days before a scheduled IEP to ensure appropriate and timely provision of services. A team that does not provide adequate time for consultation can run into compliance issues without active involvement of the AT team in the planning process.

**\*\*** Please write the date you complete each step on the line and submit this with your AT consideration form.

1. \_\_\_\_\_ Identify the area or areas that need to be or could be addressed by utilizing AT.
2. \_\_\_\_\_ Consult with the school team. Have the Teacher of Record (TR) schedule a meeting with the school team to discuss the need for AT. This will ensure that all team members are aware that a request is being made and will be able to have a say in what might help the student and/or if the actually need AT.
3. \_\_\_\_\_ Complete the AT consideration with team members.
4. \_\_\_\_\_ All team members need to sign the AT consideration form during the collaboration meetings.
5. \_\_\_\_\_ The TR submits the original consideration form to Gretchen Borders at the CAB in the Special Services Department (ext.1282).

Date Received: \_\_\_\_\_

**Sweetwater County School District #1**  
**Assistive Technology Consideration**

Name of Child	Teacher of Record	DOB	Grade	School Year	Date

This request is for: \*

1. ☐ Assistance determining what AT is needed (AT Team Consult/Evaluation)
2. ☐ The team needs access to resources, materials, and/or training not available at your current site

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

Relates to a Goal or accommodation in the attached IEP: Describe \_\_\_\_\_

☐ Resources/Materials needed:

☐ \_\_\_\_\_

☐ Training

☐ \_\_\_\_\_

☐ Other: \_\_\_\_\_

Required Items:

- ☐ A copy of the student's IEP dated \_\_\_\_\_ is attached
- ☐ A copy of the most recent IEP progress updates is attached (if applicable)
- ☐ A copy of the student's grades are attached (if applicable)
- ☐ Trial Data (if applicable)
- ☐ Additional Information: \_\_\_\_\_

Signatures of Team Members that participated in the completion of this form:

_____	_____
_____	_____
_____	_____
_____	_____

Which IEP Team member should the AT Team contact for additional information regarding this student (primary person requesting AT)? \_\_\_\_\_

***\*If the team has access to resources, materials, and/or training needed to provide appropriate AT to the student, this form is not needed. Mark "Yes" to the Assistive Technology question in the Consideration of Special Factors section of the IEP and document appropriately in the student's Present Levels of Academic Achievement and Functional Performance (PLAAFP), and accommodations/modifications.***

Date Received: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Sweetwater County School District #1**  
**Assistive Technology Consideration page 2**

Name of Child	Teacher of Record	DOB	Grade	School Year	Date

1. Given the student's current accommodations/modifications, is the student progressing toward their current goals/objectives?

Yes

No

2. Given the student's current accommodations/modifications, is the student able to access their general education curriculum or if applicable, their current modified curriculum.

Yes

No

3. Does the student currently have AT that meets their needs?

Yes

No

4. Are there area(s) of this student's performance the team wants to consider (new or further) AT?

☐ Communication

☐ Spelling

☐ Handwriting (Legibility)

☐ Reading

☐ Written Expression

☐ Other Academic Subjects (describe) \_\_\_\_\_

☐ Organization (describe) \_\_\_\_\_

☐ Participating in Inclusive Setting (describe) \_\_\_\_\_

☐ Accessing Print Materials

☐ Access to Educational Materials due to physical disability:

☐ Toys

☐ Computer

☐ Books

☐ Other (describe) \_\_\_\_\_

## Evaluation (Assessment)

### PLAN

- Identify barriers or challenges
- Use data whenever possible
- Specify the plan to move programs forward
- Specify the outcomes that will be monitored

### DO

- Carry out the strategies or plan to address the challenges already identified
- Gather data on what is happening

### STUDY

- Use the measures identified during the planning phase to assess and track progress

### ACT

- Make any needed changes to the next iteration of the plan to improve implementation

- The SETT model for decisions (child centered process vs. technology centered process:
  - Student (needs and skills)
  - Environment (where and with whom)
  - Task (what does the student need to do)
  - Tool (what materials are needed to complete tasks)
- Guiding Questions:
  - What do you want the student to do?
  - Where/When/Why do they need to do it?
  - What tools do they need?
    - **Can the student's needs be met with commonly available tools or is something more required?**

### **In short...**

- Begin with the end in mind
- Know what the change is that you want to see
- Develop a plan of action to create that change



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AT Loan Library  
Acquisition of Materials/Devices  
Equipment Loan Agreement 2018/19 School Year

**Item Borrowed:**

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Borrower: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Administrator: \_\_\_\_\_

**Terms of Agreement**

In borrowing from the SCSD #1 Loan Library, we agree to:

- ☐ Obey software and other copyright laws. We will not make copies of copyrighted materials.
- ☐ **In the case of any damage or malfunction, or if device is lost or stolen:** Immediately notify Gretchen Borders at 307-352-3400 ext. 1282 or by email at [bordersg@sw1.k12.wy.us](mailto:bordersg@sw1.k12.wy.us) if equipment malfunctions or ceases to operate. No attempts to repair malfunctioning equipment will be made without authorization.
- ☐ **Follow SCSD#1 Policy #JFCM regarding use of technology.** Failure to follow policy may result in a loss of technology privileges.
- ☐ **Assume responsibility for returning equipment by the stated due date.** (Equipment MUST be returned with accessories: cables, cases, covers, ect.)
- ☐ **Acknowledge that this agreement is in effect for up to one (school) year period and must be renewed annually.**
- ☐ **Complete the Short-Term Loan Library Feedback Form.**
- ☐ **Have our Loan Library privileges suspended or revoked if we do not abide by the requirements.**
- ☐ **Request training if needed.**

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

✓ SEND ORIGINAL COMPLETED FORM to GRETCHEN BORDERS AT 307-352-3400 ext. 1282 and/or [bordersg@sw1.k12.wy.us](mailto:bordersg@sw1.k12.wy.us)

## **What is expected from the IEP Team/TOR during an AT Trial?**

1. AT must be tied to an existing goal or need in the IEP
2. Trials are typically 6 weeks long
3. Data should be collected weekly by the TOR, classroom teachers and where appropriate, service providers, during the duration of the trial in all classrooms where the AT is used. This will include how often the device is used as well as data points regarding improvement/change toward the desired outcome of the trial
4. The TOR is responsible for collecting the data sheets from participants and submitting the original Data collection sheets to Gretchen on a weekly basis (keep a copy for the team)
5. If the student transfers to another school within the district the device must transfer with the student and the trial should be continued by the receiving IEP Team. Notify Gretchen of the transfer in schools/teams.
6. If the student withdraws from SCSD#1, the device must be returned to Gretchen

Guidance to help you record the necessary documentation for the trial. A data collection form will be provided.

### **WHAT** does success look like?

Examples of what the IEP Team might anticipate that success for this child will look like?

- Audio Text (Bookshare or Snap & Read)
  - Increased comprehension
- Word Prediction Software/Dictation (Co: Writer/Mac Dictate)
  - Ability to write longer sentences/paragraphs/papers
  - Use more descriptive language
- Visual Schedule
  - Transition between activities is calmer/takes less time
  - Student is able to move to next activity independently when depicted on the Visual Schedule
- Communication Systems
  - Student communicates wants/needs/choices to staff
  - Student greets/converses with staff/peers

### **HOW** are you going to measure this?

- Evaluate quiz answers after reading a passage
- Compare assignments completed with word prediction software/dictation with previous written assignments that had the same length requirements (i.e. Write 3 paragraphs about ...)
- Are sentences longer when using word prediction software/dictation than when the student didn't use this technology and do they use more descriptive language (i.e. enormous vs big/tall, etc.)

- Track transition time/behavior. Compare data regarding transition time before the schedule was implemented to data collected during the AT Trial
- Track frequency/appropriateness of student communications/interactions with staff and peers using the device.
- Track response to choices (the student is unable to verbally express preferences but will make a selection using )

At the end of the Trial Period.

- ***If data is not collected, AT cannot be written into the IEP!***
- A summary of the data must be provided to the AT Team and must include a statement regarding the IEP Team's conclusion about the outcome/success of the AT Trial. The AT Team will also review the data.
  - If the AT is successful (it met the expected "success" criteria above), then the IEP Coaches must be notified to determine if it can be added to the IEP via Amendment or if a new IEP will be required.
    - Notify Toni or Lamar when the Amendment is complete so that it can be locked and sent to the parent.
  - If the AT was found to not be successful, notify Lamar and she will open a Prior Written Notice. The Tor will be responsible for completing the PWN and including a description of the AT Trial and the data that was used to determine that it was not successful.
    - Notify Lamar when the PWN is complete so that it can be locked and sent to the parent.

# ASSISTIVE TECHNOLOGY TRIAL DOCUMENTATION

Name of Child	Teacher of Record	DOB	Grade	School Year	Date

IEP Goal Addressed by

AT: \_\_\_\_\_

Target: \_\_\_\_\_

Strategy/Technology Used & Context: \_\_\_\_\_

Desired outcomes of Trial: \_\_\_\_\_

Trial Period: \_\_\_\_\_

Reporter: \_\_\_\_\_

Date	Did the student use the .....? (Yes/No)	If the _____ was not being used, did the teacher prompt student to use .....? (Yes/No)	Did Student comply with request? (Yes/No)	Name of subject(s) when the ....was being used for .....	Start Time	End Time

Teacher Comments	

## Documentation of Assistive Technology into the IEP

1. Be sure to check the “yes” box on question #5 (Does the student require assistive technology devices and services?) in the “**Consideration of Special Factors**” section of the IEP (page 2).
  - a. If the student has not yet been referred for an assistive technology consult, you will be indicating that a **referral** will be made on the support for school personal page 8 (see below)
  - b. If the student has already been referred and is/has field-tested equipment and materials that are necessary for him/her to complete IEP goals, you can indicate that in several different ways depending on the student’s needs (see below)
2. You may indicate Assistive Technology devices and services in several areas of the IEP:
  - a. \_\_\_\_\_ **Support for School Personal page 8:**
    - i. If you will be calling the AT Office (352-3400 Ex 1282) to request an AT referral packet to refer a student, write “AT Referral” under “other” and put the date by which you will complete the referral packet and send it in to us.
    - ii. If the student is or already has field-tested equipment found to be necessary, write “AT Consult. Minimum 2x per year, 20 minutes, AT Office/School” This indicated that AT is involved on an ongoing basis.
    - iii. **Do not write AT evaluation; write AT referral page 7 & 8**
  - b. \_\_\_\_\_ **Supplementary Aids and Services:**
    - i. If a student has had a successful field test with an AT support (equipment/software/materials) and the IEP feels the student will continue to need access to that support during the current IEP year, please list the equipment/software/materials in this section. **Please do not write a specific product name, i.e. “AlphaSmart”... Instead, write “portable keyboard”.** See pages 2-3 for ways to describe the AT supports in generic terms.
  - c. \_\_\_\_\_ **IEP Goals and Objectives:**
    - i. If the student has AT supports written into the “Supplementary Aids and Services” section of the IEP, you may wish to include those supports within the student’s goals and objectives: Good Example: “Kevin will produce and submit legible journal entries in English class with the aid of a portable keyboard or other word processing device 5x per week. Bad Example: “Kevin will use an AlphaSmart keyboard to type his name 5x a day with less than two verbal prompts from his full time aide” **Please use a generic name rather than a brand name.**

**NOTE: that AT is not a goal in itself. The focus is on the goal to be completed rather than the AT support**

## Documenting into the IEP

Product	DO USE	DO NOT USE	Examples
CoWriter	Word Prediction	CoWriter	Software supports for writing. Student from word prediction
Write: Outloud	Text to Speech. Speaking Word processing program	Spell and Write Program. Write: Outloud	Word processing with speaking spell checker and dictionary. Speaking word processing program
Bookshare	Text Reader	Bookshare	Speech to text or audio text
Snap&Read		Snap and Read	Text to Speech
Boardmaker	Picture Symbol software	PECS and Boardmaker	Purpose? Student requires visual supports for communication and behavior. Student benefits from picture- aided or natural aided language strategies.
Franklin Speller Speaking Dictionary and Thesaurus	Portable spell checker	No product names Franklin Speller	Hand-held (speaking) spell checker
Step by Step, Single or multi-step switches	Communication device	Speech box	Dynamic display communication device. Ask your OT/SLP.
Screen Magnification software	Screen magnification and screen reader software	Screen Magnification	The student requires screen magnification and screen magnification
APPS	Specific to feature	iPad/iPod or Name	-Audio text- Organization- Communication
VisioBook	Screen Magnification	In Large text	Student requires screen magnification due to visual impairment.
Audio Enhancement	FM System	Audio Enhancement	Amplifies speech for individual student or classroom
Echo Live Scribe Pens and Live Scribe Notebooks	Smart Pen	Echo Live Scribe	Student can record classroom lectures and takes notes on Live Scribe Notebooks

## TEACHER CHECKOUT

Product
myOsmo
MeMoves
Active Votes
Slates
Cameras
Upar

## EXAMPLES OF OCCUPATIONAL THERAPY & PHYSICAL THERAPY TOOLS NOT ASSISTIVE TECHNOLOGY

OT/PT
Slant Boards
Raised Lined Paper
Fidgets
T-Stools
Exercise Balls
Sandpaper
Toiletry materials
Weighted Vests/Blankets
Standing Tray
Utensils

## GENERAL TIPS:

1. NO PRODUCT NAMES. Use general terms of what it is used for rather than product names. (DO NOT USE BOOKSHARE, SNAP&READ, ETC)
2. Consider the accommodations the student needs. The student needs visual supports not a specific item or name of product.
3. You can describe features of a product that are important to the student.
4. Note: This is not an all-inclusive list; rather it is a guide to help write AT in the IEP as an accommodation.



## **LOAN LIBRARY FEEDBACK FORM**

**Teacher:** \_\_\_\_\_ **Equipment:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Level of Satisfaction with the services provided (not device satisfaction):

- ☐ Highly Satisfied
- ☐ Satisfied
- ☐ Somewhat Satisfied
- ☐ Not at all Satisfied

2. As part of this loan, I needed assistance to:

- ☐ N/A-assistance not needed
- ☐ Understand how to operate device(s)
- ☐ Select specific device(s)
- ☐ Implement use of the device(s) with student

3. I received assistance from:

- ☐ N/A
- ☐ Someone at my school
- ☐ Other: \_\_\_\_\_
- ☐ AT Team Member

4. The item(s) arrived with all pieces included:

☐ YES ☐ NO

5. The item(s) arrived in good working condition:

☐ YES ☐ NO

6. If the device did not operate properly, did you request assistance?

☐ YES ☐ NO ☐ N/A

7. As a result of borrowing this equipment, it was decided that:

- ☐ the AT device/service will meet needs
- ☐ the AT device/service will not meet needs
- ☐ we are unable to make a decision at this time

8. My next step is to recommend:

- ☐ borrowing another piece of equipment such as: \_\_\_\_\_
- ☐ performing another feature match and exploring other type of AT

9. Comments (Optional):

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Please return to Gretchen Borders with Special Services at the Central Administration Building.

### Office Use Only

Date Received: \_\_\_\_\_  
Date Equipment Delivered: \_\_\_\_\_  
Delivered to: \_\_\_\_\_  
Training (if needed) date: \_\_\_\_\_  
Waiting List: \_\_\_\_\_

Assistive Technology Department  
Sweetwater County School District Number One  
AT Technical Assistance Process



The SCSD #1 AT team is available to school sites to provide AT technical assistance in order to support quality instructional practices in the educational environment (AIM, strategies, behavior support). AT Team Members will provide materials, training, and/or resources, to target specific areas/questions identified on the AT Technical Assistance Request form completed by the teacher or related service providers.

After the AT Technical Assistance Request is submitted, an AT Team Member will be assigned, and will contact the person making the request to set up school visits/training. . The initial meeting will generally take 30-45 minutes to discuss concerns and brainstorm possible solutions in order to develop a plan of action.

**What is Technical Assistance?**

- Relationship based professional development
  - Supportive not directive
  - Positive and Respectful
  - Establishes Rapport
- Collaborative
  - The person being supported is integral to identifying needs and in methods used to address needs
- Targeted
  - Addresses and identified need
  - Answers specific questions

## AT Technical Assistance Training Checklist

Recipient(s): \_\_\_\_\_

School: \_\_\_\_\_

AT Specialist: \_\_\_\_\_

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

### **Augmentative Alternative Communication**

- ☐ Programming voice output device
- ☐ Designing communication displays/overlays
- ☐ Integrating use for class/school activities
- ☐ Selecting appropriate vocabulary/messages
- ☐ Natural aided language
- ☐ Functional communication training
- ☐ Activity specific language displays
- ☐ Engineering environments for communication
- ☐ Teaching by modeling
- ☐ Measuring outcomes
- ☐ Different ways to access the communication system
- ☐ Pragmatic organized dynamic displays
- ☐ Other: \_\_\_\_\_

### **Positive Behavior Supports**

- ☐ 5-point scale
- ☐ Schedules
- ☐ Discrepancy analysis
- ☐ Visual strategies
- ☐ Self-regulation tools
- ☐ Other: \_\_\_\_\_

### **Tools for Adapting the Curriculum/Inclusion Supports**

- ☐ Research resources/books for adapting curriculum
- ☐ Bookshare
- ☐ Other: \_\_\_\_\_

### **Software**

- ☐ Boardmaker
- ☐ Cause and effect
- ☐ Mac dictation
- ☐ Co:Writer
- ☐ Snap&Read
- ☐ uPAR
- ☐ Other: \_\_\_\_\_

### **Computer Access**

- ☐ Switches
- ☐ Alternative keyboard/mice
- ☐ Accessibility features (Describe) \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### **Mobile Device:**

- ☐ Switches
- ☐ Accessibility features (Describe) \_\_\_\_\_
- ☐ Alternate keyboard
- ☐ Other: \_\_\_\_\_

## Special Services iTunes Request Form

Date:

Name:

School:

Request for: ☐ Staff

☐ Student:

Type of item requested:

☐ APP

☐ Other:

iPad Barcode:

Name of App:

Link to item in iTunes (Place your cursor over the title in the iTunes store and do a right click, the option to copy the link will open. Copy the link and paste it here):

A screenshot of the EF rating is attached:

*To remain compliant with federal laws including Children's Online Privacy Protection Act (COPPA) and Family Education Rights and Privacy Act (FERPA), and to protect the privacy of our students' data, Sweetwater County School District #1 has directed that all applications or webpages we are using with students or that house student data be evaluated through the Educational Framework (<http://educationframework.com/>) a student data privacy management for U.S. K-12 schools.*

☐ YES

☐ NO

Cost:

How will you use this app?

Once this form has been completed, email it to [scottl@sw1.k12.wy.us](mailto:scottl@sw1.k12.wy.us). In the **SUBJECT** line of the email you must put the words **ITUNES REQUEST** or it will not be directed to the correct place.

**Sweetwater County School District #1  
Assistive Technology Team  
Annual Inventory  
(for school year 2018-19)**

**Equipment should be returned with this completed form before checking out in your building for the summer.**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Teacher of Record: \_\_\_\_\_ Principal: \_\_\_\_\_

Our records show the following Special Education Assistive Technology equipment was checked out to your school for this student this year. You are responsible for this equipment until it is checked back into the AT department in Special Services at the Central Administration Building, 3550 Foothill Boulevard, Rock Springs, Wyoming. **All equipment for students MUST BE RETURNED to the AT Team by the last day of school.**

ITEM/DEVICE	SERIAL #	BAR CODE	VALUE

**1. Do you expect this student to remain in the current room/school next school year?**

- ☐ Yes  
☐ Student will remain at current school, but go to \_\_\_\_\_ grade with \_\_\_\_\_ teacher next year.  
☐ No, student is moving to \_\_\_\_\_ school next year.

**2. Do you expect the above list of assistive technology materials will still be needed by this student next year? (DO NOT transfer equipment to another school yourself. Send it back to us!)**

- ☐ Yes ☐ No

**3. Deliver all AT materials (including cables, accessories, etc.) to the Special Services Office at the CAB before you check out at your school for the End Of Year. Materials are your responsibility until returned.**

**a. Do you expect this student to go to Summer School/Extended School this summer?  
(Return equipment to the Special Services office so it can be checked out to Summer School/ESY)**

- ☐ No  
☐ Yes, this student will go to: \_\_\_\_\_ school this summer.  
☐ Other:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Gretchen Borders  
Assistive Technology  
Central Administration Building  
Dept. Special Education  
3550 Foothill Blvd.  
Rock Springs, WY 82901  
307-352-3400 ex 1282

**Sweetwater County School District #1**  
**Assistive Technology Team**  
**AT Tech Item / Device Checkout Agreement**  
**Student Device Procedures and Guidelines**

Student: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Pass Code (if Needed): \_\_\_\_\_  
AT Team Representative: **Gretchen Borders**

Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Parent Contact #: \_\_\_\_\_  
Special Services Teacher: \_\_\_\_\_  
AT Contact #: **1-307-352-3400 Extension 1282**

Item/ Device	Serial #	SCSD# 1 Bar Code	Dollar Value

Student devices will be issued as a tool to help your student meet his/her educational goals and objectives. The devices are the property of Sweetwater County School District #1. SCSD#1 holds a shared responsibility with students/parents for conscientious use and daily care of the devices(s) to help maintain its performance in all environments. In order to maintain the integrity of our district devices, the student must abide by the following guidelines. If the student notifies you that the above device(s) is damaged, broken or nonfunctional, you have 48 hours to report this to the Principal and/or IT Director. Please include the AT Department so that we can work on a replacement device. There could be a period of time that the device is out of service while being repaired by the district. At the end of each school year, the device(s) must be returned to Special Services at the CAB for summer maintenance. If you have any questions or concerns, please contact the AT Team.

**District Device Care & Training**

- The device must not be left in car or a location where it can be damaged by heat or cold.
- Students/Parents are responsible for seeing that the device is at school during school hours
- Clean the screen with a soft cloth.
- If the iPad is damaged, stolen, or lost... (Policy GBCF) must be reported in 48 hours.
  - **Cases** - The district AT Team does provide a case for several items-please check
  - **Training** - A brief training will be given to teacher and/or student on use of device.
- DO NOT Change the Apple ID on district devices (iPad/iPod/Computer/etc)
- DO NOT Add an Apple ID on District devices
- DO NOT Use your personal Apple ID on district devices (Policy GBCE)
- DO NOT Purchase personal music/videos/books on the device
- DO NOT Violate copyright
- DO NOT Add your/parent personal credit card - anything on the device becomes property of the district
- DO NOT Add an iTunes card - this violates the district's contract with Apple
- DO NOT Sync iPad with any computers - this is no longer necessary
- DO NOT Change or add a security code to the district device
- Equipment will need to be returned promptly when requested by the AT team
- The device(s) must be returned when the student is no longer enrolled in SCSD#1 or AT is removed from the IEP

**Apps**

- Apps must be approved through the Educational Framework prior to request. Apps for AT Devices should be submitted through the AT Department.

**Policies**

- District Policies JFCM / JCCM-E / JFCM-R cover network use and access. These policies can be found on the school district website. [www.sweetwater1.org](http://www.sweetwater1.org)

I have read the above statement and guidelines and will use care in the maintenance and storage of the device when in the school environment. I will promptly return items when requested by the AT TEAM.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

I, the undersigned, agree to and understand the above statement and will use care in the maintenance and storage of the student device while it is in my possession. I understand that the device may need to be returned promptly when requested by the AT Team

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Please sign, keep a copy and return the original to the Assistive Technology Center at the Central Administration Building.**

### **Can students keep Assistive Technology devices upon leaving the school district?**

Sweetwater School District #1 considers the transfer (loan, donation, lease or sale) of AT devices on a case-by-case basis for students in special education exiting the school district. If you would like to request a transfer, submit an email or letter to Gretchen Borders, which contains the following information at least 30 calendar days before the projected exit date:

1. Student Name
2. Student Birthdate
3. Your Name and Association with the Student
4. Your Daytime Phone Number or Other Contact Information
5. Your Email Address
6. School Currently Attending
7. Description of Assistive Technology Device(s)
8. Reason for Transfer Request (Transfer to another school division, graduating, other)
9. To Whom the Assistive Technology Device(s) will be Issued (Another school division, state agency, parent(s) or legal guardian(s), student who is of the age of majority (18) and has the capacity to enter into a contract)
10. Is the student/family/agency in the process of obtaining this or similar device through another agency or source (such as Medicaid)? If yes, when is the expected delivery date?

An AT Trainer or designee will respond to your request within 30 calendar days.