

Assistive Technology Screening and Assessment Form INSTRUCTIONS



Updated: July 1, 2020

Who is responsible: Service Coordinators and Early Intervention Service (EIS) Providers

Purpose and Use

The purpose of the Assistive Technology Screening and Assessment process is to determine the need for assistive technology devices or services, and to assist the IDEA/Part C State office in determining if the device or adaptation meets the federal definition of assistive technology under the Individuals with Disabilities Education Act.

The Assistive Technology Screening and Assessment requires a formal change review of the IFSP and is required each time a need for assistive technology is identified. While the form is completed by the child's Service Coordinator, the screening and assessment and IFSP change review for AT services and devices require the full participation of the provider(s) requesting the assistive technology. Participation by written evaluation is prohibited for this assessment.

All other members of the child's IFSP team are encouraged to participate in person or by phone in the Assistive Technology Screening and Assessment to ensure integration of the assistive technology across EIS services. The Assistive Technology Screening and Assessment form must be signed by the parent(s) and all participating members of the IFSP team.

The Assistive Technology Screening and Assessment form must be completed **prior** to completing the Assistive Technology Purchase Request. Both forms should be submitted as a packet along with the required supporting documentation.

Section 1: Child and Service Coordinator Information

Enter the child's legal first and last name, date of birth, date of AT screening and assessment, and BRIDGES ID number.

Enter the name, agency, telephone number, and e-mail address of the Service Coordinator.

Section 2: Assistive Technology Screening

Answer each question in the screening by placing a check in the appropriate column. If the answer to any question in Section 2 is 'no,' the device/adaptation does not meet the definition of assistive technology under the Individuals with Disabilities Education Act and is ineligible for the use of IDEA/Part C Service Funds to buy the device. Stop the assessment and continue to Section 4.

Section 3: Assistive Technology Assessment

Briefly answer each question in Section 3. IDEA/Part C State Office will not be able to process any related Assistive Technology Purchase Requests if there are unanswered questions in this section.

Section 4: IFSP Team Signatures

The parent and all other members of the IFSP Team that are present will sign, list their agency (if applicable), check the appropriate participation method of their attendance, and enter the date of the AT Screening and Assessment.

The Service Coordinator and all EIS providers taking part in the IFSP Team meeting must enter a service log to document participation.

If an IFSP team member took part by telephone, the Service Coordinator will send the signature form to the EIS provider using either secure e-mail or fax. The EIS provider will sign and date the document within 2 working days of the meeting and return the form to the Service Coordinator as soon as possible

Once the *Assistive Technology Screening and Assessment* form has been completed, the IFSP team should complete the *Assistive Technology Purchase Request* form. Scan or fax the *Assistive Technology Screening and Assessment* form, along with all other required documents to the *Assistive Technology Purchase Request* form, then send the packet to IDEA/Part C State Office for review by either:

Secure e-mail: Erin.Laughter@scdhhs.gov

Secure fax: 1-803-255-8230