

ASSISTIVE TECHNOLOGY SCREENING AND ASSESSMENT

THE IDEA/PART C ASSISTIVE TECHNOLOGY SCREENING AND ASSESSMENT IS FACILITATED BY THE SERVICE COORDINATOR AND COMPLETED BY THE PARENT AND OTHER MEMBERS OF THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) TEAM.

SECTION 1: CHILD AND SERVICE COORDINATOR INFORMATION

Name of Child:	DOB:
Date of AT Screening and Assessment:	BRIDGES ID #:
Service Coordinator Name:	Service Coordinator Agency/Company:
Service Coordinator Telephone:	Service Coordinator E-mail:

SECTION 2: ASSISTIVE TECHNOLOGY SCREENING: ANSWER EACH OF THE FOLLOWING QUESTIONS BY PLACING A CHECKMARK IN EITHER THE YES OR NO COLUMN. ALL QUESTIONS MUST BE ANSWERED. IF THE ANSWER TO ANY QUESTION IN SECTION 2 IS 'NO,' THE DEVICE DOES NOT MEET THE DEFINITION OF ASSISTIVE TECHNOLOGY UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) AND IS INELIGIBLE FOR THE USE OF IDEA/PART C SERVICE FUNDS TO PURCHASE THE DEVICE. STOP THE ASSESSMENT AND PROCEED TO SECTION 4.

YES	NO	
		Is this a device or adapted materials?
		Can the child be independent <i>only with the device/adaptation</i> ?
		Does the family agree to the use of the device/adaptation?

SECTION 3: ASSISTIVE TECHNOLOGY ASSESSMENT

1. In what area(s) of development does the child have a disability or significant delay in development?

2. What is the device or adaptation recommended by the IFSP team?

3. What was tried prior to this assessment?

4. Why were earlier interventions unsuccessful?

5. List all assistive technology devices/adaptations the child currently uses.

6. In which routines and activities will the device/adaptation be used?

7. How will the device/adaptation improve the child's engagement, independence, and/or social relationships in these routines and activities?

8. List the IFSP outcomes the device/adaptation will support.

9. List the procedure code for the device/adaptation (e.g., L1907; code search is available at <http://www.icd10data.com/ICD10PCS/Codes>)

SECTION 4: SIGNATURE OF IFSP TEAM MEMBERS. THE EIS PROVIDER REQUESTING THE AT MUST BE PRESENT FOR THE ASSISTIVE TECHNOLOGY SCREENING AND ASSESSMENT MEETING. ALL IFSP TEAM MEMBERS ARE ENCOURAGED TO PARTICIPATE IN PERSON OR BY PHONE. PARTICIPATION BY WRITTEN EVALUATION IS PROHIBITED FOR THIS ACTIVITY.

Signature/Name	Role	Agency (if applicable)	Participation Method (check one)		Date
			In Person	Phone	
	Parent				
	Parent				
	Service Coordinator				