



**Department of  
Children & Youth**

Help Me Grow Early Intervention

## OHIO EARLY INTERVENTION

# Assistive Technology Guidance Document

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This is an interactive PDF. Use the table of contents below to navigate this document.

## Contents

<b>Overview .....</b>	<b>3</b>
<b>Assistive Technology Definitions .....</b>	<b>3</b>
<b>Determining Need for Assistive Technology .....</b>	<b>3</b>
<b>Assistive Technology and the IFSP .....</b>	<b>4</b>
<b>Assistive Technology and Funding .....</b>	<b>5</b>
<b>Supporting the Assistive Technology Process .....</b>	<b>5</b>
<b>Resources .....</b>	<b>6</b>

## Overview

Assistive Technology (AT) in early intervention is any service, tool, or device that supports an eligible infant or toddler's ability to participate actively in their home, community settings, or other natural environments and is **necessary to meet an IFSP outcome**. It is a broad term that includes services, tools, or devices ranging from simple, "low-tech" adaptations of common items or materials (such as bending a spoon to make it easier to hold or creating a foot stool with a sturdy box), to something as "high tech" as an electronic communication device. The need for AT, like any EI service, is determined by the IFSP team and based on assessment data or results.

Universally designed devices used with all children, with and without disabilities, at a particular age (e.g., booster seat, suction bowl, safety plugs in outlets) are not considered assistive technology (Thomas Jefferson University, 2011). A no-tech device is not considered AT under IDEA Part C unless it is something unique and specific to the child's disability and not something commonly used by most parents.

## Assistive Technology Definitions

An **AT device** is any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability.

This does not include medical devices that are surgically implanted or the optimization of that device's functioning, the maintenance, or the replacement of that device (34 CFR 303.13(b)(1)(i)).

**AT service** means any service that directly assists an eligible infant or toddler in the selection, acquisition, or use of an AT device, including:

- The evaluation of the needs of the infant or toddler with a disability, including a functional evaluation of the child in the child's natural and customary environment(s);
- Purchasing, leasing, or otherwise arranging for the acquisition of AT devices for infant and toddlers with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing AT devices;
- Coordinating and using other therapies, interventions, or services with AT devices such as those associated with other existing service plans and programs;
- Training or technical assistance for that child's parents and other primary caregivers; and
- Training or technical assistance for professionals who provide services to or are otherwise involved with infants and toddlers with disabilities in the EI program. (34 CFR 300.6).

## Determining Need for Assistive Technology

AT devices should be considered if interventions are required to aid in the developmental activities that support the child outcomes of social relationships, use of knowledge and skills, or acting to meet needs.

The determination of need of AT devices is based on an AT assessment. An AT assessment begins with a parent concern or priority, and/or the need to determine a service that supports the IFSP outcomes. The AT assessment includes:

- A multi- or transdisciplinary team, with the parents as crucial team members;
- Review of the results of all recent evaluations and assessments, including the child and family strengths and needs related to possible AT devices or services;
- Consideration of the activities or outcomes that will be supported through AT, and the environments where the activities will occur;
- One or more trials with one or more possible AT devices, services, or accommodations, with a focus on function and simplicity and beginning with low tech options when available;
- Data collection from these trials about the effectiveness of the various technologies and ease of use in selected settings and with multiple caregivers;
- Assessment of child and parent/family interest in, feelings about, and ability using the device, including the parents as crucial team members, focusing on function, and striving for simplicity;
- Review of all assessment findings and assessment team recommendations about the supports needed to meet IFSP outcomes and activities and a plan for ongoing assessment and data collection; and
- Completion of Form EI-16 if state or federal funds may be requested for payment.

Assistive technology assessment, selection, training, and maintenance must be carried out by qualified personnel (such as occupational, physical, and speech therapists and developmental specialists), with active parent and other team member participation. EI team members should have a basic understanding of the kinds of AT that exist and how they can be used to help a child achieve more independence and control of their environment. Ultimately, decisions about an AT device or service must be based on family values, resources, concerns, routines, and willingness to use the assistive technology, in order to enhance the child's level of success in everyday activities.

## Assistive Technology and the IFSP

The need for AT services may be identified at any time, but in practice the need is often explored after the initial IFSP is developed. The need for AT, as well as additional information regarding completed assessments and AT trials, can be documented in *Section 3: Child and Family Assessment* of the IFSP, *Section 4: Our Child and Family Outcomes* of the IFSP, *Section 5: Your Child and Family Transition Plan* of the IFSP, and/or in case notes.

The IFSP that is addressing the need for Assistive Technology, including accommodation, purchased device, or service, must include all IFSP requirements. When AT is determined as needed, the following information will be addressed:

- The outcomes(s) that will be achieved for the child and family, including the way in which the AT device is expected to increase, maintain, or enhance the child's participation in everyday activities and routines;
- A description of the specific AT device needed by the child, the projected dates for acquisition (purchase) (TRS date), and the method of acquisition recorded in one line on the grid;
- The TRS date is listed as the date the device was purchased;
- The methods and strategies for selection and use of the AT device to increase, maintain, or improve the

- child’s functional capabilities is recorded in the strategies box on the outcome page;
- The qualified personnel who will be providing the AT technical assistance, the frequency, length, and method of delivery, and the funding source recorded in one line on the grid, in addition to line on the grid for the acquisition of AT.

Below is an example of how AT could look on the grid page of the IFSP. Because of the different types of AT that are available, contact the EI Resource Coordinator/Program Consultant when your team is discussing the potential use for AT.

EI service type	Method	Location	How often	Session length	Provider agency	Funding source	Projected start date	Projected end date	Outcome
Assistive Tech	D/P	H	1 X 30 days	15 mins	XYZ AT Services	Ins/ POLR	8/20/20	9/20/20	1
Assistive Tech	D/P	H	2 X 180 days	15 mins	CBDD	CBDD	10/1/20	11/1/20	1

Adaptations that make a task easier or simpler to accomplish are often noted as strategies within IFSPs. Adaptations relate to modification of the environment, the design of the activity, and the materials used. Adaptation strategies may involve adapting or repurposing a common household item or toy to help a child engage more easily. Examples include rolling up a towel to help a child remain properly positioned or cutting out pictures from snack boxes to use as communication aids.

## Assistive Technology and Funding

AT is funded consistently with Ohio’s system of payments and all 5 EI funding sources should be considered.

When there are no other funding sources available, the EI service coordinator will contact the EI resource coordinator. The EI service coordinator should be prepared to discuss the developmental necessity, the equipment/services needed, pricing requests, quantity, and duplication.

## Supporting the Assistive Technology Process

- When Early Intervention (EI) providers find themselves facing issues that are beyond the scope of everyday problem solving that occurs as a part of early intervention service delivery, the IFSP team should consider adding AT as a service, device, or tool.
- Low tech devices do not necessarily need to be added to the grid; however, if the family/child needs one low tech AT device long-term, it should be added to the grid.
- Utilize a lending library to trial a device with a family first. Once determined this device is working and is needed long-term, add it to the IFSP grid and start the acquisition process.
- All AT devices should be utilized to support an outcome. If an EI team receives an AT recommendation from an outside entity, start conversations to see if/how the device can support meeting the IFSP outcomes.
- AT devices must be purchased well before the child turns 3 years old. The AT device can be used after the child turns 3, but acquisition needs to allow time to use the AT device to meet the IFSP outcome.

## Resources

- Hearing aids, ear molds and hearing aid batteries should be applied for through the Ohio Hearing Aid Assistance Program:  
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/hearingaid-assistance/ohaap/>
- Eyeglasses should be sought through the ODH Vision Resources:  
<https://odh.ohio.gov/know-our-programs/children-s-hearing-vision-program>
- Myths and Facts Surrounding AT Devices and Services:  
<https://sites.ed.gov/idea/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf>
- Fabricate (no tech/low tech):  
<https://www.fabricate4all.org/>