SET-BC (Special Education Technology – British Columbia) works in partnership with BC schools to provide assistive technology (AT) services for students with physical disabilities, autism spectrum disorders, moderate to profound intellectual disabilities, dependent handicaps, visual impairments, and deaf-blindness. Our services for districts include planning for students' use of technology, equipment loan and technical support, training, resource provision, and ongoing support for AT implementation.  For more information on SET-BC services, please visit our website at www.setbc.org.

## Process for Accessing SET-BC Services

| | |
|---|---|
| 1 | Teacher identifies student who requires assistive technology to support IEP goals. |
| 2 | Teacher refers the student to the school / district team. Team identifies a key contact to oversee the referral process. |
| 3 | Key contact person consults with district support staff (e.g. occupational therapist, teacher of the visually impaired, speech language pathologist) to determine specific student needs.  Key contact also consults with SET-BC District Partner to confirm student eligibility for SET-BC services. <br>• Student must be funded by the Ministry of Education in categories A, B, C, D, E, or G. <br>• Student's access to the curriculum is restricted by their disability. |
| 4 | School / district team completes the **Screening Checklist**. <br>• Teacher reviews **Guidelines for Establishing IEP Goals and Objectives with Assistive Technology as a Strategy** and signs screening checklist. <br>• School administrator reviews **SET-BC and School / District Commitment to AT Implementation** and signs screening checklist. <br>• Key contact ensures all members of school team are aware of referral, signs screening checklist, and submits it to the SET-BC District Partner prior to the district screening meeting. |
| 5 | If district screening committee selects student to receive SET-BC services, key contact person is notified and committee forwards screening checklist to SET-BC regional consultant. |
| 6 | Key contact person obtains necessary release of information permission from parents and submits signed **Request for SET-BC Service** (**Parental Consent) form** to SET-BC regional office to initiate service. |

## SET-BC and School / District Commitment to AT Implementation

SET-BC works in partnership with school districts to provide effective assistive technology services.  Successful implementation of assistive technology with students requires a coordinated effort on the part of all team members.

| SET-BC provides: | School / District team provides: |
|---|---|
| • Consultation services to match technology to student need and plan for implementation <br>• Loan of assistive technology (hardware and software) to school districts for use with eligible students <br>• School / district team training <br>• Ongoing implementation support and resources <br>• Technical support to maintain and repair SET-BC equipment | • Release time for consultation, planning meetings, and training <br>• Peripheral devices (e.g. printer, scanner) and consumable items as required <br>• Access to school / district educational software required (e.g. MS Office) <br>• Security for the SET-BC loaned technology <br>• Team access to online AT resources including information, training, and student materials |

# Successful Implementation of Assistive Technology

Successful selection and implementation of assistive technology with students includes:

- effective school / district team consultation to ensure a good match of technology features to student need
- clear educational goals and a clear relationship between the assistive technology and how it supports the student's IEP
- adequate time for school / district planning, training, and ongoing implementation support
- effective school / district sharing of implementation responsibilities (e.g. troubleshooting, resource creation)
- integration of the technology throughout the daily schedule
- adequate time for student training and practice
- adequate funding for necessary peripherals (e.g. printers, scanners) and consumable items (e.g. ink, batteries)
- effective collaboration with school and district IT support for coordinated maintenance and repair

# Guidelines for Establishing IEP Goals and Objectives with AT as a Strategy

For information on establishing and implementing IEP goals and objectives, see the British Columbia Ministry of Education site at www.bced.gov.bc.ca/specialed/iepssn/.

| Goals | Objectives | Assistive Technology as a Strategy |
|---|---|---|
| - Challenge the student but are achievable<br>- Are relevant to the individual student's needs<br>- Focus on what will be learned<br>- Are stated positively | - Identify various steps involved in achieving intended goals<br>- Organize tasks into sequential and measurable components<br>- Screen out unnecessary steps focusing on essential components | - Recognize that AT is a tool to support achievement of IEP goals and objectives and AT, itself, is not a goal<br>- Ensure the relationship between the use of AT and the IEP goals and objectives is clear |

# Examples

| Goal | Objective | Assistive Technology as a Strategy |
|---|---|---|
| - Student will participate orally | - Student will greet the teacher upon entering the classroom | - The MT4 communication device will be programmed with a "Hi Teach" button |
| - Student will increase written output at the grade 4 level | - Student will complete 10 paragraphs of writing over 10 consecutive language arts classes | - Student will use computer and pre-programmed word banks in a picture based word processor |
| - Student will increase independence in grade 10 class work | - Student will take notes independently in each subject area | - Student will use a room viewer to see teacher and blackboard and a laptop with screen enlargement to take notes |

Student Name: _____

*This district screening checklist is designed to provide information about a student's need for assistive technology.*
*Submit form to the SD 42 screening committee c/o SSS.*
- *Please refer to the guidelines on pages 1 to 2 prior to completing this form.* **Double click text fields to fill out digitally**.

| **Send completed form to**: Carol Woodworth SET District Partner | | **Date submitted**: | |
|---|---|---|---|
| School district name: Maple Ridge | | District #:SD42 | |
| Address:Student Support Services 23000 116th Ave | City: Maple Ridge | | Postal Code: V2X 3X2 |
| Email: cwoodworth@sd42.ca | Phone: 604-467-1101 | | Fax: 604-467-7079 |

## Student Information

| Surname: | Given names: | Gender: ☐ M ☐ F |
|---|---|---|
| Student PEN # (9 digits): | Birth date: (DD/MM/YY) | **Grade:** |

| **School:** | City: |
|---|---|

**Is student currently using assistive technology?**

On loan from SET-BC ☐ Yes ☐ No    Provided by district ☐ Yes ☐ No

**Ministry funding category**

☐ A - Dependent handicap          ☐ D - Physical handicap / chronic health
☐ B - Deaf blind               ☐ E - Visual impairment
☐ C - Moderate to profound intellectual disability   ☐ G - Autism spectrum disorder

**Disability diagnosis:**

Type of Impairment (check all that apply):

☐ Cognitive/academic   ☐ Motor   ☐ Vision   ☐ Communication   ☐ Social/Behavioural

Special education services provided (check all that apply):

☐ Speech-language services      ☐ Physiotherapy       ☐ Occupational therapy
☐ Services for the visually impaired  ☐ Services for the hearing impaired  ☐ Autism/behavior consultant

| Has this student been referred to and/or received services from other programs? | ☐ Yes ☐ No |
|---|---|
| Specify program and year: | **Attach reports if possible**. |

## School Team Information

| Form submitted by (key contact): | | Date: (DD/MM/YY) | |
|---|---|---|---|
| District role: | | | |
| Email: | Phone: | Fax: | |
| Address: | City: | Postal code: | |

**I understand the school and district responsibilities (as outlined on pages 5 and 6 of this form) and agree to provide the resources and time necessary to successfully implement assistive technology for this student**.

_____          _____
School Administrator signature              Key Contact signature
Print                        Print
name                        Name

**District Screening Committee Decision** (School team does not complete this section.)

Request SET-BC services for student:    ☐ Yes   ☐ No   ☐ Defer   Cycle:        Year:

Estimated SET-BC service points:

## 2. Student Profile — Complete ONLY relevant sections

### 2.1 Cognitive/Academic Concerns?
☐ **Yes**   ☐ **No (If no, do not complete this section.)**

Cognitive level   ☐ Average/above average   ☐ Mild/moderate delay   ☐ Severe/profound delay

**Pre-academic skills** (describe if applicable):

| | | | |
|---|---|---|---|
| Recognizes: | ☐ Objects | ☐ Photos | ☐ Line drawings |
| Has choice making ability: | ☐ Yes | ☐ No | |
| Has visual matching skills: | ☐ Yes | ☐ No | |

**Academics** (expectations for grade/age):

| | | | | |
|---|---|---|---|---|
| Reading | ☐ Exceeds | ☐ Meets | ☐ minimally meets | ☐ not yet meeting |
| Reading comprehension | ☐ Exceeds | ☐ Meets | ☐ minimally meets | ☐ not yet meeting |
| Written language | ☐ Exceeds | ☐ Meets | ☐ minimally meets | ☐ not yet meeting |
| Math / numeracy | ☐ Exceeds | ☐ Meets | ☐ minimally meets | ☐ not yet meeting |

### 2.2 MOTOR FUNCTION Concerns?
☐ **Yes**   ☐ **No (If no, do not complete this section.)**

| | | | |
|---|---|---|---|
| Mobility: | ☐ Walks independently | ☐ Walker/crutches/cane | ☐ Power wheelchair |
| | ☐ Manual wheelchair | ☐ Other | |
| Hand function: | ☐ Effective | ☐ Impaired | ☐ Not functional |
| Dominant hand: | ☐ Right | ☐ Left | ☐ Both   Comment: |

**Writing/printing speed:** _____ per minute    **Typing speed**: _____ per minute

**Supports required for writing:**   ☐ Scribe   ☐ Extra time   ☐ Reduced workload

| | | | |
|---|---|---|---|
| Uses: | ☐ Regular keyboard | ☐ Regular mouse | ☐ Joystick   ☐ Trackball |
| | ☐ Regular pencil | ☐ Adapted pencil grip | ☐ Alternate keyboard   ☐ Head pointer |
| | ☐ Hand switch | ☐ Head switch | ☐ Other switch sites |

### 2.3 VISION Concerns? ☐ Yes ☐ **No (If no, do not complete this section.)**

**Visual Impairment:** ☐ Low vision   ☐ Visual field restrictions   ☐ Colour vision deficit
☐ Blind   ☐ Cortical visual impairment   ☐ Progressive condition

Preferred magnification: _____   Optical aids used: _____

Acuity:   Right eye: _____   Left eye: _____   Both eyes: _____

| | | | |
|---|---|---|---|
| Reading Medium: | ☐ Large print | ☐ Large print with speech | Font size: _____ |
| | ☐ Braille/uncontracted | ☐ Braille/contracted | ☐ Auditory only |
| | Low vision clinic | ☐ (include report) | Typing Speed _____ wpm |

### 2.4 COMMUNICATION Concerns? ☐ Yes ☐ **No (If no, do not complete this section.)**

Speech/Language:
☐ **Speaking**   ☐ Articulation difficulties   ☐ Language difficulties
☐ **Non-Speaking:**
☐ Gesturing/pointing   ☐ Sign language   ☐ Picture Exchange Communication System
☐ Communication boards/books   ☐ Simple speech output device
☐ Speech generating device   ☐ Other (specify)

What is the student's primary mode of communication?

### 2.5 SOCIAL/BEHAVIOURAL Concerns? ☐ Yes ☐ **No (If no, do not complete this section.)**

Issues with:   ☐ Peer interactions   ☐ Time on task / attention   ☐ Work productivity
☐ Impulsivity   ☐ Safety

Comment:

## 3. Access to Curriculum

Describe the major barriers that prevent this student from meeting his/her IEP goals?

What technical and or non-technical strategies have been investigated or put in place to overcome the barriers?

Comment on the student's willingness to use technology and on his/her technology preference.

### 3.1  Educational Program  (Include writing sample with and without technology support)

**IEP is current:**  ☐ Yes    ☐ No

☐ *To be updated (date)* _____

IEP demonstrates need for technology to access educational program: ☐ Yes          ☐ No

Assistive Technology will be used in:     ☐ Regular class(es)          ☐ Resource room    ☐ Multiple locations.

Estimate **frequency of technology use** in the student's program:

☐ days per week   • List subjects areas/specific activities where you plan to utilize technology _____

☐ hours per day  _____

## 4.  Educational Goals

Provide an IEP goal and at least one measureable objective to be supported with the use of assistive technology.  Include current level of functioning (baseline statement) and **describe how AT will be used as a strategy for success**. Refer to page 2 of this document for information on setting goals.

**Primary goal:**

**Objective 1:**

Current level of functioning:

How AT will be used as a strategy:

**Objective 2** (Optional):

Current level of functioning:

How AT will be used as a strategy:

**Objective 3** (Optional):

Current level of functioning:

How AT will be used as a strategy:

## 5. Technology Considerations

**School computer platform:** ☐ Macintosh ☐ Windows ☐ Other

What new/additional technology would help the student achieve his/her educational goals?

**Hardware**

☐ Portable word processor
☐ Laptop computer
☐ Desktop computer
☐ Alternate access device
☐ CCTV – room viewer
☐ Refreshable Braille device
☐ Braille printer
☐ Speech generating device
☐ Other:

**Software**

☐ Talking word processing
☐ Word prediction
☐ Picture processor
☐ Integrated scan/read/write
☐ Screen magnification ☐ Screen magnification with speech
☐ Braille translation
☐ Screen reader
☐ AAC software

## 6. School / District Team

**Please indicate your school and district team's ability to implement and support technology:**

| | | | |
|---|---|---|---|
| • School team's technical skills: | ☐ Beginning | ☐ Intermediate | ☐ Advanced |
| • Team's experience with AT implementation: | ☐ Beginning | ☐ Intermediate | ☐ Advanced |
| • Technical support within the school: | ☐ Limited | ☐ Adequate | ☐ Easily met |
| • Availability for meetings: | ☐ Limited | ☐ Adequate | ☐ Easily met |
| • Release time for meetings: | ☐ Limited | ☐ Adequate | ☐ Easily met |
| • Purchase - peripherals (printer, scanner) | ☐ Limited | ☐ Adequate | ☐ Easily met |
| • Purchase - consumables (printer ink, etc.) | ☐ Limited | ☐ Adequate | ☐ Easily met |
| • Purchase - educational\productivity software | ☐ Limited | ☐ Adequate | ☐ Easily met |

**Please list school personnel involved with this student**

| Job Role | Name | Aware of this referral |
|---|---|---|
| Classroom Teacher | | ☐ yes ☐ no |
| Resource Teacher | | ☐ yes ☐ no |
| Speech/Language Pathologist | | ☐ yes ☐ no |
| Augmentative Communication Consultant | | ☐ yes ☐ no |
| Vision Teacher | | ☐ yes ☐ no |
| Occupational Therapist | | ☐ yes ☐ no |
| Physiotherapist | | ☐ yes ☐ no |
| Teaching Assistant | | ☐ yes ☐ no |
| Counselor | | ☐ yes ☐ no |
| Parent | | ☐ yes ☐ no |
| Other | | ☐ yes ☐ no |

***Attached Documents*** *List attached documents that support or describe the student's need for assistive technology*

*e.g. current IEP, timed written samples – by hand & with technology, reports*

***Additional Notes/Information:***