

## Assistive Technology Proposal for Device Purchase

**Student's Name:** XXXXXX XXXXXX

**Date of Request:** January 20<sup>th</sup>, 2012

**School:** Young Adult Program

**Referring/Contact Person:** Jennifer Nelsen

**Certification:** AI/SLI

**Team Members:** Laura Wolfe-Eversole, Cathy XXXXXX, Deborah Wild, Jennifer Nelsen

**Work Phone:** 269-250-9486

**Email address:** jnelsen@kresa.org

**Requesting Device:** iPad2 with case and AAC application

**Cost:** \$499.00 (iPad2), \$ 79.00 Survivor Case by Griffin, \$200.00 iTunes gift card for Proloquo2go augmentative alternative communication application. Apple Care Protection Plan \$79.00

### **Identify the needs/objectives to be accomplished for this student through the use of assistive technology. Include all environments where the device is needed.**

XXXXXX was identified as benefiting from an Augmentative and Alternative Device in 2005. His language skills were described as limited spontaneous speech, intelligible to familiar and unfamiliar listeners 75-80% of the time. XXXXXX also used and continues to use echolalia 80-85% when in engaged in conversational speech. It was reported his receptive language skills were much higher than expressive language skills and a voice output device helped to lessen the gap.

A Dynavox, MT4 was purchased for XXXXXX when he was 13 years old. Progress notes indicate XXXXXX became proficient at programming and navigating his device. Inconsistent use of the voice output device had been reported. XXXXXX's intelligibility improved, however he continues to use echolalia in conversational speech approximately 80 – 85% of the time.

In September, 2012 Mrs. XXXXXX requested an assistive technology evaluation in the area of communication. She stated she felt as though the technology in XXXXXX's MT4, purchased in 2005 had become outdated and was no longer functional. The device has not been used functionally in the educational setting and other environments. It often breaks down and runs low battery. Mrs. XXXXXX stated the device is cumbersome and not easy to program. She would like to see XXXXXX using a device that can help him express his wants and needs. Currently,

XXXXXX uses oral communication and is able to write when communication break downs occur, if he is not too emotional. Mrs. XXXXXX also stated that she believes XXXXXX acts out negatively when he is not able to express his thoughts. She has requested the team trial an iPad with appropriate augmentative and alternative communication applications.

The team agreed to trial an iPad with Proloquo2go AAC application after baseline data with his current voice output device, the MT4 had been collected.

**What features must a device have to meet the student's identified goals?**

In XXXXXX's recent IEP, it is stated; In the area of Career/Employment, XXXXXX will demonstrate improved skills when communication wants and needs. He will communicate his wants and needs either verbally or with an AT device in 3/5 trials. In the area of Adult Living, XXXXXX will demonstrate improved independence when creating shopping lists, shopping for items and communicating his needs in 4/5 trials. He will indicate a needs for help either verbally or with an AT device in 3/5 trials.

**What is the rationale for your recommended device and how does it match with features required?**

The device must have a dynamic interface which will allow XXXXXX to access a large range of vocabulary. It must be portable for access in a variety of environments. It needs to be easy to program and reliable. There needs to be voice output, icons or pictures for communicating with unfamiliar communication partners and keyboarding or text to speech.

**What other devices were considered/used and rejected and why? Please list lite tech and high tech.**

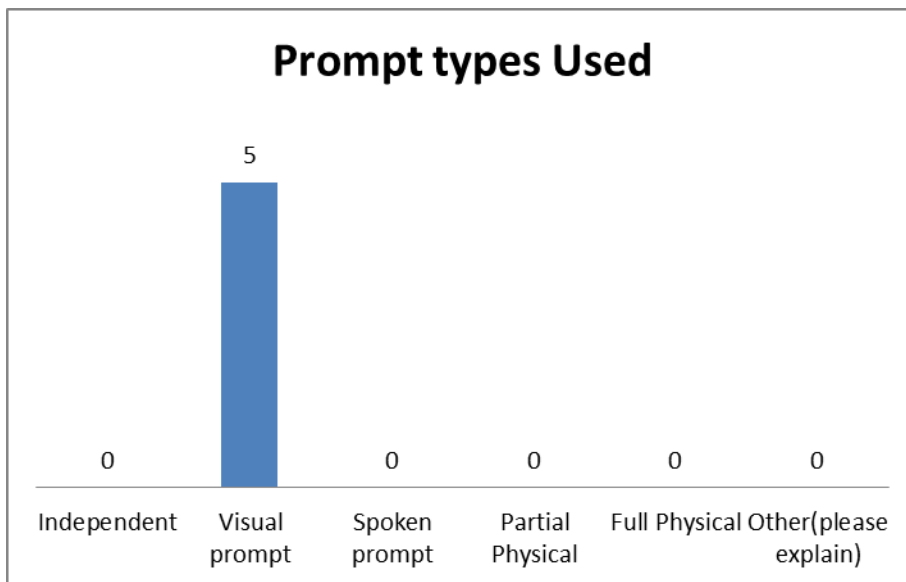
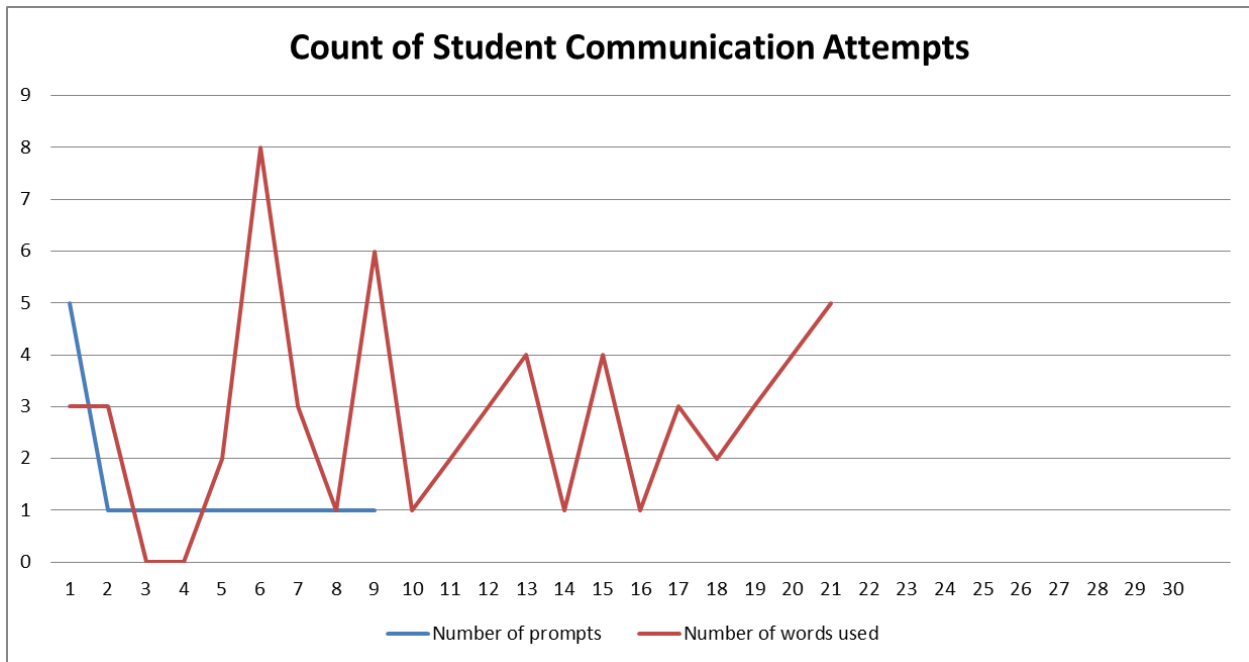
XXXXXX's current voice output device, the MT4 was used for baseline data. The team recognized the need to continue to trial a high tech voice output device to meet his current and future needs in the area of communication.

**Has the recommended device been used for a trial period with this student?**

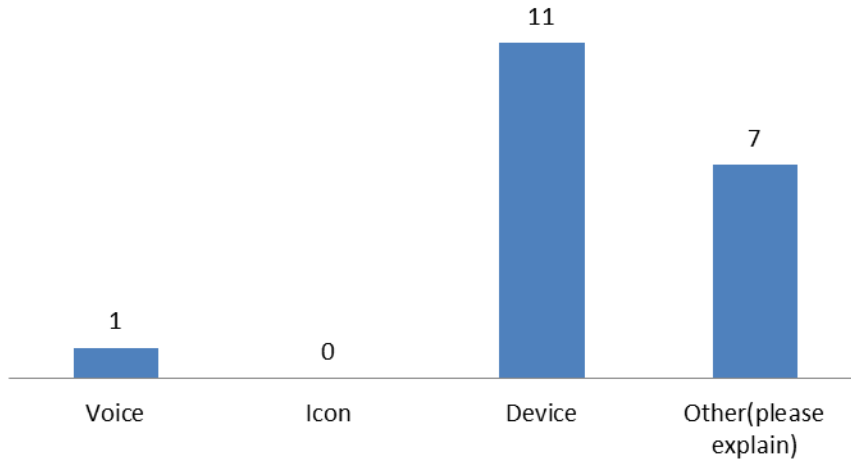
Yes       No

If yes, briefly describe the results.

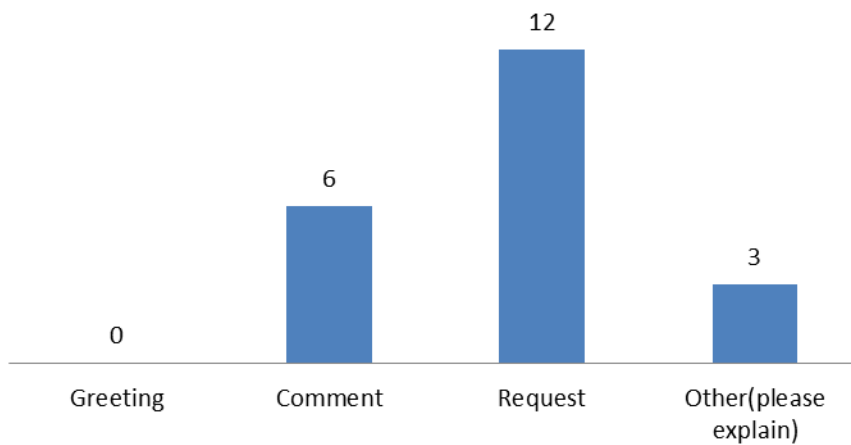
Baseline data with MT4, 9/30-11/3 2011



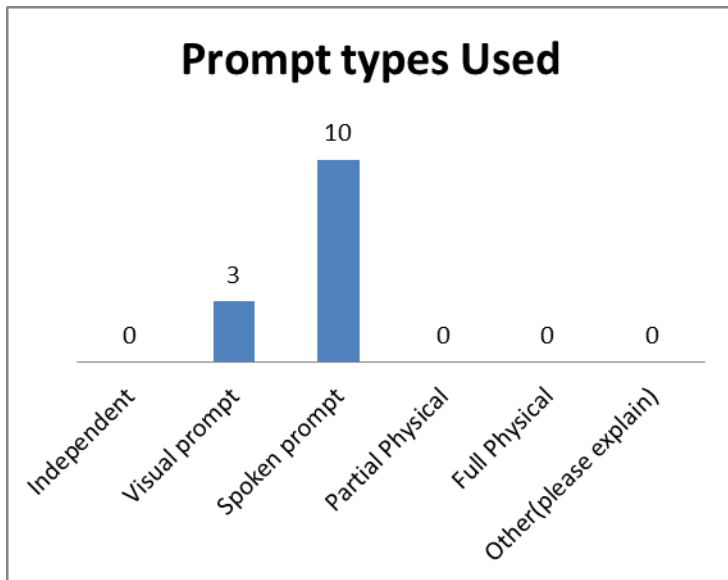
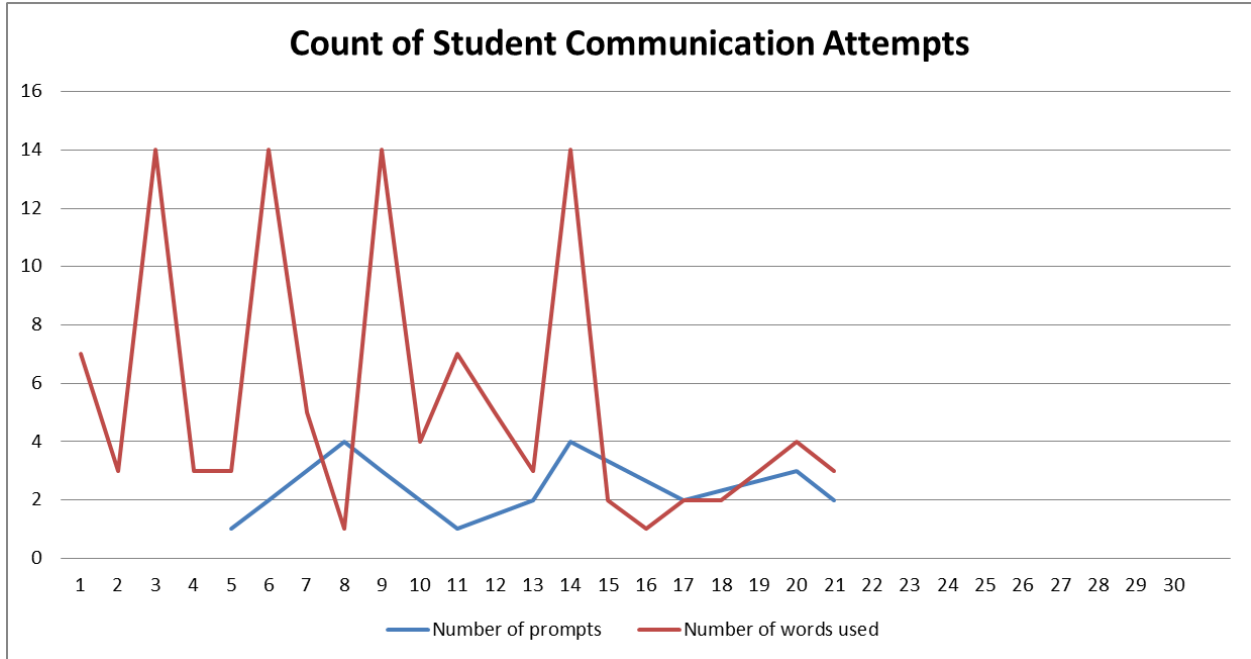
## Modalities

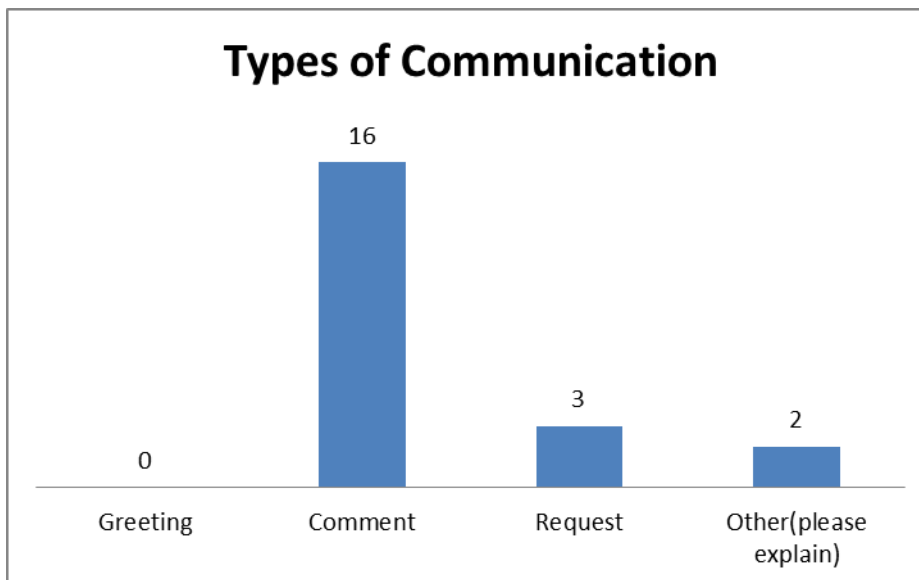
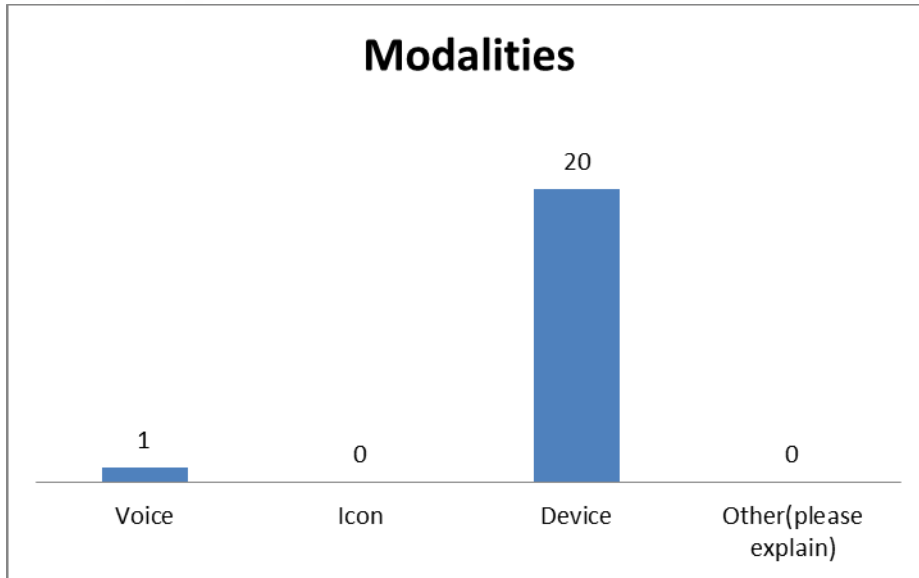


## Types of Communication



**Data Collection for iPad trial with Proloquo2go application**





**Summary of results:**

XXXXXX was able to increase his ability to use a voice output device and expand the number of communication modalities and exchanges with the iPad and AAC application. Although there was an increase in the number of prompts using the iPad, this is typical when a new device is introduced. In addition to the above data, XXXXXX was able to independently program several pages and icons. His teacher, Laura Wolfe-Eversole states, XXXXXX has programmed restaurant items to order, the names of his peers, various food choices, his brother's names,

favorite sports, favorite community locations (library, KVCC, WMU, movie theater, bowling lane, parade, pet store, Meijer, coffee house, Harding's, Target, video store, toy store, book store, Burdick's, etc..... the list goes on and on). The iPad trial has proven to meet XXXXXX's needs with regards to functional communication in a variety of settings. XXXXXX continues to demonstrate a need for a voice output device to communicate his wants and needs and improve his quality of life.

**If no, please explain why the device was not trialed.**

**Who is the primary "contact" person that will be responsible for all of the following?**

- **Picking up and signing of the device at the Lending Library, Contacting appropriate person(s) for repair, Answering questions from staff/student/parents, Following up on effectiveness of device, etc.**

**Name: Jennifer Nelsen**

**Job Title: Assistive Technology Consultant**

**Phone/email: 269-250-9486**

## **REPAIRS**

What is the warranty of the device?

All Apple hardware comes with a one-year limited warranty and up to 90 days of complimentary telephone technical support. To extend your coverage further, purchase the AppleCare Protection Plan. The AppleCare Protection Plan gives you one-stop service and support from experts who know your product best, so most issues can be resolved in a single call.

**Describe any extended warranties available (timeline, cost, what is covered, etc. If the device needs to be repaired, what is the procedure?**

Please see above for warranty information. If the iPad requires repair, it is sent back to Apple.

**If the device needs to be repaired, what is the procedure?**

Contact Apple

**How long will the repairs take (average turnaround time)?**

Time will vary depending on need.

**Will a loaner be provided while the repair is being done?**

A loaner will be provided IF there is an iPad available through Kalamazoo RESA Lending Library

**If a loaner cannot be provided, how will the student's needs be accommodated?**

XXXXXX is able to write or use oral communication when visual supports are provided.

**Is there a repair shop in your area?**

The nearest Apple Store is located at Woodland Mall: 3195 28th Street, Suite D114A Grand Rapids, MI 49512 (616) 956-1420

**What is the cost?**

Cost will vary

**Upon purchase, what training does the company provide?**

No training is provided, there are several informational sites available.

## **Assistive Technology Proposal for Device Purchase**

**Is there ongoing maintenance/upgrading required?**

The iPad requires occasional updates and the addition of applications. This will be done by her local school.





**Who will maintain/upgrade the device?**

Kalamazoo RESA and the Young Adult Program

**Who will provide the student with support/training?**

Kalamazoo RESA Assistive Technology Consultant

**Assistive Technology Proposal for Device Purchase Breakdown of**

**Cost:** iPad2 \$499.00, iTunes Cards \$200.00, for the purchase of Proloquo2go, Griffin Survivor Case \$79.00, Apple Care Protection Plan \$79.00

**Signatures of Team Members:**

---

**For Kalamazoo RESA Assistive Technology Team Use Only**

**Will the parent's private insurance policy cover the cost of the device? NO**

**What, if any, third party funding sources have been explored – Lions/Lioness Clubs, Kiwanis, MRS, ELK, etc.? NO**

**Reviewed and approved by Kalamazoo RESA Assistive Technology Team:**

**Date \_\_\_\_\_ Signature \_\_\_\_\_**