



The steps included in the Fundamental Assessment Process (FAP) are:

- [Step 1: Intake / Referral](#)
- [Step 2: Identification of Needs](#)
- [Step 3: Identification of Desired Outcomes](#)
- [Step 4: Develop and Nurture Team Members](#)
 - This step is on going throughout the process
- [Step 5: Skills Assessment](#)
- [Step 6: Device Trials](#)
- [Step 7: Revisit Desired Outcomes](#)
 - If outcomes are met, go to Step 8
 - If outcomes are not met, go back to Step 3
- [Step 8: Procurement of Device](#)
- [Step 9: Technology Implementation](#)
- [Step 10: Follow Up / Follow Along](#)
 - If the technology is not meeting needs, go back to Step 2.

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Step 1: Intake / Referral

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This is the beginning of the process and ensures the assistive technology solution will meet the needs of the consumer. This part of the assessment process focuses on collecting background information on the consumer through interviews with the consumer, family members, care providers, and professionals currently working with the consumer.

Information collected during intake and referral includes:

Consumer Personal Information

Name, address, phone number

Date of Birth, Sex

Family members or care givers contact information

Any other team members involved with the consumer (OT, PT, SLP, etc.)

Referral source (if not family or care giver)

This may be someone from a school or center the consumer attends

Reason for the referral

At this point it is important to know your own boundaries, if you are not qualified to deliver the service the consumer is seeking, it is your duty to refer them to someone who is qualified.

Diagnosis / Medical history

This should include primary and secondary diagnosis

Contact information on any doctors or specialists involved with the consumer

Medical history: surgeries (past or future), medications (current dosages, allergies, previous medications), etc. and progression of disability.

Any reports or other information relative to consumer's medical history

Insurance information

Primary insurance information (policy #, contact information)

Secondary Insurance information, if applicable.

Review policy for limits on equipment purchases, eligibility requirements, etc.

This step should not dictate the assessment. If insurance will not fund all devices you are seeking, assessment should still continue and alternate funding sources should be sought out.

Often times, professionals are unaware of civic groups in their own community that may provide funding for AT devices and services.

Many times people dismiss this option as not feasible, but we have seen many devices purchased for individuals through this means, which would not have gotten funded any other way. This is a great public relations opportunity for the group and the individual you are working with gets the technology they need. A WIN - WIN situation!

These alternative funding sources are great for providing consumers with AT devices and services that are not normally provided by more traditional funding sources. An example of AT devices that are rarely funded is an Electronic Aid to Daily Living (Note: these devices were previously known as Environmental Control Units). Many traditional funding sources will not provide these devices to consumers even though the benefit may be obvious, for example, reduced need for aides. Local civic groups, on the other hand, may have money available for these systems and are not locked into strict policies which may govern the types of AT they are able to provide. This will be discussed in further detail in Module 5 - Funding and Policy

Step 2: Identification of Needs[▲ Return to Outline](#)

One of the keys to achieving successful technology outcomes is the use of a collaborative approach throughout the technology intervention for the identification of needs. Consumers must identify their goals, interests, dislikes, priorities, and the practical aspects of their living situation in order to partner with professionals who know about the assistive technology options.

By forming a partnership, they share the responsibility for achieving a good match between the consumer and the technology solution. The consumer should look at every day functional activities where they could benefit from the help of technology. The range of needs can be quite vast, therefore, brainstorming and other strategies to gather information on possible technology interventions should be encouraged.

Joy Zabala has developed a framework to use in the evaluation of assistive technology, called the SETT Framework. The framework is divided into 4 sections: Student, Environments, Tasks, and Tools. Each section contains pointed questions that are asked to obtain the information needed to complete the assessment. Practitioners in the field have found this to be an invaluable resource.

Please visit Joy's web site at <http://www.joyzabala.com> to read about the SETT Framework. Once you are at her home page, click the link titled "About the SETT Framework", then click the link titled "2002 Update to the SETT Framework".

Activity - Identification of Consumer Needs

To further illustrate the idea of identifying needs of the consumer, we will complete an activity. You received a CD when you signed up for this certificate course. Please get that CD and look in the folder that says "Module 2". Once you are in that folder, look for the file marked "Judy.mpg". This short movie clip is an interview with a young lady named Judy Ramirez.

We would like you to listen to Judy's interview and comment on the following issues:

1. What are Judy's Assistive Technology needs?
2. What environments will Judy be using technology in?
3. Describe any technology Judy has previously used and any outcomes.
4. Would Judy be a good member of the AT team and why?

We have created a Hypernews forum for you to share your observations of the movie clip. Please check back regularly to see what other participants found in the video.

Step 3: Identification of Desired Outcomes[▲ Return to Outline](#)***What do we want the technology to do?***

At this step the person's needs must be met through the aid of technological interventions. An example of this could be the goal of reading and the use of eyeglasses for a far sighted person. A high tech application for the goal of reading may be a scanner and voice output software for someone who is blind.

Generally, it is no longer enough to simply provide a person with an assistive technology device. Now it is necessary to show that this technology helped the person get a job, improved the individual's quality of life, and enabled the individual to do what he or she wanted to do. It is also important to demonstrate the person's satisfaction with the result and provide evidence that the service was a cost effective effort and an efficient use of staff time. Please go to [../supplements/gph13.html](http://supplements/gph13.html) for an article that discusses evaluating outcomes in assistive technology. Use the "Back" button on your Internet browser to return you to this section.

Because of this increasing interest in outcome measurement, outcome measurement tools are becoming increasingly prevalent in our field today. RESNA, the Rehabilitation and Assistive Technology Society of North America, has published a three volume set, entitled "RESNA Guide for Assistive Technology Outcomes". The three volumes are:

Volume I - Measurement Tools

This is an easy-to-read text that lays out the fundamentals of outcome measurement. It includes the whys and how's of gathering data so an AT practitioner can integrate outcome measurement activities into their daily practice.

Volume II - Assessment Instruments, Tools and Checklists from the Field

Volume II is a compilation of assessment instruments, tools and checklists. These instruments were submitted by active professionals in the field of assistive technology and demonstrate the range of instrumentation in use today. Each item submitted is reviewed according to a format. It is anticipated that this will become an evolving document.

Volume III - Developing Domains of Need and Criteria of Services

Volume III provides explanation of domains of anticipated assistive technology impact across functional areas of an individual's life.

This is a very thorough three volume set for people interested in learning more about outcomes. More information is available at their web site, <http://www.resna.org>. Use the "Back" button on your Internet browser to return you to this section.

To learn more about available outcomes measurement tools, visit the site below:
<http://www.utoronto.ca/atrc/reference/atoutcomes/ATOTools.html>

While we focus on outcomes in this section of the FAP, we must keep this step in mind throughout the process to achieve the best possible technology match between the persons identified needs and the device features.

Step 4: Develop and Nurture Team Members

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Coming together is a beginning.
 Keeping together is progress.
 Working together is success.

Henry Ford

This portion of the assessment process is ongoing to develop and maintain the cohesion of the team. To ensure the proper match between the consumer and the technology, we have to work closely with many different

people as a team. These people include other professionals working with the consumer, family members, and other interested parties.

There are many benefits to collaboration. You may want to look at it as "divide and conquer". No one professional or consumer can know all there is to know about assistive technology devices, clinical applications or funding streams etc. Building relationships brings trust, and a better ability and means for communication. Sometimes it means knowing the right person to cut through the red tape.

Dynamics of a Team

The following list is just some of the people that could make up the team for any AT intervention and a brief description of each:

Consumer - The person who uses the assistive technology devices and services; the most important team member in any AT intervention.

Family Members - A group that is sometimes overlooked or looked down on by some team members, they are also very important to the overall success or failure of any AT intervention.

The consumer, or his or her representative, is an equal partner in the process of evaluating and selecting appropriate assistive technology. Being an equal partner in any endeavor means educating the individual(s) you are working with so that you are all "on the same page". Forming a beneficial relationship with your team means listening, asking and listening again, nor being afraid to ask questions and trying things out.

Assistive Technology Practitioner (ATP) - The professional primarily involved in the analysis of the consumer's need; the development and implementation of the plan to meet the consumer's need; and the provision of training on a specific device. Please read the following article that discusses the role of the Assistive Technology Practitioner.

GPH1 ([../supplements/gph1.html](#)) Use the "Back" button on your Internet browser to return you to this section.

Assistive Technology Supplier (ATS) - The professional primarily involved in the sale and service of commercially available assistive technology devices, including mixing and matching commercially available sub-assemblies in order to meet an individual's need.

Audiologist - Evaluates and recommends treatment of a hearing loss.

Designer - Creates and fabricates new prototype designs.

Distributor - Markets product either directly to the public via mail order, walk-in, etc., or through distribution channels to stores.

Educator - Contributes information on classroom performance and academic performance, defines communication skills needed to complete academic and vocational courses and to interact with classmates, modifies curricula to meet unique needs and abilities of individual students. Responsible for long-term transition planning needs.

Occupational Therapist - Conducts functional assessments, assesses visual acuity and perception, evaluates muscle control of different body parts with or without assistive technology, teaches compensatory strategies, trains individuals on assistive technology devices and adapts devices when appropriate.

Payer - Funding agency, commonly called third party payer, which assesses written justification and/or prescription for assistive technology devices and services for adherence to regulations or company manual.

Physical Therapist - Evaluates muscle strength, range of motion, flexibility, balance, and coordination, plans and implements treatments to reduce pain and improve physical function and trains individuals in use of assistive devices such as wheelchairs and prosthetic devices.

Physician - Checks general health and medical prognosis, determines appropriateness of medical or surgical treatments, writes prescriptions for assistive devices of medical necessity.

Psychologist - Evaluates individual learning potential, assesses need for individual and family counseling.

Rehabilitation Counselor - Assists with identification of career goals, assesses an individual's potential to hold a job, assists with identification of tools necessary to obtain and execute essential functions of the job.

Rehabilitation Engineer - A professional primarily involved in designing, developing, and customizing/adapting assistive technology devices to meet an individual's need.

Social Worker - Explores an individual's total living situation, determines need for additional community resources, often acts as case manager and coordinates service provision.

Speech Language Pathologist - Diagnoses speech and language problems, provides treatment, evaluates use of non-verbal communication and recommends types of specialized communication aids and techniques.

This is in no way meant to be an all inclusive list of team members, instead this is a "jumping off" point for team development. The team make-up may change depending on the situation. For example, at a work site the building maintenance person may be part of the team or in a school situation the bus driver may be a member of the team.

Team Leader

Each team should have a team leader. In most circumstances, the team leader will be the person with the most knowledge in the area of the assessment (i.e. Speech Language Pathologist would be the team leader for an AAC assessment). The team leader does not necessarily need to be the most knowledgeable person in each area, but the person does need to be able to provide guidance and direction to the other team members, as well as feel comfortable with their position as team leader. Some people will not want to be a team leader, and their wishes should be respected.

The team leader's mission is to support a group to do its best thinking. To accomplish this, the team leader encourages full participation, promotes mutual understanding, fosters inclusive solutions and teaches the group new thinking skills.

****We will discuss the concept of leadership further in Module 4.*

Conflict Resolution

Anytime you get together a group of people, there will be personality conflicts. It is important to resolve this as soon as possible so that it doesn't adversely effect the outcome you are all there for - to ensure that the individual receives the technology that best meets THEIR NEEDS.

Conflict resolution is a process designed to resolve conflicts between individuals, in cases where conflict involves real needs which are being frustrated. The underlying principle behind this process is that a workable solution must be truly acceptable to all persons expected to carry them out.

The process is as follows:

Define the problem in terms of both persons' needs;

Restate the problem in such a way as to include both person's needs;

Brainstorm alternative solutions;

Brainstorming is rough draft thinking, just like rough draft writing - it needs encouragement not evaluation.

Many people don't understand this - if they notice a flaw in someone's thinking - they point it out. They think they have been helpful but rough draft ideas need to be clarified, researched, and modified before being subjected to critical evaluation. The timing of critical evaluation can be the difference between the life and death of a new idea.

Evaluate these solutions;

Decide on best solution acceptable to all;

Evaluate how it is working

Sometimes conflict can be resolved between team members by looking at the "problem" in a more constructive frame of mind. The list below shows examples of situations where the problem is reframed in a positive way.

Presenting Problem vs. Reframed Problem

It's them vs. It's all of us

It's a problem vs. It's an opportunity

Our goal is unachievable vs. We don't have our goal broken down into realistic steps.

Our product won't sell vs. We're trying to sell our product to the wrong people

We don't have enough resources vs. We are wasting the resources we do have

We need to gather more input vs. We need to pay more attention to the input we're already getting

Our employees are incompetent vs. Our employees don't have enough time to do a quality job

We don't have enough money vs. We haven't figured out how to find new sources of money

We can't get along with each other vs. We haven't made the commitment to work through our feelings toward each other

We don't have any power in this system vs. We haven't found out leverage points in this system

We don't have enough time to do all these things vs. We have to decide what to do now, and what to do later.

Reaching A Consensus

When faced with this type of situation, the conflict will not be resolved until the group reaches a consensus. The word consensus comes from the Latin Con, meaning "with" or "together with", and sentire, meaning "to think and feel". Thus it translates to "think and feel together".

Some important techniques needed to reach consensus include:

Develop good listening skills - A person with good listening skills hears words accurately; can summarize the information presented to them; has no preoccupation's (focuses on the speaker); checks his/her understanding by asking the speaker to repeat information; senses feelings behind words; empathizes with the speaker; has patience, maturity and also has an openness to new ideas.

Aspects of a good listener:

- **Accessible** - Available when people want to talk.
- **Interested** - Eager to know what other people think and feel.
- **Attentive** - Concentrates on the person speaking.

- **Encourages expression** - Encourages others to say what they really think and feel.
- **Doesn't interrupt** - Listens without need to offer viewpoints.
- **Suspends judgment** - Makes no decision until all viewpoints have been heard.
- **Values different views** - Respects different viewpoints.
- **Shows empathy and understanding** - Demonstrates empathy through action and understanding through verifying.
- **Doesn't talk too much** - Does not seek to dominate the conversation.
- **Exercise the power of persuasion** - This is where your communication skills are critically important, whether it be orally or in writing. You have the power to change people's minds, if you have the right information; knowledge of other's interests/points of view; are well prepared; honest, and committed to expressing how, what, why and when change must take place.
- **Know when to negotiate** - A common mistake in trying to reach an agreement is not having a fall back position. You should never enter a meeting unwilling to negotiate. Negotiation does not mean compromising your position, it means finding a win-win situation that makes all participants feel they have gained something. Identify what is not negotiable and what is. Have some areas for discussion. Remember, win-win is the goal, not win-lose. You may need to come back to the table at some future time and you want those you are meeting with to have pleasant memories of the previous interaction.

Group decision-making does work, as long as it is properly planned. It can produce meaningful, integrated, broadly supported solutions to exceedingly difficult problems. The key is to stay committed to a participatory process.

Remember during your interaction with the team that the team is only as strong as the weakest link and ***there is no "I" in the word team!***

Roles and responsibilities

How many of us have been on teams where one person has all the work and another person has no responsibility? Think about the consequences of this situation - one team member feels burdened and over-worked, while another feels like they are not necessary to the technology solution. It is important for us to ensure that the work on our teams is divided evenly throughout the team members.

One way to do this is to develop a list of action items. Then next to each action item, list a primary and secondary team members responsible for this item. Once all the items have been assigned, take a minute to make sure that the work is evenly distributed. In addition to this, make sure assigned tasks reflect expertise of the team member.

Activity - Moon Explorer Exercise

We are now going to try a team building activity. Many of you may have done activities similar to this already but this still has value to the ideal of team building. We are going to give you a problem statement below, followed by a list of nine items. Once you have read the statement, place the items in order of most important to

least important. Next, find some other co-workers, family members, etc. and ask them to complete the same list. Once you all have your individual ranking of items, come together as a group and develop a group list.

Problem statement

You are a space crew originally scheduled to meet with a mother ship on the lighted surface of the moon. Due to mechanical difficulties, however, your ship was forced to land at a spot some 200 miles from the meeting point. During re-entry and landing much of the equipment was damaged and since survival depends on reaching the mother ship, the most critical items must be chosen for the 200 mile trip. Below are the nine items left whole or undamaged after the landing. Place the number 1 by the most important item, the number 2 by the second most important item, and so on through number 9, the least important item.

- A. Box of Matches
- B. Food concentrate
- C. 50 feet of nylon rope
- D. Two 45 calibre pistols
- E. Two 100 LB tanks of oxygen
- F. Star map, as seen from the moon
- G. Life raft
- H. Five gallons of water
- I. First aid kit with injection needle

Once you come up with your group list, answer the following questions:

1. Compare your individual rankings with the group ranking. Did you have more correct answers individually or as part of the group?
2. In your group, did someone assume the leadership role? How was that received by the group?
3. As for your group dynamic - how was consensus reached? Was there any conflict and how was it resolved?

We have created a Hypernews forum for you to share your comments on this activity. Please check back regularly to see observations from other participants.

What did you say? You want the official NASA answers for this activity? You received a CD when you signed up for this certificate course. Please get that CD and look in the folder that says "Module 2". Once you are in that folder, look for the file marked "Moon explorer answer key.doc".

Step 5: Skills Assessment

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This is the beginning of the evaluation or assessment phase, where the individual's needs, sensory, physical, cognitive, and communication skills are identified. Clinical professionals, such as occupational therapists and physical therapists, assess these needs.

Along with these assessment tools to gain information, we must also consider the consumer's lifestyle, environments where the technology will be utilized (home, work, school, etc.), personal preferences, their ambitions, goals and dreams.

Remember to utilize existing reports and evaluations. There is no need to "re-invent the wheel" for an AT assessment. Reading through these existing reports may save the team valuable time and help guide the assessment process.

Think back to the SETT Framework we discussed earlier. This is the section where you take the collected information on the Student, Environments, and Tasks to determine some appropriate Tools (AT devices) for the consumer.

Step 6: Device Trials

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OK, now what?!? You and the team have gone through all the steps above and now it is time to match the skills and abilities of the individual to the features of a device. This is not always as easy as it seems. When selecting devices for trial, it is important to revisit that idea of compromise we discussed above. The team members must negotiate what devices to try. No one device will perform all the tasks that each person in the group will want it to do. Since no one device will do everything, we must determine what the most important features the device must have in order to meet the user's needs.

After a device is (or devices are) decided on, the team should set up the device trials. There are several steps in this phase. The first step is to obtain the equipment so the individual can begin the trial. There are several ways to obtain the equipment and they don't all include buying every device! Look to the manufacturers of the devices you want to try - find out if they have loaner programs or rental programs. Many companies have these types of programs available.

When in this phase of the assessment, a good working relationship with knowledgeable vendors and suppliers is critical. These are the people that are going to have the devices you want to try. Most times they are also more knowledgeable about the equipment and its features. At the same time, be aware that they also want to sell you something, and some people will tell you the things they think you want to hear to sell a device. Before settling on a vendor, ask for references and talk to some other people who have worked with them in the past. Investigate how long they have been in business, if they provide follow up services, maintenance, their customer support, do they provide updates on equipment as they become available.

One important factor that many people forget at this stage of the assessment - obtain the equipment and learn to use it before giving it to the consumer. This doesn't mean you have to be an "expert" in the operation of each device, but you should be a resource for the consumer if they become stuck during the device trial. A "working knowledge" of the devices will assist with troubleshooting during this step.

Once the team has the devices to trial - they must decide on several other factors. First, the team must decide on activities to try the devices with. The activities should target meaningful and motivating activities. If a person doesn't like music, don't use music as the reward for activating the device! Also, the activities should reflect the key environments. If the person will be using computer access devices for work, maybe the activities include writing email or working in a spreadsheet. Finally, the activities should be consistent across all the device trials. Don't compare "apples and oranges"! If you use writing email as a task for one device, use it for the other devices also.

Documentation is crucial during this phase of the assessment. Before the trials begin, the team must decide on the data to collect. Keep in mind the documentation requirements of your funding source when deciding on data collection. This data will be critical later when the team asks for funding.

Finally, the team must set timelines for the device trials. These timelines, like technology recommendations, will be different for each assessment. In a work environment, the team may need to have short trials in order to put a solution in place to keep a consumer in a job. In a school setting, maybe there is more flexibility for time.

Step 7: Revisit Desired Outcomes[▲ Return to Outline](#)

As always in any technology intervention, we must revisit our primary outcomes to ensure that they are being met. This is the last point in the process before procurement of the device, so take the time to make sure that the technology is the most appropriate and most effective device, currently available, for the consumer.

Step 8: Procurement of Device[▲ Return to Outline](#)

This can be the most daunting part of the assessment process. Funding is always an issue with any technology intervention, as we will discuss in the Funding module of this course (Module 4).

A well documented written report of the needs identification and appropriate technological interventions is used to justify funding for the purchase of assistive technology devices, services, or other interventions.

Every effort should be made to ensure the language used in these reports meets the criteria of the funding agency. With these written justifications, there is no set style, and no fixed phrasing of paragraphs. When the physician, speech therapist, occupational therapist, physical therapist, teacher, or others provide a supportive document to include with a claim for funding, they should keep these justifications in mind and apply those that fit in with their profession and their application to the consumer.

In any written justification, terminology is critical. Always keep the funding sources' criteria in mind when addressing technology interventions. The following are some examples:

Special Education - (0-3 years)

Make sure justifications address the concept of: "early intervention services necessary to meet the unique needs of the child and the family."

The phrases: "occupational therapy"; "adaptation of environment"; "to facilitate development and promote the acquisition of functional skills."

Type of service plan: Individual Family Services Plan (IFSP)

PL 99-457 provides for the provision of early intervention services for infants and toddlers (0-3 years). As with PL 94-142, language is contained in the law allowing technology to be provided to young children through an individualized family service plan (IFSP) as an early intervention service. This may be through special instruction, speech pathology, audiology, occupational therapy, physical therapy, and health services.

Special Education - (3-21 years)

Make sure justifications address the concept: "to benefit from special education."

The Individuals with Disabilities Education Act of 1997 requires the need for Assistive Technology must be considered in the development of a student's Individualized Education Plan (IEP).

Key phrases: "the child needs the services to benefit from special education"; "any supplemental aid or service that would enable a child placed in a regular education environment"; "related services includes transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education"; "case by case basis."

Type of service plan: Individualized Education Plan (IEP)

Education of the Handicapped Amendments of 1986 (PL 99-47 and PL 94-142). This legislation requires that an individualized education plan (IEP) be written for each child with a disability ages 3-21 years who can benefit from special education services. This plan is written by a team made up of professionals, the parents, and the student (when appropriate). Technology may be provided as a 'related service.' A related service includes such services as occupational, physical, speech therapy, and technology that can help the child to benefit from special education. It is important that the consumer understand that the technology will not be provided as a related service unless it can be shown to help him or her to benefit from special education.

Vocational Rehabilitation

Make sure justifications address the concept of: "employability"; "securing competitive employment."
Key phrases: "rehabilitation technology services to render an individual with a disability employable"; "telecommunications, sensory and other technological aids and devices"; "case by case basis."

Type of service plan: Individual Written Rehabilitation Plan (IWRP)

All consumers receiving services from Department Rehabilitation Services receive an IWRP. Much like the IEP, it is the result of the evaluation that outlines a consumer's vocational goals and objectives. It also describes the scope of vocational rehabilitation services that the consumer will receive. When appropriate, a statement is included in the IWRP on how rehabilitation technology services will be used to help the consumer reach his or her vocational rehabilitation goals. Technology can be provided which included work site modifications, training in the use of specific devices, and maintenance of assistive devices.

Medical Assistance

Make sure justifications address the concept: "to meet the medical needs of the person"
Key phrases: "medical necessity"; "to become more independent"; "to decrease dependency on home health services", "improve function through better positioning"

****These funding sources will be discussed in Module 5 - Funding and Policy*

Just as important as the written justification is **supporting documentation**. No matter what the extent of advertising or dissemination of information about AT devices, there are still many people in positions as claims adjusters who are unaware of some products' existence. Because of this, it is important to include additional information with your request for funding.

Examples of supporting documentation includes:

Product brochures or Manufacturer's information sheets
Magazine articles or newspaper articles about the intervention being requested
Pictures or video tape of the individual using the device (taken during the device trial period)

By doing this extra work up front, you may:

Decrease denials because the agent is unaware of the product or service
Facilitate decision making because the agent can see and read about the intervention.
Please go to [../supplements/sbv8.html](http://supplements/sbv8.html) for an example of an Assistive Technology Evaluation completed by Vocational Rehabilitation.

Please go to [../supplements/just_letter.html](http://supplements/just_letter.html) for an example of a Letter of Justification. The device being requested is a new manual wheelchair and Medical Assistance is the funding source

It is important to know the appeal process of the funding source you are accessing in the event that the request for funding is denied. In the case where a technology intervention is denied, the funding source will need additional information before providing funding. It is important at this point to not become discouraged if the request for funding is denied and provide the additional information being requested. More times than not, the intervention will be funded once the additional information is provided.

Step 9: Technology Implementation

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The equipment has been funded, ordered, modified or fabricated as necessary, is set up, and delivered to the consumer. Initial training on the basic operation of the device, including care and regular maintenance and ongoing training strategies are included in this phase.

Step 10: Follow Up / Follow Along

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This section of the FAP is one of the most important and a lot of times it isn't completed. It is important to check back in with the individual to make sure the device that was recommended is meeting their needs or if a re-assessment is in order to determine a more appropriate intervention.

Follow up should be performed a short time following the delivery of the AT device, anytime within the first month after delivery of the device. This is a time to check to ensure that the consumer is satisfied with the system and that the system is working effectively. Follow along is just as important and is a more long-term commitment to the individual and the technology intervention. Follow along should happen, at least, 3 months, 6 months, and 1 year after the intervention. After that first year, contact should happen less often but still at least once a year.

The goal of follow up / follow along is to ensure that the technology still meets the individual's needs and to ensure that the device is being used by the individual to their fullest potential. Throughout this period, we can also determine whether more training is needed and whether the individual's stated goals are being met. It is important for the team to remember to build this final phase of the assessment into the funding process.

Follow up and follow along will reduce the occurrence of ASSISTIVE TECHNOLOGY DEVICE ABANDONMENT. This is a serious problem in the assistive technology service delivery process and needs to be addressed.

Since 1969 the number of persons using assistive technology has more than doubled. There are three key factors for this increase: 1.) Greater rates of survival following trauma and disease, 2.) Advances in microelectronics and the availability of microcomputers, and 3.) The passage of legislation that has mandated the consideration of AT for persons with disabilities.

However, there is a growing body of research on the abandonment of assistive technology illustrating the complexity of the interface between a person and a device. One overarching factor associated with technology abandonment is the failure to consider user opinions and preferences in device selection. Studies have shown the rate of device abandonment ranges from 8 % to as high as 75%. On average, about one third of all devices are abandoned. Most of the abandonment occurs within the first year, especially within the first three months.

The statistics suggest that users learn relatively early whether a device works for them. If it does not, it is quickly discarded. This shows why follow up and follow along is so important.

