"The Quality Indicators in Assistive Technology (QIAT) Self-Evaluation Matrices were developed in response to formative evaluation data indicating a need for a model that could assist in the application of the Quality Indicators for Assistive Technology Services in Schools (Zabala, et. al, 2000). The QIAT Matrices are based on the idea that change does not happen immediately, but rather, moves toward the ideal in a series of steps that take place over time." ~ Self-Evaluation Matrices for the Quality Indicators in Assistive Technology Service

Visit the QIAT website for more information.

The focus of this self-assessment is on serving all students' assistive technology needs. The law defines assistive technology devices and services respectively and dictates in what part of the student's education that assistive technology should be provided:

§300.5 Assistive technology device.

Assistive technology device means 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 a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of such device.
[Authority: 20 U.S.C. 1401(1)]

§300.6 Assistive technology service.

Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.

a. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
b. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
d. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
e. Training or technical assistance for a child with a disability or, if appropriate that child's family; and
f. Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child.

[Authority: 20 U.S.C. 1401(2)]

§300.105 Assistive technology.

a. Each public agency must ensure that assistive technology devices or assistive technology services, or both, as those terms are defined in §§300.5 and 300.6, respectively, are made available to a child with a disability if required as part of the child's-
    1. Special education under §300.36;
    2. Related services under §300.36;
    3. Supplementary aids and services under §§300.38 and 300.114(a)(2)(ii).
b. On a case-by-case basis, the use of school-purchased assistive technology devices in a child's home or in other settings is required if the child's IEP Team determines that the child needs access to those devices in order to receive FAPE.

(Approved by the Office of Management and Budget under control number 1820-0030) [Authority: 20 U.S.C. 1412(a)(1), 1412(a)(12)(B)(i)]

Instructions

Before an item in the QIAT Matrices is discussed and rated, groups must read the entire item in the list of Quality Indicators and Intent Statements so that the intent of the item is clear.

Also, prior to beginning the self-assessment, the Local Education Agency (LEA) may need to gather and review educational records, processes, information and documents related to assistive technology in the LEA. This information may include:

1. Student Educational Records/IEPs.
2. Assistive Technology Inventory.
3. Policies and Procedures for Considering and Assessing Students' Assistive Technology Needs.
4. Written Descriptions of Job Requirements for Administrator, Teacher, and Staff Positions.
5. Past, Present, and Future Professional Development Opportunities.
6. Transition Planning Documents.
7. Technology Planning and Budgeting Processes.

If an LEA does not have any of the above documents to refer to, completing the self-evaluation tool may help in the direction/creation of such documents.

Stages of Practice

The self-assessment tool is intended to identify an LEA's stage of practice in the area assistive technology and provide guidance for LEAs in improving their practice. The Quality Indicators for Assistive Technology Matrices view stages of practice from unacceptable to promising practice with variations in between. This can help teams determine areas that are strengths as well as areas of improvement:

1. Unacceptable
2. Basic Knowledge
3. Partial Application
4. Regular Practice
5. Promising Practice

An LEA may assess its practice as "Promising Practice" if the LEA has measurable/observable evidence of the practice and documentation of consistent use.

Components

The following are eight (8) Components that teams need to consider as a part of their assistive technology service delivery.

1. Consideration of AT Needs
2. Assessment of AT Needs
3. AT in the IEP
4. AT Implementation
5. Evaluation of Effectiveness
6. AT in Transition
7. Administrative Support for AT
8. AT Professional Development and Training

Many LEAs have created AT Support Teams and received AT Training and Technical Assistance from Oklahoma ABLE Tech. These Teams will have already completed the Self-Evaluation Matrices and will have great insight into the LEA's current standing regarding AT services. If an LEA does not currently have an AT Support Team, it is encouraged to create one. LEAs may choose between 2-10 individuals to as team members to receive additional professional development training and resources regarding AT.

Complete the online form to sign up your team.

Team members may be any of the following:

- Director of Special Education Services,
- Special Education Teachers,
- General Education Teachers,
- Principals/Assistant Principals,
- Counselors,
- Related Services Personnel, and
- Parents.

List the team here:

Name	**Role**	**Signature**

Intent Statements and Common Errors

The QIAT Self-Evaluation Matrices are a companion document to the list of Quality Indicators and Intent Statements. Below you will find excerpts from the QIAT Intent Statements document that relate to each of the main AT components. Stated below you will also find lists of common errors for each component that teams often make when serving students' assistive technology needs. The complete QIAT Intent Statements document will help teams understand the purpose behind each quality indicator as well as help team members decide what Stage of Practice they are in from Unacceptable to Promising Practice.

View the QIAT Intent Statements document for step-by-step help in completing the QIAT Self-Evaluation Matrices.

Component 1: Consideration of Assistive Technology Needs

Consideration of the need for AT devices and services is an integral part of the educational process contained in IDEA for referral, evaluation, and IEP development. Although AT is considered at all stages of the process, the Consideration Quality Indictors are specific to the consideration of AT in the development of the IEP as mandated by the Individuals with Disabilities Education Act (IDEA). In most instances, the Quality Indicators are also appropriate for the consideration of AT for students who qualify for services under other legislation (e.g., 504, ADA).

Common Errors:

1. AT is considered for students with severe disabilities only.
2. No one on the IEP team is knowledgeable regarding AT.
3. Team does not use a consistent process based on data about the student, environment and tasks to make decisions.
4. Consideration of AT is limited to those items that are familiar to team members or are available in the district.
5. Team members fail to consider access to the curriculum and IEP goals in determining if AT is required in order for the student to receive FAPE.
6. If AT is not needed, team fails to document the basis of its decisions.

Component 2: Assessment of AT Needs

Quality Indicators for Assessment of Assistive Technology Needs is a process conducted by a team, used to identify tools and strategies to address a student's specific need(s). The issues that lead to an AT assessment may be very simple and quickly answered or more complex and challenging. Assessment takes place when these issues are beyond the scope of the problem solving that occurs as a part of normal service delivery

Common Errors:

1. Procedures for conducting AT assessment are not defined, or are not customized to meet the student's needs.
2. A team approach to assessment is not utilized.
3. Individuals participating in an assessment do not have the skills necessary to conduct the assessment, and do not seek additional help.
4. Team members do not have adequate time to conduct assessment processes, including necessary trials with AT.
5. Communication between team members is not clear.
6. The student is not involved in the assessment process.
7. When the assessment is conducted by any team other than the student's IEP team, the needs of the student or expectations for the assessment are not communicated.

Component 3: AT in the IEP

The Individuals with Disabilities Education Improvement Act (IDEA) requires that the IEP team consider AT needs in the development of every Individualized Education Program (IEP). Once the IEP team has reviewed assessment results and determined that AT is needed for provision of a free, appropriate, public education (FAPE), it is important that the IEP document reflects the team's determination in as clear a fashion as possible. The Quality Indicators for AT in the IEP help the team describe the role of AT in the child's educational program.

Common Errors:

1. IEP teams do not know how to include AT in IEPs.
2. IEPs including AT use a "formula" approach to documentation. All IEPs are developed in similar fashion and the unique needs of the child are not addressed.
3. AT is included in the IEP, but the relationship to goals and objectives is unclear.
4. AT devices are included in the IEP, but no AT services support the use.
5. AT expected results are not measurable or observable.

Component 4: AT Implementation

Assistive technology implementation pertains to the ways that assistive technology devices and services, as included in the IEP (including goals/objectives, related services, supplementary aids and services and accommodations or modifications) are delivered and integrated into the student's educational program. Assistive technology implementation involves people working together to support the student using assistive technology to accomplish expected tasks necessary for active participation and progress in customary educational environments.

Common Errors:

1. Implementation is expected to be smooth and effective without addressing specific components in a plan. Team members assume that everyone understands what needs to happen and knows what to do.
2. Plans for implementation are created and carried out by one IEP team member.
3. The team focuses on device acquisition and does not discuss implementation.
4. An implementation plan is developed that is incompatible with the instructional environments.
5. No one takes responsibility for the care and maintenance of AT devices and so they are not available or in working order when needed.
6. Contingency plans for dealing with broken or lost devices are not made in advance.

Component 5: Evaluation of Effectiveness

This area addresses the evaluation of the effectiveness of the AT devices and services that are provided to individual students. It includes data collection, documentation and analysis to monitor changes in student performance resulting from the implementation of assistive technology services. Student performance is reviewed in order to identify if, when, or where modifications and revisions to the implementation are needed.

Common Errors:

1. An observable, measurable student behavior is not specified as a target for change.
2. Team members do not share responsibility for evaluation of effectiveness.
3. An environmentally appropriate means of data collection and strategies has not been identified.
4. A schedule of program review for possible modification is not determined before implementation begins.

Component 6: AT in Transition

Transition plans for students who use assistive technology address the ways the student's use of assistive technology devices and services are transferred from one setting to another. Assistive technology transition involves people from different classrooms, programs, buildings, or agencies working together to ensure continuity. Self-advocacy, advocacy and implementation are critical issues for transition planning.

Common Errors:

1. Lack of self-determination, self-awareness and self-advocacy on part of the individual with a disability (and/or advocate).
2. Lack of adequate long range planning on part of sending and receiving agencies (timelines).
3. Inadequate communication and coordination.
4. Failure to address funding responsibility.
5. Inadequate evaluation (documentation, data, communication, valued across settings) process.
6. Philosophical differences between sending and receiving agencies.
7. Lack of understanding of the law and of their responsibilities.

Component 7: Administrative Support for AT

This area defines the critical areas of administrative support and leadership for developing and delivering assistive technology services. It involves the development of policies, procedures, and other supports necessary to improve quality of services and sustain effective assistive technology programs.

Common Errors:

1. If policies and guidelines are developed, they are not known widely enough to assure equitable application by all IEP teams.
2. It is not clearly understood that the primary purpose of AT in school settings is to support the implementation of the IEP for the provision of a free, appropriate, public education (FAPE).
3. Personnel have been appointed to head AT efforts, but resources to support those efforts have not been allocated. (Time, a budget for devices, professional development, etc.)
4. AT leadership personnel try to or are expected to do all of the AT work and fail to meet expectations.
5. AT services are established but their effectiveness is never evaluated.

Component 8: AT Professional Development and Training

This area defines the critical elements of quality professional development and training in assistive technology. Assistive technology professional development and training efforts should arise out of an ongoing, well-defined, sequential and comprehensive plan. Such a plan can develop and maintain the abilities of individuals at all levels of the organization to participate in the creation and provision of quality AT services. The goal of assistive technology professional development and training is to increase educators' knowledge and skills in a variety of areas including, but not limited to: collaborative processes; a continuum of tools, strategies, and services; resource; legal issues; action planning; and data collection and analysis. Audiences for professional development and training include: students, parents or caregivers, special education teachers, educational assistants, support personnel, general education personnel, administrators, AT specialists, and others involved with students.

Common Errors:

1. The educational agency does not have a comprehensive plan for ongoing AT professional development and training.
2. The educational agency's plan for professional development and training is not based on AT needs assessment and goals.
3. Outcomes for professional development are not clearly defined and effectiveness is not measured in terms of practice and student performance.
4. A continuum of ongoing professional development and training is not available.
5. Professional development and training focuses on the tools and not the process related to determining student needs and integrating technology into the curriculum.
6. Professional development and training is provided for special educators but not for administrators, general educators and instructional technology staff.