

Questions and Answers

Assistive Technology for Students with Disabilities

This document is intended to answer some of the common questions asked by educators and families about assistive technology.

1. **What is assistive technology (AT)?**

AT includes devices and/or services. The Individuals with Disabilities Education Act (IDEA) defines assistive technology as “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 functional capabilities of a child with a disability.” 20 U.S.C. § 1401(1)(A); 34 C.F.R. § 300.5. The term excludes medical devices that are surgically implanted. 20 U.S.C. § 1401(1)(B); 34 C.F.R. § 300.5. While IDEA uses the term *device*, AT includes a wide range of options, including electronic and non-electronic tools, hardware and software, devices, or equipment.

AT services means, “any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device.” 20 U.S.C. § 1401(2); 34 C.F.R. § 300.6. AT services encompass a broad list of provisions, including but not limited to evaluating, providing for the acquisition of AT devices, designing, fitting, adapting, maintaining, repairing or replacing, and training. For additional information about AT basics, you can read, [“What is Assistive Technology?”](#)

2. **Are there laws that address AT devices and services?**

Yes, three federal laws address AT. In developing a student’s IEP, the IDEA requires a student’s IEP team to “consider whether the child needs AT devices and services” to receive a free appropriate public education (FAPE). See 34 C.F.R. § 300.324(a)(2)(v). If an AT device or service is necessary for a student with a disability “to make progress in light of the child’s circumstances,” those devices or services must be included in the student’s IEP. U.S. Dept of Educ., *Letter to Anonymous* (Nov. 27, 1991); *Andrew F. v. Douglas Cnty. Sch. Dist.*, 137 S. Ct. 988 (2017).

If a student with a disability utilizes an AT device or service, both Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act prohibit LEAs from discriminating against the student due to the student’s use of AT, even if the use of AT mitigates the effects of the student’s disability. See 28 C.F.R. § 35.108; 34 C.F.R. § 104.3. State and local governmental entities, including LEAs, must ensure that all programs, services, and activities are accessible to individuals with disabilities.

3. **Which students should be considered for AT supports or services?**

Any student with a disability should be considered for AT devices or services if the student is unable to access and participate in an environment, activity, or service that is available to non-disabled students. The provision of AT must be determined by the individualized education program (IEP) or Section 504 Plan team on an individual basis. 34 C.F.R. § 300.324(a)(2)(v). The IEP or 504 Plan team will consider all data to appropriately identify the necessary supports.

4. How do I know if my child or student needs AT?

Students with a disability may need AT if their disability impacts their ability to fully participate in the educational environment, activities, or services available to their non-disabled peers. As part of the evaluation process, the student's IEP team should assess the student's functional capabilities and determine whether an AT device or service would increase, maintain, or improve those abilities. See 34 C.F.R. §§ 300.5; 300.6. The evaluation should provide sufficient information to permit the IEP team to determine whether the student requires an AT device or service to receive FAPE. See 34 C.F.R. § 300.105(a). For students with an IEP or a Section 504 Plan, the team must identify all areas of need that may require support with AT. It is possible that an AT evaluation is necessary to identify the most appropriate AT supports and/or services. See U.S. Dept. of Educ., *Letter to Fisher* (Dec. 4, 1995).

5. If AT is provided to a student, will they become dependent on it and not develop skills they otherwise would have on their own?

No. AT provides a method for the student to access an activity or demonstrate a skill that the disability is otherwise preventing the student from performing. In fact, when a student has access to necessary AT, it increases their independence by reducing reliance on another person to assist with a task. AT may also reduce frustration and increase participation in students by providing a means to engage.

AT can be compared to an individual needing to wear glasses or contacts to be able to access print they otherwise could not read. By wearing glasses or contacts, an individual is not being provided an advantage over unaided individuals who do not require corrective lenses; it is simply leveling the opportunity for people who require prescriptive glasses.

6. Are there any prerequisite skills a student must have to be provided AT?

No. A student does not have to demonstrate any prerequisite or 'readiness' skills for AT devices and/or services to be provided.

7. If I know a student requires AT, does an AT evaluation have to be completed?

An AT evaluation is required if the team is unable to accurately identify the appropriate method or device needed for the student to access the activity or material to be able to make progress toward his/her/their educational goals. See U.S. Dept. of Educ., *Letter to Fisher* (Dec. 4, 1995). The need for an AT evaluation may also depend in part on the complexity of the student's needs. For example, a team may offer a slant board, specialized pencil grip, or other writing utensils to a student who has fine motor deficits and determine that those supports sufficiently address the writing challenges without the need for an evaluation. Conversely, a student with mobility and communication challenges may require an AT evaluation if the special education and/or related service providers have been unable to successfully identify a reliable access mode for the student without seeking a more formal evaluation.

8. Who is responsible for conducting an AT evaluation?

Any educational evaluation, including an AT evaluation, should include a multidisciplinary team, including the family. Although medical or private AT evaluations are often completed by a single 'expert', this practice is modified within the education system. Educational evaluations should be conducted

collaboratively by a group of professionals (e.g., special educator, speech-language pathologists, occupational therapist, physical therapist, etc.) and the family to collectively consider the student's strengths and challenges across multiple settings and activities and to determine the student's greatest level of independence and the degree of additional supports required to bridge the gap toward fully accessing his/her/their education.

9. How is an AT device acquired for a student?

If an AT device is necessary for a student with a disability to receive FAPE, the district is obligated to acquire and maintain the device at no cost to the family. See U.S. Dept. of Educ., *Letter to Cohen* (July 9, 1992).

Once the area or areas requiring educational access supports have been identified, the IEP team will select a specific tool, system, piece of equipment, or device that will enable the student to fully participate in the identified activity or environment. The local education agency (LEAs) may have a library of AT equipment for student trials and loans, they may need to purchase a new device, or they can access community programs to borrow or acquire equipment for students. Additionally, LEAs may ask families for consent to acquire the AT device through the state-funded healthcare plan or family's private health insurance; however, a family is under no obligation to provide insurance information or consent to the school to seek reimbursement for equipment or services. Depending on the needs of the student and the requirements for specialized devices or equipment, a district may be eligible to seek high-cost reimbursement.

10. Can districts seek funding for necessary AT through Medicaid or private insurance?

Yes, if the AT is deemed necessary by the IEP team, meets the definition of medical necessity, and is deemed a covered device or piece of equipment by the healthcare plan, the school can pursue third-party billing if the family agrees and provides informed consent.

If seeking coverage for an AT device, the school must follow the evaluation and or claim requirements of the healthcare plan, which may require that reports and claims be submitted by a qualified provider according to federal and state provider qualifications.

11. Must a student have an IEP or 504 Plan to receive AT?

Most students' needs can be met with universal access provided through classroom technology, alternate instructional materials, and other assistive tools readily available to all learners in classrooms without the need for an IEP or 504 Plan.

If anyone suspects the child to be a child with a disability, the LEA must consider their child find obligations. See 34 C.F.R. § 300.111. The team will then discuss the need for an evaluation for special education or Section 504 Plan eligibility.

12. How do we document the student's need for AT?

The student's AT needs may be documented in a variety of ways and depends in part on the student's disability status.

If a student has an IEP, and the IEP team has determined the need for an AT device and/or service, they must be documented in the IEP. It should first be indicated by selecting 'yes' to the question, "Is AT

necessary?" within the *Considerations of Special Factors* section of the IEP. It may also be addressed in several other places within the IEP, including accommodations, supports for school personnel, present levels of educational performance, measurable annual goals and objectives, the transition plan, special transportation and/or supplementary aids and services. Additionally, it should be documented how the AT will support achievement of IEP goals and progress in the general education curriculum, as well as when the AT will be made available to the student, how it is to be used, and under what circumstances.

For students who are eligible under Section 504, the team will have current assessment data to support the student's need for AT or it may need to be obtained through an AT evaluation.

If a student does not have IEP or Section 504 Plan, the family and a team of professionals will need to meet to discuss the student's needs and whether those needs can be met through universal classroom supports.

13. Should we document a specific model or name of an AT device within the IEP?

Documentation of a specific brand or model in the IEP is appropriate if that a specific model/brand of AT is required to ensure FAPE.

However, there are several reasons it would be more appropriate to describe, rather than name a specific model or brand of AT in the IEP. For instance, the IEP team may still be assessing the student's AT needs through a series of observations and trials and have not yet identified the most appropriate tool, system, or device. Also, some students may encounter new educational settings or go through a rapid period of physical or cognitive growth, requiring that their AT be adjusted, or their needs assessed multiple times within an IEP cycle. Lastly, describing, rather than naming a brand/model will allow the IEP to be implemented without delay if the dedicated AT device or system should need maintenance or repair and require a temporary substitute or alternate.

When providing a description of a tool, system, or device, include any necessary specifications so that a new educator or district would be able to match and implement the program without an interruption to the student's access.

14. Can AT be used during district or state mandated testing?

Yes, if the AT device is deemed necessary to access or respond to the testing materials, is documented in the student's IEP, is regularly utilized by the student in daily instructional activities, and the specific AT is not prohibited during the assessment (e.g., use of a calculator during certain portions of a math assessment). Many AT supports are software, rather than hardware, so the school must consult the [Tennessee Comprehensive Accessibility and Accommodations Manual](#) to ensure the accessibility features are properly selected or deselected prior to testing. Assistive technology may also necessitate additional assessment accommodations (e.g., transcribing, etc.), so it is recommended that AT and test accessibility questions be directed to the District Testing Coordinator. Additional information about test accessibility can also be found on the Tennessee Department of Education's [webpage](#).

15. Can AT go home with a student?

Yes. 34 C.F.R. § 300.105(b) specifies that school purchased AT devices may be made available for use in

the child's home or other setting if the AT device is necessary for the student to receive a free and appropriate public education (FAPE). The decision for a device to be made available to the student at home or other setting outside of school is determined by the IEP team and must be based on the student's individual needs and circumstances. It should be documented in the IEP if the team determines that it is appropriate for the child to have AT available in non-school settings.

16. How do I know that the AT provided to my child or student is effective, and when should AT be faded or changed?

The AT provided to students must be continually monitored to ensure it is meeting the need for which it was selected. School teams and families, if appropriate, should collect data on the child's use of the AT device across settings and relevant activities. If the device or service is not assisting the student in achieving his/her/their education goals, then the team should convene to consider changes to the AT device or service. AT needs will likely change as technology advances and as the student grows and encounters new or different settings and tasks.

17. Is it fair and appropriate for students to be provided a type of AT that is not available to other students during instructional times and/or testing?

Yes, AT provides students equity, not an extra advantage. AT is determined on a case-by-case basis and is provided to students so they may successfully complete a task or participate in an activity they otherwise would not be able to due to their disability. AT is intended to remove the barrier that prevents the student from accessing the learning task or activity.

18. Is AT the same as an accommodation?

While accommodations and AT are both designed to provide a student equitable access to education, AT is a tangible device or a specific service delivered to a student with a disability. An accommodation may include AT, but may also be an intangible allowance, such as extended time to complete assignments, scheduled breaks, or reducing the length of an assignment. Certain types of AT and accommodations both may be provided to any student as through universal learning supports offered in the classroom.

19. Are there AT supports available outside of my district?

Yes. There are many state and national resources available to schools and families to support AT. Additional resources can be found on the Tennessee Department of Education Special Education Instructional Resources [webpage](#).

20. Who can I contact with additional questions or more information about the provision of AT in Tennessee schools?

Questions or requests for additional information can be directed to the Tennessee Department of Education, Special Education Programming and Intervention team members Alison.Gauld@tn.gov, Autism & Low Incidence Coordinator and Susan.User@tn.gov, Speech-Language and Related Services Coordinator.