

## Step 4 – Solution Generation

Once the AT Assessment team has completed Step 3, it will identify the needed features of the device(s) and then determine which device(s) match well with the student using the [SETT Scaffold for Tool Selection](https://f9ab9d45-0285-4848-bfe4-24f68ce1fd58.filesusr.com/ugd/70c4a3_9b251155ff27429ea38ee8729e28b182.rtf?dn=Zabala_SETT_Scaffold_Tool_Selection.rtf) (https://f9ab9d45-0285-4848-bfe4-24f68ce1fd58.filesusr.com/ugd/70c4a3\_9b251155ff27429ea38ee8729e28b182.rtf?dn=Zabala\_SETT\_Scaffold\_Tool\_Selection.rtf).

Examples of features include portability, durability, word prediction, external or onscreen keyboard, text-to-speech, dictation, etc.

After listing needed features, the team will name specific devices that have the identified features. If no one has this knowledge, a team member will need to do independent research and/or consult with an outside entity — like Oklahoma ABLE Tech — to generate solutions that may work for the student. View [ABLE Tech's AT Discovery](https://www.okabletech.org/at-discovery) (https://www.okabletech.org/at-discovery) pages for device ideas.

Once a list of specific AT tools is generated, the AT Assessment team should use the [WATI Trial Use Guide and/or the WATI Trial Use Summary](https://www.okabletech.org/wp-content/uploads/2018/05/7.-WATI-AT-Trial-Use-Guide.pdf) (https://www.okabletech.org/wp-content/uploads/2018/05/7.-WATI-AT-Trial-Use-Guide.pdf) to complete the device trials.

Trials may be completed using:

- Systemically available tools – Currently available to all students served by the district
- Programmatically available tools – Available through special education services or other services for which the student is qualified
- Additional tools that need to be acquired for this student from –
  - Device manufacturers
  - [AIM Center](https://www.olbph.org/AIM) at the *Oklahoma Library for the Blind and Physically Handicapped* (https://www.olbph.org/AIM)
  - [Oklahoma ABLE Tech](https://www.okabletech.org) (https://www.okabletech.org): Oklahoma's statewide AT Act Program

The AT Assessment team will collect data about each device trial to provide objective information about student performance. More than one device may meet the student's need(s). The team will select the device that best meets the student's needs (Step 5 – Solution Selection).

**Note:** *Adapt/Modify/Create your own resources for documentation as determined appropriate by the team/district. If using existing resources with a citation, please maintain all citations. Contact Oklahoma ABLE Tech for assistance at [okabletech.org](https://www.okabletech.org).*



## SETT SCAFFOLD FOR TOOL SELECTION – PART 2 - PRIORITIZING TOOLS

Establish Availability and Training Needs for Promising Tools that Match Student Needs

SHORT LIST OF TOOLS	TOOL AVAILABILITY			SERVICES (training, planning, coordination, etc) REQUIRED FOR EFFECTIVE USE		
	S	P	A	STUDENT	STAFF	FAMILY
JUSTIFY CHOICES WITH SETT DATA AND DESCRIPTOR MATCH						

**KEY:** S= Systemically available tools - Currently available to ALL students served by this system  
P= Programmatically available through special education services or other services for which this student is qualified  
A= Additional tools that need to be acquired for this student.

**ABLE Tech  
Handout 7**

**WATI Assistive Technology Trial Use Guide**

**AT to be tried:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_ Meeting Date: \_\_\_\_\_

School/Agency: \_\_\_\_\_ Grade/Placement: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

School/Agency Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Persons Completing Guide: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_

**Goal for AT use:** \_\_\_\_\_

**ACQUISITION**

Source(s)	Person Responsible	Date(s) Available	Date Received	Date Returned

Person primarily responsible to learn to operate this AT: \_\_\_\_\_

**Training**

Person(s) to be trained	Training Required	Date Begun	Date Completed

**MANAGEMENT/SUPPORT**

Location(s)	Support to be provided (e.g. set up, trouble shoot, recharge, program, etc.)	Person Responsible

**Student Use**

Date	Time Used	Location	Task(s)	Outcome(s)

## WATI Assistive Technology Trial Use Summary

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 \_\_\_\_\_ Date Completed: \_\_\_\_\_

Person(s) Completing Summary: \_\_\_\_\_

**Task Being Addressed During Trial** \_\_\_\_\_

**Criteria for Success** \_\_\_\_\_

AT Tried	Dates Used	Criteria Met?	Comments (e.g. advantages, disadvantages, preferences, performance)

**Recommendations for IEP:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_