

Step 6 – Implementation / Follow Up

Once the needed AT has been acquired and devices/services have been included in the IEP as required, the team will develop an implementation plan, record data, and periodically review the student's progress in all areas of AT use.

Implementation

The team uses the [Assistive Technology \(AT\) Implementation Organizer](https://www.okabletech.org/wp-content/uploads/2018/07/2016_Implementation-Plan-Worksheet-Organizer.pdf) (https://www.okabletech.org/wp-content/uploads/2018/07/2016_Implementation-Plan-Worksheet-Organizer.pdf) when developing an implementation plan. This document provides guidance on the three main areas to address when planning for and using AT:

- Inclusion of AT in classroom instruction
- Student and staff training
- Equipment management

Implementation plans should address operational, functional, strategic, and social skills needed to use AT successfully and should include criteria for determining success/need for change. For accountability and compliance, teams/schools are to follow the plan – documenting AT use and IEP goal progress.

Follow Up

Data is to be reviewed periodically. This happens at the student's annual IEP team meeting and/or when requested by a team member. Having data on the student's use of the AT is essential in determining the continued need and effective use of specific AT. It is used to determine if the AT is assisting the student in meeting IEP goals and accessing a Free and Appropriate Public Education. Data can also be used to improve AT implementation and determine needed changes.

Teams use the SETT framework to “ReSETT” or look again at the student's current abilities, needs, environments, tasks, and tools. The [SETT Scaffold for Gathering Data](https://www.joyzabala.com/_files/ugd/70c4a3_3365497509924c368e45088e6b99dec7.pdf) (https://www.joyzabala.com/_files/ugd/70c4a3_3365497509924c368e45088e6b99dec7.pdf) helps teams collect this needed information.

Schools develop a contingency plan to ensure a student has access to the AT tool or system in the event the primary AT malfunctions and/or services need to be provided remotely.

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).*

Assistive Technology (AT) Implementation Organizer

Student Code: _____ Date of Plan: _____
 Student Age: _____ Grade/Placement: _____
 Date of IEP: _____ School: _____

When submitting this form to Oklahoma ABLE Tech for a device loan extension, please avoid using student identifiable information. You may submit via fax: 405-744-2487 or email: abletech@okstate.edu.

Team Members

Include IEP Team Members including staff and family who will need to receive training.

***Please indicate the borrower - if a device-loan has been obtained from ABLE Tech.**

Name	Title	Phone	Email
Coordinator:			

Overall Goals for AT Use

Goals for the assistive technology:

Item/Device/Software	IEP Goal to Be Addressed Using the Item/Device/Software
1.	
2.	
3.	
4.	
5.	

Item/Device/Software

1. What is the funding source the team will be using to acquire the device/software?

2. Who will be contacting the funding source to acquire the device/software?

3. Once purchased who owns the device/software?

Assistive Technology (AT) Implementation Organizer

Item/Device/Software, Continued

Device Name	Purchase or rent/borrow	Who will purchase/rent	Consumables Needed	Who Provides Consumables
1.				
2.				
3.				
4.				

4. What environments will the student use the AT device/software and how will it be made available? (e.g., move with the child, child will go to the device, on request, etc)

Environments (class, library, lunch, PE, etc)	Responsible Party in that environment	Where in the environment will the AT be kept?

5. When it is not in use where will it be located? Will the device be locked – if so where is the key located?

6. Will the student need the device at home - Yes No

If no, will an alternative device be needed? If yes, how will it be transported home?

Assistive Technology (AT) Implementation Organizer

Item/Device/Software, Continued

7. Will adaptations or modifications to the device be needed to help the student access it? (e.g., Keyguards for communication devices/keyboards, tablets, mounting devices, enlarged keys, etc)

Adaptations Needed	Who will help with the adaptations needed?

6. Who will be responsible for device repairs? (e.g., school district, parents, insurance, Medicaid, etc)

If the device/software breaks – what is the back up plan?

7. Has the district purchased a maintenance agreement? If yes, where is it located? Who is the contact person?

Additional Notes

Assistive Technology (AT) Implementation Organizer

Student Support/Training

- Who should be called if technical assistance is needed?
- What specific skills will the student need to learn?
- What will this student use the AT device to do?

Device Name	Operational Skills (Ex. operating and accessing a device)	Functional Skills (Ex. writing, comprehension expressive language)	Strategic Skills (Ex. deciding when to use device)	Social Skills (Ex. using the device with others)
1.				
2.				
3.				
4.				

- How much training does the student require to learn these skills?
- When will training be provided to the student and by whom?
- How will the student learn to use the device in customary environments?
- What kind of supervision/help will the student need to use the device for tasks related to the curriculum? Who will provide it and how often?

Device Name	Task	Person Responsible	Amount of Training	When will it Occur?	Completion Notes
1.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				
2.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				
3.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				
4.	Operation/Specific Tasks				
	Daily Support/Maintenance				
	Programming/Repairs				

Assistive Technology (AT) Implementation Organizer

Staff Support/Training:

- Who should be called if technical assistance is needed?

Device Name	Staff to Be Trained	Trainer	Amount of Training	When will it Occur?	Completion Notes
1.					
2.					
3.					
4.					

Family Support/Training:

- Who should be called if technical assistance is needed?

Device Name	Person Needing Training/ Relationship to Student	Trainer	Amount of Training	When will it Occur?	Completion Notes
1.					
2.					
3.					
4.					

Assistive Technology (AT) Implementation Organizer

Using AT in Customary Environments

Device Name	Environment(s)	Task (Functional Skill)	Baseline Data	Days/Times to Use	Projected Outcome (Measurable)
1.					
2.					
3.					
4.					

A. How will we know if the device or software is successful?

Device Name	Success would mean:
1.	
2.	
3.	
4.	

Outcomes

B. What level of achievement is reasonable to expect with this item/device/software?

Device Name	What level of achievement will be expected	How long to achieve it?
1.		
2.		
3.		
4.		

C. How will we know if the device or software is not working? What criteria will be used to stop?

Device Name	It's not working if ...	Stop using AT if ...
1.		
2.		
3.		
4.		

D. Has the implementation plan been recorded in the IEP? - Yes No

Assistive Technology and Transition

Canfield, T & Reed, P. (2001)

**Wisconsin Assistive Technology Initiative
800 Algoma Blvd.
Oshkosh, WI 54901
(920)424-2247**

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You may make as many copies as you need for your own use as long as you maintain credit for the authors and the Wisconsin Assistive Technology Initiative (WATI). In addition, if you would prefer to purchase these forms in hard copy along with an expandable portfolio with labeled compartments, it is available for sale. Look for it on the WATI web site at www.wati.org

Assistive Technology and Transition

Introduction

The Individuals with Disabilities Education Act mandates the provision of both assistive technology services and transition services for students with disabilities. When a student with a disability requires assistive technology in order to accomplish one or more functional skills, the use of that assistive technology must be included in effective transition planning. The forms in this packet have been specifically designed to assist the student's team in coordinating and managing that planning.

Procedure Guide for Assistive Technology and Transition Planning

This form lays out the sequence of steps involved in using each of the forms. It includes a time line that begins at age 14 or before and ends with graduation.

Assistive Technology Protocol for Transition Planning

This form was developed by Noll, Schwartz, and Canfield (2001) through a grant from the Wisconsin Department of Public Instruction to CESA 11. It is designed to provide the transition team with specific questions that will help them determine if additional assistive technology may be needed in a future environment. It focuses on practical activities and provides a variety of assistive technology solutions. It is included in this packet with permission of the authors.

Student Information Guide for Self Determination and Assistive Technology Management

Throughout the research on transition, the need for self determination is repeatedly identified as a critical component of success. Recent research about assistive technology and transition confirms its importance in continued use of the assistive technology after transition out of high school takes place. This form provides a tool for the team to use in helping the student develop critical self determination and assistive technology management skills. It includes sections on Problem Solving Skills, communication Skills, AT Devise Specific Skills, AT Management Skills, and Goal Setting Skills.

AT Goal Setting Worksheet

This simple form is to give to the student to help him or her think about and plan for the acquisition of specific self determination and assistive technology management skills. It can be used in conjunction with the Student Information Guide for Self Determination and AT Management or the AT Protocol for Transition Planning.

Assistive Technology Planning Guide for Transition

This page is a guide to be used during a Transition Planning meeting. It will help the team move through a decision making process. It provides specific cues at each step of the process to insure that necessary information is considered. It is not intended that you write on this page, but rather that you write information up on a board or chart so that all team members can see it.

Student Portfolio for Successful Transition with Assistive Technology

This series of forms is intended to be completed and the placed in a portfolio that the student will take with him or her upon graduation. Information can be added to it during the last three to four years in school. The intent of this section is to have all necessary in one, easily identifiable place for the individual or his or her family when questions or concerns about the assistive technology surface.

Individual forms included in the Portfolio section:

- ◆ **Student's Identifying Information**
- ◆ **Student's Documentation**-Recent IEP(s), Assessment Reports, Documentation of Successful accommodations/modification/assistive technology, Documentation of AT Self Determination Skills, Record of eligibility for DVR (if appropriate),
- ◆ **Assistive Technology Information**
- ◆ **Assistive Technology Emergency Plan**
- ◆ **Transition Resources**

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Procedure Guide for Assistive Technology and Transition Planning

At Age 14 or Before:

- ◆ Review contents of the *AT and Transition Planning Kit*
- ◆ Using the *Assistive Technology Protocol for Transition Planning*, the IEP team (including the parent and student) should review each of the content areas of the Protocol (Daily Living, Transportation, Tolerance of school day/work day, Mobility, Communication, Computer Access, and Literacy) and determine any areas that are of concern or skills that need to be improved.
- ◆ Using the *Student Information Guide for Self Determination and Assistive Technology Management*, note which skills are Never Demonstrated, Demonstrated with Assistance, or Demonstrated Independently. Identify skills that need to be developed or improved.
- ◆ Using the *AT Goal Setting Worksheet*, discuss the importance of the content with the student. Facilitate the student's identification of goals of interest to him or her.

Each Year at IEP Review

- ◆ Repeat the above steps as needed for effective planning. Include in the IEP any skills identified using the *AT Protocol for Transition Planning* and/or the *Student Information Guide for Self Determination and AT Management*.
- ◆ Encourage the student to gradually assume more responsibility for participating in and eventually leading the meeting.
- ◆ If team decisions need to be made about assistive technology use or other aspects of transition, follow the decision making process taught by the WATI, using the previously mentioned tools to gather information and the *AT Planning Guide for Transition* to guide the team through the decision making process.

At Age 17

- ◆ Work with the student to begin completing and compiling the necessary documents for the *Student Portfolio for Successful Transition with Assistive Technology*. Place documents in the *Portfolio* and check them off on the Contents list.

Prior to Graduation

- ◆ Check the contents of the *Portfolio*, adding anything that is missing and updating or deleting outdated information.
- ◆ Review the contents of the *Portfolio* with the student and his/her parent or guardian, if appropriate.
- ◆ Turn the *Portfolio* over to the student (or the students parent or guardian, if necessary).

Assistive Technology Protocol for Transition Planning

Name: _____
Date of Birth: _____ **Age:** _____
Grade: _____

Person Completing Report: _____
Date of Report: _____
Expected Date of Graduation: _____

❖ Purpose

The purpose of this protocol is to review the student's assistive technology needs when transition planning.

❖ Ratings

In each of the following functional areas, determine if the student has any limitations. If limitations do exist, answer the questions regarding the student's capacities. Consider their abilities with & without assistive technology.

❖ Please Read and Consider Each Item

Any **NO** answer is a red flag that the student may confront significant barriers during their transition process. However, these are minimum standards. Even with a **YES** rating, there may still be a benefit from using assistive technology for this function.

Next, consider the examples of types of assistive technology that might be used to address these barriers.

DAILY LIVING					
DAILY LIVING ACTIVITIES Can the student independently..					
Yes	No				
Yes	No	Eat?			
Yes	No	Prepare food?			
Yes	No	Do laundry?			
Yes	No	Groom and take care of hygiene?			
Yes	No	Perform housekeeping activities?			
Yes	No	Manage time and follow a schedule?			
DAILY LIVING ADAPTATIONS		Not applicable	Possibly could use	Using but could be improved	Using independently
Dressing Aids					
Adaptive Clothing					
Adaptive Kitchen Utensils and Dishes					
Roll-in Shower					
Adaptive Hygiene Devices					
Environmental Controls					
Adaptive Grooming Tools					
Adaptive Appliances					
Reachers/Grabbers/Low Tech Aids					
Assistive Time Devices					
Assistive Memory Devices					
Electronic Organizers/Day Planners					
Emergency Response Systems					
Alarm System					
Adaptive Positioning & Seating Devices					
Adaptive Mobility Devices					
Adaptive Bathing Devices					
Color Coded Items <small>(for easier locating & identifying)</small>					
Other					
Comments:					

TRANSPORTATION					
TRANSPORTATION ACTIVITIES Can the student...					
Yes	No				
Yes	No	Drive?			
Yes	No	Get in/out of any vehicle to be a passenger?			
Yes	No	Transfer into vehicle and load mobility device?			
Yes	No	Get into vehicle with ramp or lift?			
Yes	No	Independently arrange transportation?			
Yes	No	Independently utilize public transportation?			
TRANSPORTATION ADAPTATIONS		Not applicable	Possibly could use	Using but could be improved	Using independently
Adaptive Driving Equipment					
Car Top or Bumper Carrier for Mobility Device					
Van with Ramp or Lift					
Other					
Comments:					

TOLERANCE					
TOLERANCE (to school/community/work environment) Can the student...					
Yes	No				
Yes	No	Physically tolerate full day school / work?			
Yes	No	Emotionally tolerate full day school / work?			
Yes	No	Medically tolerate full day school / work?			
Yes	No	Environmentally tolerate full day school / work? (allergies, sensitivities to the environment, etc.)			
TOLERANCE ADAPTATIONS		Not applicable	Possibly could use	Using but could be improved	Using Independently
Distance Learning					
Adaptive Seating and Positioning					
Electronic Communication					
Organizers / Day Planners					
Other					
Comments:					

Assistive Technology Protocol Continued

MOBILITY					
MOBILITY ACTIVITIES					
Can the student independently..					
Yes	No	Navigate at a reasonable pace?			
Yes	No	Navigate outside on varied terrain(i.e.,college campus)			
Yes	No	Tolerate and be mobile at this pace to 3 city blocks?			
Yes	No	Carry a 5-pound backpack while being mobile?			
Yes	No	Operate controls to activate community building access devices? (i.e., electronic doors, elevator, walk light)			
MOBILITY ADAPTATIONS		Not applicable	Possibly could use	Using but could be improved	Using independently
Power Wheelchair					
Manual Wheelchair					
Powered Scooter					
Walker					
Cane/Crutches					
Grab Rails					
Environment Controls					
Other					
Comments:					

COMMUNICATION					
ORAL COMMUNICATION ACTIVITIES					
Can the student...					
Yes	No	Communicate wants & needs to non-familiar communication partner?			
Yes	No	Independently operate a telephone?			
Yes	No	Independently communicate with non-familiar person on the telephone?			
Yes	No	Understand and remember simple verbal instructions?			
Yes	No	Understand and remember complex verbal instructions?			
COMMUNICATION ADAPTATIONS		Not applicable	Possibly could use	Using but could be improved	Using independently
Eye-Gaze Board					
Picture or Spelling Board					
Electronic Voice Output Device					
Computer-Based Speech Device					
Adaptive Telephone					
Adaptive Writing Devices					
Laptop Computer					
TTY					
Relay System					
Voice Output Reminders					
Electronic Organizers					
Others					
Comments:					

COMPUTER ACCESS					
COMPUTER ACCESS ACTIVITIES					
Can the student independently..					
Yes	No	Perform manipulative tasks (includes turning computer on/off, entering data, operating mouse, handling paper in an efficient manner)?			
Yes	No	Access the Internet?			
Yes	No	Control the cursor?			
Yes	No	See the computer screen?			
Yes	No	Manage the keyboard?			
COMPUTER ADAPTATIONS		Not applicable	Possibly could use	Using but could be improved	Using independently
Keyboard/Built-in Adjustments					
Alternate Keyboard					
On-Screen Keyboard					
Arm Rests/Adjustable Work Station					
Alternate Mouse Function					
Productivity Enhancement Software					
Voice Input					
Voice Output					
Morse Code					
Switch Operator/scanning					
Braille Writer					
Screen Adaptations					
Other					
Comments:					

LITERACY					
LITERACY ACTIVITIES					
Can the student...					
Yes	No	Manipulate books and newspapers to read independently?			
Yes	No	Comprehend print materials prepared for general public?			
Yes	No	See text to read it?			
Yes	No	Physically produce written information?			
Yes	No	Communicate ideas in a written format at their expected level of proficiency?			
LITERACY ADAPTATIONS		Not applicable	Possibly could use	Using but could be improved	Using independently
Page Turner/Book Holder					
Scanning/Optical Character Recogn.					
Picture Texts and Instructions					
Voice Output					
Highlighted Text/Enlarged Text					
Recorded Materials					
Organization Aids					
Talking Word Processor					
Computerized Text Adaptations					
Productivity Enhancement Software					
Signature Stamp					
Electronic Organizers (i.e. palm computers)					
Hand-Held Text Readers & Scanners					
Other					
Comments:					

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Student Information Guide for Self Determination and Assistive Technology Management

Name: _____ Date: _____

Assistive Technology Currently Being Used: _____

(Complete a separate checklist for each type of assistive technology, especially if student has varying skill levels associated with specific assistive technology.)

Skill Demonstration: Never ^{With} Assistance Independent N/A

PROBLEM SOLVING SKILLS

- Student is able to:
- understand and explain strengths and weaknesses
- differentiate wants and needs
- make choices
- consider multiple options and consequences
- identify and contact resources such as social services, consultants and therapists
- understand legal rights and how and when to obtain those rights
- persevere when others don't follow through

	Never	With Assistance	Independent	N/A

COMMUNICATION SKILLS

- Student is able to:
- initiate communication
- request clarification and information
- ask for assistance (when, where, who, and what to say)
- communicate clear messages
- explain the disability, and needed accommodations
- check for listener's understanding
- successfully repair communication breakdowns
- access and use phone
- access and use internet/written communication

With

Skill Demonstration: Never Assistance Independent N/A

AT DEVICE SPECIFIC SKILLS

- Student is able to:
- set up the AT hardware or software
 - tell another how to set up the AT
 - identify environmental accommodations needed to use the device
 - turn on/off options as needed
 - program the device and back up, if needed
 - request new features, set ups, options, messages, etc.
 - determine when usage of AT is not appropriate or needed
 - determine when different AT may be needed
 - obtain supplies needed for AT device (batteries, tapes, etc...)
 - utilize low tech/no tech back up for AT

AT MANAGEMENT SKILLS

- Student is able to:
- recognize when AT is malfunctioning
 - trouble shoot simple problems
 - identify sources of technical assistance/repair
 - contact sources of technical assistance/repair
 - ship/take AT to source of repair
 - identify sources of funding for repair
 - apply for/request funding assistance
 - request/obtain back up for AT during repair
 - access and use emergency backup plan when device is not available

GOAL SETTING SKILLS:

- Student is able to:
- set realistic goals for himself/herself in general
 - set realistic goals for use of assistive technology
 - follow through on goals when set
 - monitor progress toward goal(s)
 - reflect on and evaluate progress toward goal(s)
 - lead a discussion about goals

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AT GOAL SETTING WORKSHEET

Name: _____ Date: _____

—

Directions: As the user of AT, it is important that you be able to tell others about yourself and your AT. It is also important to plan for the future. Please think about the skills below and use them to develop goals that will help you become an independent adult. There are other goals besides these, but these will help you get started.

As an adult I will need to be able to:

- ◆ tell people about my disability
- ◆ identify things that help me
- ◆ ask for help when needed
- ◆ set up and operate my AT equipment

As an adult, I will need to know:

- ◆ my legal rights
- ◆ where information about my AT is kept
- ◆ service agencies that can help me after I graduate
- ◆ how my AT is paid for
- ◆ where to go for help with my AT
- ◆ what to do when my AT breaks down
- ◆ where to get my AT repaired

Goal 1: _____

Goal 2: _____

Goal 3: _____

Student Portfolio for Successful Transition with Assistive Technology

PORTFOLIO CONTENTS:

- ♦ **Section I: Student Identifying information**

- ♦ **Section II: Documentation**

- ♦ **Section III: Assistive technology information**

- ♦ **Section IV: Assistive technology emergency backup plan**

- ♦ **Section V: Transition Resources**

Note: Forms are included for these sections. Make as many copies of the individual forms as needed to meet the student's needs.

STUDENT'S IDENTIFYING INFORMATION

<p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: (____) _____</p> <p>Social Security: __ __ __ - __ __ - __ __ __ __ __</p> <p>Parents or Guardian: _____</p> <p>Address: _____</p> <p>Phone: (____) _____</p> <p>E-mail: _____</p>

Education History:

Miscellaneous Information:

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STUDENT'S DOCUMENTATION**

This section should contain documentation of disability and necessary accommodations including AT such as:

- ◆ **Recent IEP(s)**
- ◆ **Assessment Reports**
- ◆ **Documentation of successful accommodations/
modifications/AT**
- ◆ **Documentation of AT Self Determination Skills**
- ◆ **Record of eligibility for DVR if appropriate**
- ◆ **Other relevant documentation: _____**

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ASSISTIVE TECHNOLOGY INFORMATION

Device: _____

Purpose of Device: _____

Where Obtained: (Vendor) _____

(Vendor
Address): _____

(Vendor Phone): _____

(Vendor e-mail): _____

Cost: _____

How was device paid for?

Maintenance Requirements/Information: _____

Source of training: _____

WISCONSIN ASSISTIVE TECHNOLOGY INITIATIVE

ASSISTIVE TECHNOLOGY EMERGENCY PLAN

Device: _____

Basic Maintenance Required:

Vendor/Source of Maintenance:

(Name/Company) _____

(Phone) _____

(Address) _____

(Technical Assistance phone number) _____

(Technical Assistance email) _____

Case Manager or AT Consultant that can help with arrangements:

(Name) _____

(Phone) _____

(e-mail) _____

Source for loaner equipment:

(Agency) _____

(Phone) _____

Things can I do until my AT is repaired or replaced:

(e.g. use old AT I still have stored away, use low tech substitute (describe), have someone create/make low tech substitute (name who could do that), etc.)

1. _____

2. _____

3. _____

4. _____

5. _____

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TRANSITION RESOURCES

Agencies (Include Names, Addresses, Phone, E-mail):

County System Responsible (Social services/Case manager):

I am eligible for the following Programs (e.g., Family Support, CIP, Katie Beckett, DVR):

I am on a waiting list for the following Programs:

Assistive Technology Consultant(s)/Centers

Equipment Loan Resources

Vendor (s):

**AGREEMENT FOR THE PURCHASE/SALE OR STATEMENT DECLINING THE
SALE OF ASSISTIVE TECHNOLOGY DEVICES
BY OKLAHOMA SCHOOL DISTRICTS/PUBLIC AGENCIES**

Statement of Purpose for Agreement

The school districts and public agencies that are signatories to the agreement, hereinafter referred to as "the Parties," recognize the need for continued use of assistive technology devices that were originally purchased for individual students when the student moves from one school district to another or transitioning to other public agency service systems.

As a result, the parties hereby agree to the continued use of such devices by the student when the student changes school districts or transitions to other public agency service systems. Such continued use can be through one of the following methods: (a) by transfer or sale of the devices by the school district or agency to the student's new school district; (b) by the transfer or sale of the devices by the school district or agency to the student or the student's parents or legal guardians; or (c) by any other legal means that are acceptable to the student, and the parties to the agreement.

The parties further agree that in the event of a transfer or sale of assistive technology devices, they may use the "Agreement for the Purchase/Sale or Statement Declining the Sale of Assistive Technology Devices by Oklahoma School Districts and Public Agencies."

All transfers or sales of assistive technology devices will be made according to applicable state and federal law, rules, and regulations.

**Agreement for the Purchase/Sale or Statement Declining the Sale of Assistive
Technology Devices by Oklahoma School Districts/Public Agencies.**

Check Appropriate Box:

Purchase/Sales agreement, between school districts or between a school district and a public agency or parents. If box is checked, complete **Section A**.

Declining sales of assistive technology devices(s). If box is checked, complete **Section B**.

SECTION A

Name of school district or public agency:

agrees to sell "as is" the assistive technology device(s).

Device described by: Purchasing School District Public Agency Person

To be used by child/client name:

Device name and description:

Price of device(s):

Price set by: Appraisal Current Market Value Other*

*If checked other, please explain:

Price determined by calculations as set forth in the Addendum.

Name of school district or public agency:

is not liable for any nonconformities in the device(s) after it is purchased by the individual's new school district, agency or parent/individual person.

Signature of superintendent or authorized official of district or public agency selling assistive technology

Date:

Signature of superintendent or authorized official of district or public agency, or person purchasing assistive technology

Date:

SECTION B

Name of school district or public agency:

declines to sell the assistive technology device(s).

Requested by name of school district, public agency, or person:

on date:

for the following reasons:

The assistive technology device is currently being used by another child (children)(client(s)).

The assistive technology device is a "general use" device and is not available for sale. It has been/is being modified for other children/clients.

Other*

*If checked other, please explain:

Signature of superintendent or authorized official of district or public agency

Date: