New York State
Office of Children and Family Services

Assistive Technology Center
Standards Manual

January 1, 2018 – December 31, 2022

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

COMMISSION FOR THE BLIND

ASSISTIVE TECHNOLOGY CENTER STANDARDS MANUAL

TABLE OF CONTENTS

III. ASSISTIVE TECHNOLOGY TRAINING

A. Timeframe for Completing Training

B. Assistive Technology Training Outcome

C. Assistive Technology Training Standards

D. Assistive Technology Training Components and Objectives

1. Function and Use of Assistive Devices
   a. Outcome Objectives for Screen Reading Software
   b. Outcome Objectives for Display Magnification Software
   c. Outcome Objectives for Braille Display Systems
   d. Outcome Objectives for Scanner/OCR Systems
   e. Outcome Objectives for Note Taking Devises

2. Computer Function, Operation and Maintenance
   a. Outcome Objectives for Computer Function and Operation
   b. Outcome Objectives for Technical Documentation
   c. Outcome Objectives for Computer Operating Systems

3. Software Applications
   a. Outcome Objectives for Communications Software
   b. Outcome Objectives for Word Processing Software
   c. Outcome Objectives for Spreadsheet Software
   d. Outcome Objectives for Presentation Software
   e. Outcome Objectives for Database Software
   f. Outcome Objective for use of cloud or a collaboration system

E. Reporting Training Outcomes
1. Work Portfolio
2. Final Report
3. Criteria for Determining That a Participant Has Achieved the Training Outcome

IV. FEE-BASED SERVICES

On-Site Evaluation – Outcomes, Standards, Reports
On-Site Installation – Outcomes, Standards, Reports
Technical Job Coach Development – Outcomes, Standards, Reports
On-The-Job Technical Support – Outcomes, Standards, Reports
Technical Support for Placement Staff – Outcomes, Standards, Reports
Refresher Training – Outcomes, Standards, Reports
Remote Technical Assistance – Outcomes, Standards, Reports

V. APPENDICES

Appendix A – General Forms
1. NYSCB Assistive Technology Information for Participants
2. NYSCB Assistive Technology Referral Form
3. Computer Use Handout for Participants

Appendix B – Readiness Evaluation Forms and Reports
1. Introduction to the Assistive Technology Readiness Evaluation
2. ATC Readiness Keyboarding Evaluation
3. ATC Readiness Spelling Evaluation
4. ATC Readiness Reading Comprehension Evaluation
5. ATC Readiness Note-Taking Evaluation
   a. Exercise 1 – Let's Make a Pizza
   b. Exercise 2 – Computer Memory and Storage
6. ATC Readiness Logical Sequencing Evaluation
7. Answer Keys
   a. Make a Pizza
   b. Computer Memory
   c. Logical Sequencing
8. NYSCB ATC Readiness Evaluation Final Report

Appendix C – ATC Assessment Forms and Reports
1. Introduction to the Assistive Technology Assessment
2. Note-Taking Evaluation
3. Computer Concepts Pre-Post Assessment Tool
4. Functional Computer Evaluation Tool
5. Participant Work Sample – Letter to Counselor
6. Assistive Technology Assessment Final Report

Appendix D – ATC Training Report
1. Assistive Technology Functional Computer Evaluation Tool (Post Training)
2. Participant Work Portfolio

Appendix E – Fee for Service Final Reports
A. On-Site Evaluation Final Report
B. On-Site Installation Final Report
C. Technical Job Coach Development Final Report
D. On-Site Technical Support Final Report
E. Technical Support for Placement Staff Final Report
F. Refresher Training Final Report
G. Remote Technical Assistance Final Report

INTRODUCTION AND GENERAL INFORMATION

This *Assistive Technology Center Standards Manual* contains information and guidelines for the provision of assistive technology services to participants referred by NYSCB.

In a world of rapid change in access technology, contractors should expect that NYSCB will issue updates to the guidelines as needed. Contractor staff will be expected to learn and adhere to new guidelines and to provide instruction and testing in accordance with the guidelines.

Purpose of Assistive Technology Services

Assistive Technology services are provided to eligible participants whose vocational rehabilitation goal requires expertise in the use of adaptive electronic technologies during post-secondary education or training or during employment. Assistive technology services may be provided in an adaptive technology center or at the education/training or employment site. Assistive technology services are required to determine an appropriate equipment configuration for education/training or employment.

Informed Choice

Informed choice is a decision-making process in which the counselor and the contractor provide relevant information that will allow the participant to fully participate in considering and selecting options for equipment and training as it pertains to the achievement of the participant's vocational goal. The opportunity to make informed choices should continue throughout the assistive technology process. Any information needed in this decision-making process will be provided in the participants preferred format.

Confidentiality of Information

The contractor must safeguard the confidentiality of all information relating to participants who receive services under the Assistive Technology Center contract. The confidentiality of each participant must be maintained in conformity with the provisions of applicable state and federal laws and regulations. A participant's case record must not be released without the written consent of the participant or as otherwise required pursuant to applicable state or federal laws and regulations.

NYSCB requires the use of a Release of Confidential Information form when requesting or providing oral or written information regarding a participant. In addition, specific releases are required for providing or obtaining oral or written information about participants with certain health considerations. (e.g., HIV and substance abuse).

Providing Written Communication in the Participant's Preferred Format

To communicate effectively in writing with each participant, it is important that the participant receive written materials in their preferred format. The participant's preferred format is listed in the Demographic form in the participant's Electronic Case File (ECF). All written communication must be sent to the participant in the preferred format. Whenever possible, participants whose first language is not English should receive materials in the language which is their primary mode of communication.

Communication with Participants Who Are Deaf-Blind

To communicate effectively with participants who are deaf-blind, it may be necessary to secure the services of a certified interpreter. Contractor and NYSCB staff must consider if the services of a certified

interpreter are needed for a participant who is deaf-blind to participate in services. NYSCB will pay for interpreter services for a participant participating in assistive technology services whose primary mode of communication is sign. Consideration of this need should be addressed during the entirety of the provision of AT services.

Communication with Participants Who Are Non-English Speaking

To communicate effectively with participants whose first language is not English, it may be necessary to secure the services of a foreign language interpreter. Contractor and NYSCB staff must consider if the services of a foreign language interpreter are needed for the participant who does not speak English to participate in services. NYSCB will cover the cost of interpreter services for participants participating in assistive technology services.

Print Access

Reports and other documents related to the provision of assistive technology services must be accessible to participants and to NYSCB staff. Scanned reports must be readable by users of assistive technology. Handwritten documents will not be accepted by NYSCB.

Role of the NYSCB Counselor

1. Prior to referral for AT services, the NYSCB counselor will discuss with the participant the need for training accommodations, the participant's basic skill levels and current knowledge of computers, software applications and adaptive technology, and provide the participant with the Assistive Technology Information for Participants handout. The counselor will discuss with the participant the equipment recommendation and procurement process and ownership policies.

2. The NYSCB counselor will make a referral by completing a vendor referral form and service authorization to the contractor for the appropriate service. The counselor will also provide all pertinent information as described under "Referral Documentation" on the following page and in the Vocational Rehabilitation Services manual under "Initial Referral Information."

3. As the service coordinator, the counselor will maintain contact with the participant and contractor regarding the participant's progress during service provision.

4. The counselor must review and give final approval to any suggested revisions to the training plan.

5. Within 21 calendar days of receipt of service reports, the counselor will participate in a meeting with the contractor and the participant to discuss the participant's performance and to develop appropriate goals and plans.

6. Within 30 days of receipt of service reports, the counselor will accept or reject the reported outcome

Role of the Contractor

1. Upon receiving a referral from the NYSCB counselor, the contractor will provide the authorized services as described in the ATC standards manual in accordance with the timeframes established for each service.

2. The contractor will review and explain all test scores to the participant.

3. The contractor will provide an opportunity for the participant to have input into the selection and recommendation of equipment.

4. The contractor will complete the appropriate report forms and attachments, detailing the specific services provided.

5. The contractor will maintain communication with the counselor, informing the counselor of progress or challenges in completion of the participant's program.

6. Within 10 days of completion of the service, the contractor will submit the final report and arrange a final meeting between the service provider, the counselor and the participant to discuss the outcome and further recommendations.

Referral Process

1. Referrals for Readiness, Assessment and Training Services

Readiness Evaluation, Assistive Technology Assessment and Assistive Technology Training will be authorized separately by the NYSCB counselor.

Fee-based services will be authorized on an as-needed basis by the NYSCB counselor.

2. Referral Documentation

Referrals must be accompanied by a vendor referral form that includes a short narrative about the participant's vocational or educational goal, self-reported current technology experience and skill level, work status and experience, education and learning style, prior vocational or adaptive skills training, mode of print access, and any accommodations needed for training. (if any). The following reports should be attached to the vendor referral form to assist the contractor in determining level and intensity of instruction. The referral form should clearly indicate if the participant is receiving job save services and if the participant's job is in jeopardy.

- Most recent Confidential Health Assessment
- Most recent Eye Report and Low Vision Evaluation Report (if applicable) **
- Most recent Audiology Report, if applicable
- Copy of any Readiness Evaluation Report or ATC Assessment Report (from another provider)
- Any other evaluative reports that will aid the instructor in providing appropriate levels of service (e.g., task analysis and productivity requirements, vocational and educational assessments)

**Low vision reports should include specifications for ease of reading monitors and CCTV if applicable.

3. *Acceptance of Referrals/Start Date Notification*

Within 30 days of the receipt of a referral for assistive technology services (both outcome and fee-based), the contractor must notify the NYSCB counselor of the start date. The contractor must provide a start date for services that is no longer than 45 days from the date the referral was received by the service provider.

If the referral is for Job Save services for a participant whose job is in jeopardy, the contractor must notify the counselor of a start date for services within 3 business days of receiving the referral.

4. Rejection of Referrals

If the participant cannot be contacted or is not ready to begin services within 45 days of receipt of the referral, then the service provider may reject the referral. Severity of disability is not a reason to reject a referral. NYSCB must be notified of the rejection as soon as possible, but no later than 30 days after the referral is made. The NYSCB counselor will then cancel the referral in CIS and inform the participant in writing of cancellation.

5. Cancellation of Referrals

If the contractor is unable to commence services within 45 days of the receipt of a referral, NYSCB may cancel the referral for purposes of obtaining services from another provider.

6. *Confirmation of outcome achievement*

Within 10 working days of completion of each service, the contractor will submit a report to the counselor and arrange for a discussion between the evaluator/instructor, the participant and the NYSCB counselor to determine next steps. Within 30 days of completion of the service, the counselor must accept or reject the report.

NOTE: **Outcomes are not considered to have been met until the report is received, a final meeting has taken place between the participant, counselor and provider, and the NYSCB counselor has approved the report.**

OUTCOME SERVICES
I.   READINESS EVALUATION

The purpose of the readiness evaluation is to determine that the participant has the prerequisite skills to successfully complete assistive technology assessment and training.

The NYSCB counselor will thoroughly explain the Readiness Evaluation process and testing requirements prior to referring a participant for this outcome. This will include talking about accommodation requirements and formatting preferences. This will also include the Introduction to the assistive technology readiness evaluation to the student *(Appendix B).*

The Readiness Evaluation is a required outcome-based service that precedes referral for Assistive Technology Assessment and Assistive Technology Training. All students will be referred for this service Clear documentation (certification, degree, transcript, course completion, etc.) must be provided showing the student has previously acquired and is able to demonstrate the readiness skill covered by the individual component sought to be waived. Further, the district manager or senior counselor must approve any individual components of the Readiness Evaluation which are waived.

If greater than three (3) of the six (6) Readiness Evaluation components are waived, the contractor will be paid the fee for service rate associated with Onsite Technical Support (see RFP Section 10.4 for fee for service rates) for
The Readiness Evaluation will be conducted by appropriate personnel who meet the standards set forth in the Assistive Technology Center contract. This may include ATC staff, technology consultants, vision rehab therapists, vocational evaluators or vocational trainers with a minimum of one year of experience in working with individuals who are legally blind.

Time Frame for Completing the Readiness Evaluation

Within 30 days of the receipt of a referral for readiness evaluation, the service provider must accept the referral in CIS and provide a start date that is no longer than 45 days from the date the referral was received by the service provider.

The Readiness Evaluation should be completed in 5 hours or less, spread over no more than 5 consecutive days.

NYSCB counselors may authorize a 14-day extension to this timeframe if the delay is necessitated by reasons beyond the contractor's control. In addition, the NYSCB District Manager may authorize an additional 14-day extension if the participant's circumstances warrant. Requests for extensions can be made verbally or in writing. The reason for the request and the NYSCB staff authorizing the request must be documented in the participant's case record.

Readiness Evaluation Outcome

1. The participant fully understood the readiness evaluation process.
2. A clear and accurate assessment, using the specified instruments, was made of the participant's readiness for assistive technology assessment. Deficits were identified and remediation recommended.

Readiness Evaluation Standards

1. The contractor has read the introduction to the assistive technology readiness evaluation to the participant *(Appendix B)*.
2. The contractor has evaluated the participant's basic skills utilizing the specified instruments.
3. The contractor has evaluated the participant's learning abilities in the following areas:

   ● The participant's ability to retain information over a period of time
   ● The participant's ability to improve with practice (provide examples)
   ● The participant's ability to work at a terminal for protracted periods of time (minimum of 20 minutes)
   ● The participant's general work habits (punctuality, attendance, neatness, sense of responsibility, ability to follow instructions, etc.)
   ● The participant's general working mode (independent, requires instructions, etc.)
   ● The participant's ability to communicate effectively. (i.e., able to express needs, problems or concerns, asks appropriate questions to clarify tasks, relay information reliably)

4. The contractor has submitted a readiness evaluation progress report in CIS to the NYSCB district office counselor within 10 working days of the completion of the readiness evaluation *(see Appendix B)*.

Readiness Evaluation Components

Introduction to the AT Readiness Evaluation
Keyboarding Evaluation
Spelling Evaluation (WRAT3-5)
Reading Comprehension (TABE Locator and Reading Comprehension)
Note-Taking Evaluation
Logical Sequencing

Final Report and Outcome Determination

The Readiness Evaluation final report must provide all evaluation test scores and a narrative summarizing all observational evaluations. The service provider is required to complete the final report form in CIS.

The narrative section must indicate whether the participant is ready to participate in the Assistive Technology Assessment. If the participant is found not ready to participate in an Assistive Technology Assessment, the service provider must indicate the reasons for the recommendation and whether the participant could benefit from remediation services. If remediation is recommended, specific areas should be cited.

Within 10 days of completion of the Readiness Evaluation, the report must be forwarded to the NYSCB counselor.

The contractor will arrange a meeting with the participant and the NYSCB counselor to discuss the results of the Readiness Evaluation and, if appropriate, develop a plan for obtaining an Assistive Technology Assessment. This meeting must occur within 21 days of completion of the Readiness Evaluation. The counselor will document the discussion in the participant file.

Within 30 days of completion of the Readiness Evaluation, the counselor must complete the outcome determination in CIS.

II.   ASSISTIVE TECHNOLOGY ASSESSMENT

The Assistive Technology Assessment is used to determine the participant's present level of functioning, the training needs and estimated time to complete training. During the assessment, the participant must be exposed to the widest possible array of equipment that will allow them to function optimally in their work or educational environment, e.g., if the participant is using a screen reader, the participant should be exposed to several types of screen readers.

Only participants referred by a NYSCB counselor may participate in an Assistive Technology Assessment.

The Assistive Technology Assessment must be conducted only by personnel who meet the standards set forth in the contract.

Time Frame for Completing an Assistive Technology Assessment

Within 30 days of the receipt of a referral for an assistive technology assessment, the service provider must accept the referral in CIS and provide a start date that is no longer than 45 days from the date the referral was received by the service provider.

Assistive technology assessments should be completed within 8 hours over no more than 2 calendar weeks. If circumstances arise which prevent completion of the assessment within this timeframe, a request for an extension can be made verbally or in writing and documented in the final report.

NYSCB counselors may authorize a 14-day extension to this timeframe if the delay is necessitated by reasons beyond the contractor's control. In addition, the NYSCB District Manager may authorize an additional 14-day extension if the participant's circumstances warrant. Requests for extensions can be made verbally or in writing. The reason for the request and the NYSCB staff authorizing the request must be documented in the participant's case record.

Assistive Technology Assessment Outcome
1. The participant fully understood and had input into the assessment process.
2. A clear and accurate assessment, using the specified instruments, was made of the participant's current knowledge of and capacity for learning assistive technology. Deficits were identified and remediation recommended.
3. The contractor made an assistive equipment recommendation that contained the optimal combination of products for enabling the participant to meet his or her job or educational requirements.
4. The assessment resulted in the contractor, counselor and participant determining that the participant has the skills needed and will benefit from training and an estimate of hours needed for that training.

Note: Optimal Combination means that the recommended equipment meets the participant's functional requirements utilizing the most cost-effective array of appropriate products.

Assistive Technology Assessment Standards

Note: The contractor must address all assessment standards for all participants referred by NYSCB for this service. The contractor will provide any and all written materials at the participant's request.

1. The contractor has read to the participant the Introduction to the Assistive Technology Center Assessment *(see Appendix C).*

2. The contractor has reviewed all referral materials and discussed with the participant the participant's a) previous knowledge of computers or other technology and b) employment or training goal and technology's contribution to the attainment of the goal.

3. If the Readiness Evaluation was waived, the contractor has evaluated the note-taking skills of the participant using Note-Taking Exercise 2 from the Readiness documents.

4. The contractor has administered and scored the Computer Concepts Tool and the Functional Computer Evaluation Tool and determined training needs based on the results. The contractor and the participant have discussed the results.

5. The contractor has provided the participant with an opportunity to view and sample a wide array of assistive equipment.

6. The contractor has recommended the optimal assistive equipment configuration to meet the participant's education or employment needs and the specific technical requirements of the identified job/education site or vocational goal.

7. The contractor has reviewed the equipment recommendation with the participant and the counselor and adjustments made as a result have been noted.

8. The participant has produced a work sample in the form of a letter to the counselor.

9. The contractor has submitted an assessment report package to the NYSCB counselor within 10 working days of the completion of the assessment according to the defined format in CIS.

Assessment Components

1. Introduction to the Assistive Technology Center Assessment

2. Note-Taking Exercise 2 (if Readiness Evaluation was waived or if need determined by contractor)

3. Computer Concepts Tool Pre- and Post-Test plus Keyboarding section of Functional Computer Evaluation Tool OR the Functional Computer Evaluation Tool

4. Equipment Demonstration and Selection

5. Participant Work Sample

The Introduction to the Assistive Technology Center Assessment, Computer Concepts Tool, and Functional Computer Evaluation are included in Appendix C. Note-Taking exercise 2 is found in Appendix B.

NOTE: NYSCB reserves the right to update or change the assessment instruments during the course of the contract.

Assistive Equipment Configuration Evaluation

The assistive equipment configuration must address the participant's specific job/education requirements and include a justification for how products would support the skills that are needed to accomplish specific job/education related tasks. During the evaluation, the participant must view and sample all options available at the assistive technology center that may meet the participant's need. The participant should review and select from these options. The participant may request equipment with which the participant is familiar even if this equipment is not currently available for demonstration. A list of the options selected must be presented to the participant at the end of the assessment so that the participant has an opportunity to review and suggest substitutions prior to its submission to the counselor. The options list must be attached to the final report and the items selected by the participant and instructor must be indicated. The instructor should sign the list and the participant note on the work sample letter their agreement with the selections.

If the participant is employed, the VRC and participant will make any needed arrangements for the instructor to contact the employment site (including any IT or supervisor that should be involved). The instructor must document how the employer was contacted and how the equipment recommended is compatible with the participant's job tasks.

If the participant is seeking employment, it is the responsibility of the NYSCB district office to have an instructor review the equipment configuration recommendation at the time a job setting is identified and to make whatever adjustments are necessary so that the configuration meets the requirements of the participant's job description and tasks.

A participant's hardware and software configuration should be specific to the education or training setting and the participant's major areas of study (science, math, design, technology, etc.). For a participant's equipment recommendation:

If the academic site has been identified, the VRC and participant will make any needed arrangements for the instructor to contact the academic site. The instructor will document their contact and how the equipment recommended meets the requirements of the student's program and course of study;

If the academic setting is not identified, it is the responsibility of the NYSCB office to revisit the equipment configuration at the time an academic setting is identified and to make whatever adjustments to the equipment are necessary to meet the requirements of the participant's program and course of study.

Note: If an employment, education or training setting is identified, the instructor must document contact information for the site and how the recommended equipment meets the participant's needs.

Participant Work Sample

At the conclusion of the assessment, the participant must create a sample document using the assistive equipment. The document should be a simple block letter written to the counselor and that consists of three text paragraphs: paragraph one will describe how the participant would use their equipment in their job or educational setting; paragraph two will describe some of the equipment the participant was exposed to during the assessment; in paragraph three the participant will indicate their agreement with the goals set for training and with the equipment selection. Any draft documents and the final document should be attached to the final report.

Final Report and Recommendations

The final assessment report and recommendations will include all assessment test scores and observational narratives. (Appendix C, 6)

The last portion of the final report will be a recommendation for assistive equipment. If a site evaluation has been completed for this participant, the equipment configuration must be compatible with the job or education requirements and the technical specifications of the participant's vocational goal and circumstances. Please refer to Appendix C, 7.

The service provider is required to complete the final report form in CIS.

The final report must include the following:

1. Information that the participant fully understood and had input into the assessment process

2. A clear and accurate assessment (using the required assessment tools) of the participant's ability to successfully complete Assistive Technology Training. Scores must be included in the final report.

3. Training goals and an estimated time frame to complete the goals as agreed to by provider, participant and counselor

4. A list of all the various assistive technologies the participant was exposed to during the assessment with the items chosen indicated, signed by participant and contractor

5. An assistive equipment recommendation that contains the optimal combination of products for enabling the participant to meet his or her job or educational requirements. If the final assessment report recommends assistive equipment training and includes a specific equipment configuration, it must be directly related to and based in part upon this assistive equipment summary description.

6. A brief narrative describing any specific concerns, results, observations or restrictions related to the participant's use of these assistive technologies

7. A copy of the participant work sample produced during the assessment process

NOTE: If the participant will not be accepted for training, the service provider must document the reason for not accepting the referral, including a recommendation for remediation or alternative approaches.

Equipment Configuration Recommendation

For each item recommended, document the specific relationship of the equipment, device, or software to the participant's vocational goal. The equipment recommendation MUST be attached to either an

Assistive Technology Assessment Report or an Assistive Technology Job/Education Site Evaluation Authorization. Please list any and all components required to make the system functional, including assistive devices, cables, software, etc. Enter item number, quantity and price per New York State contract specifications, if known. If the item is not on New York State contract, recommend a vendor who will accept New York State purchase orders. Do not abbreviate item names or descriptions. Group like items together (i.e., hardware, assistive devices, software, etc.). Specific installation instructions must accompany any equipment recommendation and will be forwarded to the equipment configuration contractor. These instructions may also affect the equipment that is ordered for the participant. This list should be completed electronically.

III.   ASSISTIVE TECHNOLOGY TRAINING

Assistive Technology Training is individualized or small group training which provides each participant with the skills and ability needed to perform tasks in an education/training or employment setting successfully using specifically recommended and configured hardware, software and peripheral devices.

In addition, NYSCB has purchased a TrainingWare license from Digital Apex for one person in each of the ATC centers. TrainingWare contains teaching tools that includes files for use with each lesson. Additionally, there is a pre- and post-exercise and quiz for each lesson to measure and document mastery of the concepts taught in the lessons. We encourage the use of these whenever possible as they will provide for consistency and give trainers a solid framework to use during training sessions.   ATC centers can apply, with justification, for additional training licenses, for additional instructors, if needed. For each Teacher TrainingWare title, there is also a Student Study Guide that can be provided to participants if the ATC trainer feels that would be a benefit. These study guides help your student practice between sessions and stay with the participant as a reference tool when they complete training at the center.

Time Frame for Completing Assistive Technology Training

Within 30 days of the receipt of a referral for assistive technology training, the service provider must accept the referral in CIS and provide a start date that is no longer than 45 days from the date the referral was received by the service provider.

Training should be completed in a maximum of 100 hours and within 4-6 consecutive weeks. If training period must extend beyond six weeks, the contractor must discuss reason for the request with the participant's NYSCB counselor and receive approval for the extension.

NYSCB counselors may authorize a 14-day extension to this timeframe if the delay is necessitated by reasons beyond the contractor's control. In addition, the NYSCB District Manager may authorize an additional 14-day extension if the participant's circumstances warrant. Requests for extensions can be made verbally or in writing. The reason for the request and the NYSCB staff authorizing the request must be documented in the participant's case record.

Assistive Technology Training Outcome

The participant demonstrated proficiency in the function and use of the recommended assistive equipment configuration and software to the standards outlined below.

Assistive Technology Training Standards

All participants referred for training must achieve proficiency for employment/training or educational purposes in the following areas:

a) Function and use of the assistive device

b) Function and operation of the computer

c) Routine maintenance

d) Utilization of technical documentation

e) Use of the computer operating system

f) Use of email

g) Use of Internet software

h) Use of cloud or collaborative systems

In addition, all participants must achieve proficiency on two of the three following software applications:

    a. word processing b. spreadsheet   c. presentations   d. internet and/or cloud use

For students who are receiving technology training to retain a job or for a specific job for which they have been hired, training in the software appropriate to their job may substitute for the preceding requirements when specified in the referral documentation.

Required Proficiency Levels for All Participants

Proficiency is defined as the ability to successfully demonstrate the skills required by the Functional Computer Evaluation at the following levels:

    Keyboard Navigation – (28/28)
    Desktop Navigation – (16/16)
    Function and Use of the Assistive Device –
        Screen reader – (19/19)
        Screen magnifier – (12/12)
        Note-taking device – (10/10)
        Braille display – (8/8)
        Scanner/OCR – (7/7)
    Operating System Software – (18/22)
    Maintenance and Technical Documentation – (8/9)
    Email – (17/19)
    Internet – (12/14)
    Word Processing Software – (21/27)
    Spreadsheet Software – (22/28)
    Presentation Software – (11/14)
    Database Software – (7/9)
    Other Software (job or education specific) – 100%* as determined through curriculum and evaluation developed by the trainer

Proficiency is also measured through the development of a portfolio of work products demonstrating the skills learned.

Assistive Technology Training Components and Objectives

The following outcome objectives will be assessed through direct observation by the assistive technology instructor, through practical exercises and other evaluation instruments. Participants will retake the Functional Computer Evaluation following the completion of training. If the participant is not able to reach the required proficiency level following initial training, the instructor must provide additional instruction so that the participant achieves the required level of proficiency. If the participant is unable to achieve proficiency within the allotted hours and the instructor determines that the participant will be unable to reach proficiency, the instructor and participant should meet with the counselor to determine next steps.

The instructor will record all answers. Participants who reach the specified proficiency level should have an opportunity to discuss the post-training evaluation results and review or re-learn any tasks the participant was not able to perform.

Note: **NYSCB reserves the right to introduce curriculum updates during the course of the contract.**

Function and Use of Assistive Devices

Outcome Objectives for SCREEN READING SOFTWARE

Basic Functions:

1. The participant demonstrates proficiency in stopping/interrupting the speech from speaking and unloading and reloading the screen reading software.

2. The participant demonstrates proficiency in the use of commands to adjust speed, pitch, voice and volume of the synthesized speech in all relevant applications.

3. The participant demonstrates proficiency in the use of commands to adjust speech verbosity settings in all relevant applications.

Reviewing the Screen:

4. The participant demonstrates proficiency in using all cursors in all relevant applications.

5. The participant demonstrates proficiency in locating the cursor and mouse pointer in all relevant applications.

6. The participant demonstrates proficiency in the use of commands to read the title bar in all relevant applications.

7. The participant demonstrates proficiency in the use of commands to minimize all applications.

Interactively Working Within an Application

8. The participant demonstrates proficiency, in all relevant applications, in the use of commands to move to the top and bottom of the screen, up and down by line, to the beginning and end of lines, by characters, words, sentences, paragraphs and using specific features such as spell check and thesaurus.

9. The participant demonstrates proficiency, in all relevant applications, in using commands to read information on the screen, including characters, words, lines, sentences, paragraphs and whole or partial documents.

10. The participant demonstrates proficiency in navigating through all relevant applications and demonstrates the skillful use of all keystrokes relevant to each application.

11. The participant demonstrates proficiency in the use of all keyboard commands, including list views, checkboxes etc. within each relevant application.

Changing Settings

12. The participant demonstrates proficiency in the use of changing and saving screen reader settings.

13. The participant demonstrates proficiency in the use of the start menu and navigating through the menu system using the arrow keys and accelerator keys.

14. The participant demonstrates proficiency in navigating through all levels of the help system and locating specific information within each level.

15. The participant demonstrates proficiency in using the menu system within each relevant application.

16. The participant demonstrates proficiency in the use of the configuration and dictionary managers in all relevant applications.

17. The participant demonstrates proficiency in the use of labeling graphics in all relevant applications.

Outcome Objectives for DISPLAY MAGNIFICATION software

Basic Functions

1. The participant demonstrates proficiency in deactivating the magnification and restoring unmagnified screen display.

2. The participant demonstrates proficiency in adjusting the level of magnification.

3. The participant demonstrates proficiency in using help menus in all relevant applications.

Navigation

4. The participant demonstrates proficiency in navigating the screen including moving right, left, up, down and to the top and bottom of the screen.

5. The participant demonstrates proficiency in utilizing the various objects that the magnified area will track (mouse pointer, cursor, and highlight).

6. The participant demonstrates proficiency in locating the cursor and mouse pointer in all relevant applications.

7. The participant demonstrates proficiency in selecting the objects to be tracked in all relevant applications.

8. The participant demonstrates proficiency in determining the location of the magnified area relative to the entire screen.

Special Features

9. The participant demonstrates proficiency in selecting and utilizing reverse video, alternate colors or alternate presentation modes where applicable.

10. The participant demonstrates proficiency in the use of the scrolling features provided to facilitate screen reading.

11. The participant demonstrates proficiency in resetting or reinitializing the magnification software and setting the magnification system defaults.

12. The participant demonstrates proficiency in using the speech functions of the large print software if available.

Outcome Objectives for BRAILLE DISPLAY SYSTEMS

Navigation

1. The participant demonstrates proficiency in the use of commands to link and unlink the Braille display to the location of the PC cursor.

2. The participant demonstrates proficiency in routing the Braille cursor, if possible, to the PC cursor.

3. The participant demonstrates proficiency in locating the positions of the application cursor and the Braille display.

4. The participant demonstrates proficiency in distinguishing character attributes.

5. The participant demonstrates proficiency in switching and differentiating between the Braille, PC, and Invisible cursors if possible.

6. The participant demonstrates proficiency in switching between six and eight dot Braille

7. The participant demonstrates proficiency in changing the different grade levels of Braille (Computer Braille/Nemeth versus Grade 2), if possible

8. The participant demonstrates proficiency in tracking highlights, if possible.

Outcome Objectives for SCANNER/OCR SYSTEMS

1. The participant demonstrates proficiency in using the OCR software to scan documents in all relevant applications.

2. The participant demonstrates proficiency in using commands to start and stop reading in all relevant applications.

3. The participant demonstrates proficiency in saving scanned documents as files in all relevant applications.

4. The participant demonstrates proficiency in editing scanned documents in all relevant applications.

5. The participant demonstrates proficiency in saving scanned documents as another file type in all relevant applications.

6. The participant demonstrates proficiency in spellchecking scanned documents in all relevant applications.

7. The participant demonstrates proficiency in navigating the settings of the OCR program.

8. The participant demonstrates proficiency in changing and saving settings within the OCR program (i.e., voice, rate, punctuation, default file location, etc.)

9. The participant demonstrates proficiency in scanning PDF documents and converting PDF documents to text.

Outcome Objective for NOTE TAKING DEVICES

1. The participant demonstrates proficiency in opening and creating files in all relevant applications.

2. The participant demonstrates proficiency in editing files in all relevant applications.

3. The participant demonstrates proficiency in saving files to the note taker and to all other relevant storage media in all relevant applications.

4. The participant demonstrates proficiency in opening saved files in all relevant applications.

5. The participant demonstrates proficiency in copying and moving text in all relevant applications.

6. The participant demonstrates proficiency in using special features of the note taker (i.e., spell check and thesaurus) in all relevant applications.

7. The participant demonstrates proficiency in navigating the menu system in all relevant applications.

8. The participant demonstrates proficiency in copying contiguous and non-contiguous files to all relevant storage media (i.e., SD cards, thumb drives, external hard drives, etc.).

9. The participant demonstrates proficiency in creating and searching for appointments in the calendar.

10. The participant demonstrates proficiency in synchronizing the note taker with all relevant computer devices.

Note: If the note taker has a specific application that the participant needs to learn, it should be specified in the referral information from the NYSCB counselor.

Computer Function, Operation and Maintenance

Outcome Objectives for Computer Function and Operation

1. The participant demonstrates proficiency in correctly identifying all system components.
2. The participant demonstrates proficiency in using the appropriate devices to back up information stored on the computer.
3. The participant demonstrates proficiency in connecting and successfully operating all peripherals and storage devices
4. The participant is able to clearly explain policies related to ownership and use of NYSCB-provided computer equipment.
5. The participant demonstrates proficiency in troubleshooting system problems, including the ability to determine the appropriate resource to utilize for problem resolution
6. The participant demonstrates proficiency in updating Antivirus Software
7. The participant demonstrates proficiency in assembling/disassembling/reassembling system components
8. The participant is able to define the following terms:

USB port	Computer viruses
Parallel port	Scan Disk
Local Area Network	Power Strip
Anti-Virus Program	Surge Protector

Outcome Objectives for Technical Documentation

The contractor must provide the participant with technical documentation, in an accessible format, for all the devices comprising the participant's assistive equipment configuration. This documentation may come from one or more of the following sources:

- Equipment vendors
- Providers of integrated computer services
- Software suppliers
- Teaching materials developed by the contractor
- Other sources

The contractor must describe to the participant the documentation provided and explain the use of the documentation in resolving error conditions and in researching specific equipment features and functions. The intent is to enable the participant to work as independently as possible with the assistive equipment configuration.

1. The participant must demonstrate proficiency in locating information on selected topics in the documentation provided.

2. The participant must demonstrate proficiency in locating resources for customer assistance in the documentation provided.

Outcome Objectives for Operating Systems

Unit One - Basic System Information

Upon completion of this unit the participant must:

1. demonstrate proficiency in understanding of the purpose of their computer's operating system;

2. explain the term file and the rules for naming files in their operating system;

3. demonstrate proficiency in booting up the computer, including the role of files that are important to the booting process, where applicable;

4. explain the terms user name and password and demonstrate proficiency in changing a password; and

5. demonstrate proficiency in properly shutting down a computer.

Unit Two - Using the Operating System to Interact with Applications

Upon completion of this unit the participant must:

1. explain the terms: program manager, task bar, icon, list box, button, radio button, check box, ribbons, combo box, menu and sub-menu;

2. demonstrate proficiency in launching programs; and

3. demonstrate proficiency in accessing and using operating system help where applicable.

Unit Three - Storage Management

Upon completion of this unit the participant must:

1. demonstrate proficiency in navigating desired directories/folders;

2. demonstrate proficiency in displaying the contents of directories/folders; and

3. demonstrate proficiency in creating and removing directories/folders;

Unit Four - File Management

Upon completion of this unit the participant must:

1. demonstrate proficiency in using operating system commands to move, copy, delete, rename and un-delete files to the extent that these commands are applicable in the respective operating system; and

2. demonstrate proficiency manipulating multiple files such as wild cards, selecting files, or drag and drop, as is applicable in the respective operating system.

Unit Five - Displaying and Printing Files

Upon completion of this unit the participant must:

1. demonstrate proficiency in viewing text and document files;

2. demonstrate proficiency in operating system commands print text files; and

3. demonstrate proficiency in controlling print queues and switching printers where applicable.

Unit Six - Tools and Utilities

Upon completion of this unit the participant must:

1. demonstrate proficiency in using operating system commands used to duplicate storage media where applicable; and

2. demonstrate proficiency in scanning for viruses and checking for errors.

Unit Seven - Troubleshooting

Upon completion of this unit the participant must:

1. be familiar with error messages that result from the six conditions below and be able to respond accordingly:
    1. Storage medium not available
    2. Write protection errors
    3. Storage Media Full
    4. File not found
    5. Attempting to copy a file onto itself
    6. Print Errors
2. be able to explain conditions that can prevent boot up and be aware of procedures for remedying these problems.

SOFTWARE APPLICATIONS –

Outcome Objectives for Communications Software

Upon completion of this unit the participant must:

1. be able to define the following:

BBS	Email Addresses	Reload	Frames and No Frames
URL	Server	Network	Bookmarks/Favorites
Hyperlinks	USENET		

2. demonstrate proficiency in both subscribing to and logging on/off an Internet service provider;

3. demonstrate proficiency in locating information using the different search engines; and

4. demonstrate proficiency in sending and receiving information.

Outcome Objectives for Word Processing

Unit One - Basics of Word Processing

Upon completion of this unit the participant must:

1. be able to explain basic concepts of word processing software;

2. be familiar with the following basic vocabulary:

Fonts	Thesaurus
Bold Face type	Document
Underline type	Spell Checker

3. demonstrate proficiency in entering and exiting the word processing software.

Unit Two - Editing and Navigation

Upon completion of this unit the participant must:

1. explain the concept of word wrapping;

2. demonstrate proficiency in using insert vs. type-over modes;

3. demonstrate proficiency in navigating around the document, which shall include moving:

Left or Right one character	Move to the beginning of the line
Left or Right one word	Move to the end of the line
Up or Down one line	Move to the top of the document
Up or Down one page	Move to the bottom of the document

4. demonstrate proficiency in the delete command. Where applicable, these should include:

Delete previous character
Delete current character
Delete work

5. demonstrate proficiency in using un-delete/undo commands; and

6. demonstrate proficiency in creating paragraph and page breaks in the document.

Unit Three - Getting Help

Upon completion of this unit the participant must:

1. demonstrate proficiency in obtaining an alphabetical listing of topics from "HELP";

2. demonstrate proficiency in obtaining information on a specific feature of their word processing software;

3. demonstrate proficiency in accessing and utilizing context sensitive "HELP" information; and

4. demonstrate proficiency in exiting their word processing software's "HELP" utility and returning to the document.

Unit Four - Document Management

Upon completion of this unit the participant must:

1. demonstrate proficiency in using commands to save documents;
2. demonstrate proficiency in using commands in closing documents;
3. demonstrate proficiency in using commands to create new documents;
4. demonstrate proficiency in using commands to retrieve or open existing documents; and
5. demonstrate commands to copy and delete document files.

Unit Five - Checking Spelling

Upon completion of this unit the participant must:

1. demonstrate proficiency in accessing the spell checker;

2. demonstrate proficiency in bypassing words that the spell checker flags, but that are spelled correctly;

3. demonstrate proficiency in adding words to the dictionary used by the spell checker;

4. demonstrate proficiency in selecting optional word choices offered by spell checker; and

5. demonstrate proficiency in manually editing words reported to be misspelled by the spell checker.

Unit Six - Printing

Upon completion of this unit the participant must:

1. demonstrate proficiency in printing a full document;

2. demonstrate proficiency in printing a single page of a document;
3. demonstrate proficiency in printing multiple copies of a document; and

4. demonstrate selecting a second printing device.

Unit Seven – Document Formatting

Upon completion of this unit the participant must:

1. demonstrate proficiency in using commands to format the document page, such as setting margins and paper size;

2. demonstrate proficiency in adjusting line spacing;

3. demonstrate proficiency in inserting tab stops in a document;

4. demonstrate proficiency in using indent and center commands to format text in a document;

5. demonstrate the effect of cursor placement on various formatting changes in a document;

6. demonstrate proficiency in the use of commands used to bold, italicize, and underline text;

7. demonstrate proficiency in adjusting the print font in a document; and

8. demonstrate proficiency in inserting the system date.

Unit Eight - Advanced Editing

Upon completion of this unit the participant must:

1. demonstrate proficiency in removing unwanted document formatting; and

2. demonstrate proficiency in using search and replace command features.

Unit Nine - Selecting and Manipulating Text

Upon completion of this unit the participant must:

1. Demonstrate proficiency in selecting (i.e., mark or block) text in a document;

2. demonstrate proficiency in deleting, cutting, copying, or pasting selected text in a document;

3. demonstrate proficiency in selecting text and bolding or underlining existing text;

4. demonstrate proficiency in selecting all text in a document;

5. demonstrate proficiency in producing envelopes using the word processing software; and

6. demonstrate proficiency in employing basic troubleshooting techniques for problems that may arise with a document.

Outcome Objectives for Spreadsheet Software

Unit One: Creating, Opening, and Saving Files

The participant must:

1. have the ability to explain basic spreadsheet design;

2. explain the following terms:

Cells	Range
Worksheet	Workbook
Columns/Rows	Formula
Records	

3. demonstrate proficiency in creating and opening a workbook; and

4. demonstrate saving and closing a workbook.

Unit Two: Working with Workbooks and Worksheets

The participant must:

1. demonstrate proficiency in moving around in a worksheet and workbook;

2. demonstrate proficiency in inserting and deleting worksheets; and

3. demonstrate proficiency in naming a worksheet.

Unit Three: Entering Data and Selecting Cells

The participant shall:

1. demonstrate proficiency in entering data and formulas in a worksheet;

2. demonstrate proficiency in editing data and text in a worksheet; and

3. demonstrate proficiency in navigating and selecting cells in a workbook.

Unit Four: Using the "HELP" Feature

1. The participant must demonstrate using the "HELP" feature to obtain relevant information.

Unit Five: Formatting Worksheets

The participant must:

1. demonstrate proficiency in formatting text and cells;

2. demonstrate proficiency in aligning data within cells; and

3. demonstrate proficiency in formatting numbers, dates and times.

Unit Six: Printing

The participant must:

1. demonstrate proficiency in set print options;

2. demonstrate proficiency in changing layouts, page breaks and margins of a worksheet; and

3. demonstrate proficiency in printing active sheets, selected range or an entire workbook.

Outcome Objectives for Presentation Software

Unit One: Basic Presentation Concepts

The participant must demonstrate proficiency in the following:

1. Creating a new presentation
2. Creating a slide
3. Choosing slide layout
4. Changing slide layout
5. Adding text to the slide
6. Changing text style and color
7. Changing font size, style and color
8. Copying and moving text
9. Creating additional slides
10. Varying format of slides

Unit Two: Graphics in Slides

The participant must demonstrate proficiency in the following:

1. Inserting a graphic image
2. Resizing a graphic image

Unit Three: Viewing and Presenting a Slide Show

The participant must demonstrate proficiency in the following:

1. Using slide view – see current slide
2. Using outline view – see text outline
3. Using slide sorter view – thumbnail images of each slide
4. Using notes page view – small images + notes
5. Presenting a slide show

Outcome Objectives for Database Software

Unit One: Basic Database Concepts

1. The participant must be able to explain the use of databases and their function in data organization.

2. The participant must explain the following terms:

Fields	Records
Tables	Queries
Forms	Reports

Unit Two: Designing and Creating a Database

1. The participant must be able to explain the basics of database design and structure.

Unit Three: Entering and Editing Data

The participant must:

1. demonstrate proficiency in the concepts of entering and editing the data;

2. demonstrate proficiency in sorting the available records; and

3. demonstrate proficiency in using queries.

Unit Four: Reports and Printing

The participant must:

1. demonstrate proficiency in customizing reports; and

2. demonstrate proficiency in printing a record and entire database.

Unit Five: Using the "HELP" Feature

The participant must demonstrate proficiency in using the "HELP" feature to obtain relevant information.

Use of Cloud and Collaborative System:

Demonstrate an understanding of cloud based collaboration systems, how they store information, how they allow collaboration, what options are available for use during job search, education, and employment. Demonstrate features of popular tools. The participant will:

1. be able to sign up for an online account;

2. be able to locate online help including general information, keyboard shortcuts, and accessibility specific information;

3. be able to create a new document and share it with others;

4. understand access levels (review, comment, edit, etc.);

5. open and interact with shared content;

6. understand how to check and manage storage limits; and

7. demonstrate how to access cloud collaboration tools from their computer and any portable devices as appropriate to equipment recommendations.

REPORTING TRAINING OUTCOMES

Work Portfolio

The contractor should have the participant assemble a portfolio of completed work products which have been produced by and which demonstrate the skills attained by the participant during training. This portfolio must include: an email document, a printout of information gathered from the internet, and two word-processing documents (a cover letter addressed to the counselor per the template provided and a resume). A spreadsheet, a five-slide presentation, and a sample of a database should also be included per training requirements and as applicable to the counselor referral. In addition, this portfolio may be presented to potential employers or in conjunction with education or training applications.

Final Report

Within 21 days of completion of training, the service provider, the NYSCB counselor and the participant must meet to finalize the outcome of the service and the level achieved.

Within 10 working days of completion of training, the service provider will forward a final report to the NYSCB counselor in CIS.

The final report must include the following elements:
1. Scores on the components of the Functional Assessment Tool
2. Attached copy of the completed Functional Assessment Tool
3. Attached copy of the participant's portfolio
4. Recommendations for post-training activities including a practice schedule
5. A list of resources for post-training activities and technical assistance
6. A summary narrative containing information likely to influence the participant's success in education or employment

Criteria for Determining that a Participant Has Achieved the Training Outcome

A participant is determined to have achieved the training outcome if the participant and the NYSCB counselor agree that the following conditions have been met:
- All goals established in assessment or documented revised goals were achieved.
- The training provided has been consistent with the participant's training, education and employment goals.
- The participant met all required proficiency levels.
- The training provided is sufficient to allow the participant to seek and maintain employment and/or participate in an educational program.
- Within 21 days of completion of the Assistive Technology Training, the participant, NYSCB counselor and service provider have met to discuss the results.

The final report was sent to NYSCB within 10 days of completion of the training. The report was approved by the NYSCB counselor as a successful outcome.

FEE-BASED SERVICES

On-Site Evaluation

On-Site Evaluation Outcomes

1. The evaluation produced a clear and complete technical profile of the job/education site.

2. All possible accommodations for the participant were listed and linked to a job/education task analysis.

3. If applicable, an assistive equipment recommendation was made that contained the optimal combination of products for enabling the participant to meet the job or educational requirement.

NOTE: Optimal Combination means that the recommendation meets the participant's functional requirements utilizing the most cost-effective array of appropriate products.

4. The evaluation resulted in an accurate prediction of the likelihood of a successful job/education site installation.

On-Site Evaluation Standards

Note: The on-site evaluation may be conducted, upon request of the NYSCB counselor, either before or after an ATC assessment.

1. The contractor, in the company of the NYSCB counselor, has visited the participant's job or education site and met with a representative to evaluate the need for assistive equipment and software to create an effective interface between the participant's assistive needs and the print, microcomputer, or communications (LAN/ WAN etc.) conditions of the job site. Mainframe application support is limited to terminal emulation hardware and software.

2. The contractor has determined the potential to establish a technical liaison at the participant's job or education site who would be willing to develop familiarity with the participant's assistive devices and to independently support the functions of the assistive equipment. If it is not possible to develop such a technical liaison, this should be explained in the final report to NYSCB District Office.

3. If the participant has completed an assessment at an assistive technology center (or)
   If the participant presently has and uses equipment (or)
   If the participant presently has a valid equipment recommendation in progress (or)
   If the participant only requires low tech equipment,

   and the contractor, in conducting the site evaluation, determines that additional items of technology based equipment are required for assistive purposes, the contractor has recommended additional items of equipment specific to participant performance at the job/education site.

On-Site Evaluation Final Report

FINAL REPORT: A final On-Site Evaluation report containing a written technical profile of the participant's job or education site, must be submitted within 10 working days of the completion of the service.

EQUIPMENT RECOMMENDATIONS: Equipment Recommendations should be submitted electronically. For each item recommended, document the specific relationship of the equipment, device, or software to the participant's vocational goal. List any and all components required to make the system functional, including assistive devices, cables, software, etc. Enter item number, quantity and price per New York State contract specifications, if known. If the item is not on New York State contract, recommend a vendor who will accept New York State purchase orders. Do not abbreviate item names or descriptions. Group like items together (i.e., hardware, assistive devices, software, etc.). Specific installation instructions, if they apply, must accompany any equipment recommendation. If provided, they will be forwarded to the equipment configuration contractor. These instructions may also affect the equipment ordered for the participant.

Any equipment recommended must directly relate to the job or education requirements and the technical specifications of the participant's vocational goal and circumstances

On-Site Installation

On-Site Installation Outcome

The participant's recommended assistive equipment configuration interfaces effectively with the print, microcomputer, telecommunications, or mainframe terminal conditions of the job or educational site.

On-Site Installation Standards

1. The contractor has taken all necessary steps to ensure that the participant's assistive equipment configuration interacts effectively with the print, microcomputer, communications (LAN, WAN, Windows NT, Internet, Intranet, etc.) or mainframe terminal conditions of the participant's job/education site.

   If the equipment, as installed, does not function properly, the contractor has continued to work with the installation until it is successfully functioning.

2. The contractor has established a technical liaison at the participant's job/education site who is willing to develop familiarity with the participant's assistive equipment and to independently support the function of this equipment. If it is not possible to develop such a technical liaison, this should be reported according to a format acceptable to NYSCB.

3. The contractor has met with the participant and the technical liaison (if established) at the participant's job/education site two weeks from the date the successful installation was completed to ensure the functioning of the assistive equipment configuration.

Final Report

A final On-Site Installation report summarizing the installation activities, the establishment of a technical liaison, and the second week job/education site meeting is to be submitted within 10 days of completion of this service.

Technical Job Coach Development

Technical Job Coach Development Outcomes

Job coaches referred by NYSCB will be trained on the specific assistive platform within the application environment required by the participant's job, to the level necessary to support the participant in the performance of his/her specific job tasks.

Participants will have the on-the-job resources and supports necessary to perform their specific job tasks.

Technical Job Coach Development Standards

The contractor must, upon referral from NYSCB, provide technical training to job coaches to allow the job coach to identify and troubleshoot problems the employee encounters in using assistive technology in completing job tasks.

Final Report

A final Technical Job Coach Development report is to be submitted within ten (10) working days of the completion of the service.

On-the-Job Technical Support

On-the-Job Technical Support Outcomes

Employer technical support staff will be trained on the specific assistive platform within the application environment required by the participant's job, to the level necessary to support the participant in the performance of his/her specific job tasks. Participants will have the on-the-job resources and supports necessary to perform their specific job tasks.

On-the-Job Technical Support Standards

Training at the ATC is only one preparation step that is necessary for the participant to make a successful transition to a work setting. For many participants it is critical to have additional supports in place both when the initial job placement occurs and perhaps for some transition period thereafter. The support process actually begin with identifying the participant's needs from the time the initial job placement activities occur. In this way the entire team involved with the participant's training, job seeking, and transition to work are working toward common goals and developing strategies, such as on-the-job training supports, to maximize the participant's successful move to the work setting.

In a traditional model, job coaches would be sought to fulfill the need for the on-the-job supports and begin their involvement at the time the placement begins. NYSCB proposes examining the technical knowledge of the entire team of staff members who play significant roles throughout the participant's period of involvement in the ATC services. The personnel necessary to support the participant on the job who require training or additional technical skills may include such resources as job coaches, fellow co-workers, work site instructors, etc.

Providing on-the-job technical support is a service that will be specific to each participant's individual case, but may include the following components:

> Assisting the employer's technical staff in gaining the requisite skills needed to support and upgrade a participant's equipment configuration;
>
> Assisting instructors at the job site to provide training to blind or visually impaired employees.

Final Report

A final On-The-Job Technical Support report is to be submitted within ten (10) working days of the completion of the service (see Appendix D).

Technical Support for Placement Staff

Technical Support for Placement Staff Outcomes

Placement staff need access to the technical resources, technical training and technical supports necessary to successfully develop employment opportunities for NYSCB participants.

The process of successfully developing employment opportunities for NYSCB participants often involves the placement efforts of NYSCB counselors, private agency placement staff and private contractor placement resources. Accommodating the participant in the workplace with assistive technology requires knowledge of equipment configurations used by the participants and how these might be integrated with the differing computer technologies in use at the worksite. This task may be especially complex when the employer uses proprietary systems. Placement staff who are unable to effectively evaluate the need for technical support or who do not understand the limitations and possibilities of assistive technologies and workplace accommodations, are likely to undermine successful placement outcomes. The negative consequences for the individual participant may be loss of employment. The employer may be less open to hiring disabled applicants in the future.

Placement staff and ATC staff need to communicate early and effectively in the placement process. The opportunity and incentive to share assistive technology resources and expertise must exist early and throughout the placement process to foster successful placement outcomes for NYSCB participants.

This service should emphasize how technology applies to the workplace and specific or general office work within a multi-tasking environment, based upon a standard level of technical knowledge a job placement staff would need to have to be able to provide quality job development services to NYSCB participants. Define how this level will be achieved and measured.

Technical Support for Placement Staff Standards

The Contractor must, upon referral from NYSCB, provide technical support to referred placement staff to allow the placement staff to discuss appropriate assistive technology with employers and to perform an effective job site analysis.

Final Report

A final Technical Support for Placement report is to be submitted within ten (10) working days of the completion of the service.

Refresher Training

The purpose of this service is to provide re-training on software or hardware on which the participant previously received training and which is essential to the participant's current employment or education setting.

Refresher Training Outcome

The participant will regain or refine skills that will allow him/her to use computer software or hardware in the employment or educational setting in a way that resolves, or overcomes, the problem(s) identified in the NYSCB referral materials.

Refresher Training Standards

The contractor must, upon referral from NYSCB, provide Refresher Training to participants who have successfully completed ATC training.

Final Report

A final Refresher Training report must be submitted within ten (10) working days of the completion of the service.

Remote Technical Assistance

Remote Technical Assistance allows for the provision of technical intervention services using the participant's computer and screen reader software offsite when a there is a malfunction or computer use issue that requires the intervention of the Contractor. If remote access is not available via the computer, the Contractor can troubleshoot the computer issue via telephone. Telephone troubleshooting will only be used as an alternative solution.

Remote Technical Assistance Outcome

Remote technical intervention has resulted in successful resolution of the malfunction or issue which generated the request for assistance.

Remote Technical Assistance Standard

The Contractor must, upon referral from NYSCB, provide Remote Technical Assistance to resolve hardware or software issues to active NYSCB participants who have successfully completed ATC training and are currently engaged in educational or employment activities.

Final Report

A final Remote Technical Assistance report detailing the problem addressed and resolution of the presenting issues must be submitted within 10 days of completion of the service.

APPENDICES

Appendix A –

NYSCB Assistive Technology Center (ATC) Services

INFORMATION FOR PARTICIPANTS

Introduction: You and your NYSCB counselor have determined that your education, training, or employment may be enhanced by the provision of assistive technology services.

This handout describes the types of services for which you may be referred, including: Readiness Evaluation, Assistive Technology (AT) Assessment and Training, and On-Site services. After reading this handout, you will understand what is expected of you and what you can expect. If you have additional questions, contact your NYSCB counselor.

What is expected of you: You must adhere to the schedule to which you agreed and be punctual for all assessment and training appointments. If you need to cancel an appointment, you must notify the center at least 24 hours in advance unless there is an emergency. When you cannot give 24-hour notice, you must call as soon as possible.

You must also bring your note-taking equipment and low-vision aids, if any, as this will allow you to be as successful as possible during the evaluation.

What you can expect:
ATC personnel will make a reasonable effort to schedule your assessments and trainings at hours that work for you. Evenings and weekends are not generally available. If you need help with travel or lodging arrangements the ATC staff can assist you.

When you arrive at the AT center, the staff will orient you to the building and to the center to make sure you are comfortable as you begin your services. During your services, AT staff will answer any questions you may have. You and/or the AT staff may also be in touch with your counselor at any time.

Readiness Evaluation: Unless you have provided your counselor with information that you already have the skills needed to benefit from AT services, you will be referred for a Readiness Evaluation. If you already possess the skills, the Readiness Evaluation may be waived by the senior counselor or district manager. During this evaluation you will go through exercises in reading comprehension, spelling, keyboarding, note-taking, and logical sequencing. An administrator will contact you to set up an appointment for the Readiness Evaluation and will be present throughout to answer questions and provide hands-on guidance. The Readiness Evaluation may take up to five hours and should be completed within five business days.

Following the Readiness Evaluation: The administrator will submit a report to your NYSCB counselor within 10 working days of completion of your evaluation. This report will summarize all the information gathered. You, the test administrator, and your counselor will meet to discuss the results. If the results indicate that you have the necessary skills, you will be referred for an AT Assessment. If you need to develop skills to successfully complete the Readiness Evaluation, you and your counselor will plan the next steps.

Assistive Technology Assessment: After your NYSCB counselor refers you, an ATC staff person will contact you to schedule your assessment.

During the assessment, you will take a test to determine your current level of skill, your primary and secondary access modes and reading speed in those modes (Braille, large print or speech), and what training you will need. In addition, you will have an opportunity to try out and select from a variety of assistive technology equipment and software applications.

The equipment recommendations will be shared with you so that you can discuss the recommendation and suggest changes if you feel that a different equipment configuration will work better for you.

Toward the end of the assessment you will be asked to produce a letter to your counselor. You will complete the assessment in 10 hours or less, spread over no more than TWO consecutive calendar weeks. An instructor will be available throughout the assessment to provide hands-on instruction and to answer questions.

Following your AT assessment: Within 10 working days, the instructor will submit a report to your NYSCB counselor that summarizes the information gathered during the assessment and lists recommendations for your AT configuration. The instructor will also arrange a meeting with you and your counselor to discuss the report and the training and equipment recommendations.

If assistive equipment is recommended, your counselor will review the recommendation and may authorize the equipment purchase if you are enrolled in an education or training program, if you are soon to begin a new job, or if you need equipment to keep your job and your counselor has determined that your employer is unable to provide the equipment and you meet equipment eligibility requirements.

Training: Following the assessment, you may be referred for training to an ATC or another vendor if an ATC is unable to provide your services.

The ATC will schedule your training and set up and test equipment that meets your specific requirements before you arrive. If equipment has been purchased for you, your training may take place on that equipment. Your training should be completed in 100 hours or less within four to six consecutive calendar weeks.

If you are working or have received a job offer, training will focus as much as possible on using AT to meet the requirements of your job.

What You Will Learn During Training:
1) the various components and features of your equipment
2) how to perform routine maintenance
3) how to do minor troubleshooting
4) how to assemble/disassemble your system
5) how to use the selected assistive technology
6) how to use the operating system and software applications to be successful in your employment and or education/training program and
7) how to use any other recommended equipment.

You will learn the software applications you need for school or work (at least four):

1) Email
2) Internet
3) Word Processor
4) Spreadsheet
5) Presentations (slide shows)

You may also learn software applications unique to your employment or education/training program.

At the end of training you should be able to use the basic functions, features and commands of the software you will use on the job or in education/training. It is not intended that you learn everything there is to know about the software applications within this limited timeframe. If you need to use an advanced feature or function of a recommended software package, that feature or function may be taught to you as an extension of the basic software training provided by the ATC. Advanced software training may be provided to you from a variety of sources.

During training, you will develop a portfolio of finished work products to submit to your counselor. You can also use the products in your portfolio to demonstrate your skills to a potential employer.

Completion of Training: At the end of training, you will be tested again to determine your progress. Within 10 working days after training is complete, the instructor will send a final report to your NYSCB counselor. This report will include the results of your test along with recommendations for additional training, if needed. If you were trained on equipment that was purchased for you, the equipment will be disassembled, boxed and readied for transport to your job/education site.

Within 21 days after your training is complete, you, your instructor and your counselor will meet to discuss the outcome of your training and plan how you will practice your AT skills.

On-Site Services: When needed, NYSCB may authorize a technical evaluation of your job/education site, installation of assistive equipment at the job/education site, or additional on-site support services. You will be fully involved in planning for onsite services at your job.

Equipment Use and Care: All equipment provided to you, whether purchased or loaned, remains the property of NYSCB until you have successfully completed your program and are employed.

So long as the equipment remains the property of NYSCB, you must comply with the terms and conditions relating to its use and care as outlined in the NYSCB Computer Use Handout, which you will be required to sign.

If you do not comply with the requirements in the Computer Use Handout, NYSCB may recover the equipment and you will no longer be eligible to receive equipment from NYSCB.

If your education or employment requires you to download software, you must consult with your counselor or the AT center before doing so or risk voiding the equipment warranties.

Once you complete 90 days of employment and your case is closed, ownership of the equipment is transferred to you, and the equipment, insurance, and maintenance will be your responsibility. (NYSCB is responsible only for initial purchase and installation of software.) If you are working and your employer is unwilling to support software upgrades and maintenance, then continued software support and equipment maintenance becomes your responsibility.

If you receive equipment from NYSCB and leave the program before completing 90 days of employment, NYSCB will contact you and arrange to recover the equipment.

NYSCB Assistive Technology Referral

Date of Referral: Counselor:

Purpose of Referral:

☐ Readiness Evaluation   ☐ Remote Technical Support
☐ Assistive Technology Assessment   ☐ On-Site Evaluation
☐ Assistive Technology Training   ☐ On-Site Installation
☐ Refresher Training   ☐ On-Site Technical Support

Participant Name:

Phone: Alternate Phone:

Home Address:

School/Work Information:

Job Save? Y or N   Date Work/School Begins:

Employer/School Contact and Phone:

Vocational/Educational Goal:

Print Access Modality:

Participant's Self-Reported Current Computer Familiarity, Knowledge or Level of Expertise:

Technology Currently Used by Participant (owned/exclusive use, age, operating system, adaptive software):

Narrative (information on additional factors that may impact ability to use technology):

Referral includes:
☐ Most recent Confidential Health Assessment
☐ Most recent Eye Report and Low Vision Evaluation Report (if applicable)**
☐ Most recent Audiology Report, if applicable
☐ Readiness Evaluation Report
☐ Other AT reports (from another provider)
☐ Diagnostic Vocational Evaluation or other diagnostic reports
☐ Job or education tasks analysis and productivity requirements
☐ Other information specific to this participant that will assist in assessment and training

**Low vision reports should include specifications for ease of reading monitors

New York State Commission for the Blind and Visually Handicapped (NYSCB)
Computer Use Handout for Participants

NYSCB will be supplying equipment for you in accordance with your Individualized Plan for Employment (IPE). You must sign this handout before you receive this equipment. A list of equipment supplied will be sent to you along with your copy of this handout prior to delivery of the equipment. NYSCB reserves the right to reclaim the equipment if you do not comply with the terms of this handout.

This equipment remains the property of NYSCB unless and until ownership is transferred to you. As stated in your IPE, you are responsible for the use and care of this equipment. The following are terms and conditions governing the care of and use of this equipment.

1. I understand that this equipment was provided as part of my vocational rehabilitation program. I will only use this equipment for the purposes for which it was provided as specified in my IPE.

2. I understand that NYSCB is not responsible for use of this equipment other than for purposes related to my vocational rehabilitation program as specified in my IPE, and that NYSCB is not responsible for repair of the equipment if it is used for purposes other than those related to my vocational rehabilitation program.

3. I will take reasonable measures to protect this equipment, including making use of authorized security and antivirus updates.

4. If this equipment needs to be repaired I will contact my NYSCB Vocational Rehabilitation Counselor who will arrange for appropriate repairs. I will not attempt to repair the equipment myself or have anyone else attempt to repair the equipment.

5. I will not download or allow anyone else to download any software onto this equipment that is not specifically related to my vocational rehabilitation program.

6. I will not delete or allow anyone else to delete any software, including virus protection software, installed by or on behalf of NYSCB.

7. I will not alter or allow anyone else to alter the hardware configuration or operating system of this equipment unless directed to in writing by NYSCB staff.

8. I understand that when the equipment is repaired or otherwise reconfigured by or on behalf of NYSCB, unauthorized software may be deleted without first notifying me or reimbursing me for the software.

9. I understand that I have no legitimate expectation of privacy in the contents of the computer equipment and that the contents may be viewed by NYSCB staff or a NYSCB designated repair person in the event that the computer is returned or in need of repair.

10. I understand that unauthorized use of this equipment (including but not limited to downloading illegal software or other materials) may constitute grounds for referral of the matter to the New York State Office of the Inspector General and/or law enforcement.

11. I will make every effort to keep the original shipping container and packing material to be used in the event the equipment is sent out for repair. If I do not have sufficient storage space for the original shipping container and do need to send the equipment for repair, I will package the computer in a way that it can be transported safely.

12. I understand that this equipment remains the property of NYSCB and I agree to return it promptly if asked to do so.

13. I understand that if the equipment is necessary for my employment, ownership of the equipment may be transferred to me when I reach my employment goal and my case with NYSCB is closed. At that time, NYSCB will no longer be responsible for any maintenance and repair costs for this equipment. If I do not reach my employment goal, NYSCB may request that the equipment be returned. I agree to return the equipment promptly if asked to do so.

14. Your signature on this handout indicates that these terms and conditions have been discussed with you, that you understand them and agree to abide by them.

NYSCB COMPUTER USE HANDOUT FOR PARTICIPANTS
(this signature page is to be copied and placed in the participant's file)

My NYSCB counselor and I reviewed this information on:

Participant Signature _____ Date:
Counselor Signature _____ Date:

Appendix B – Readiness Evaluation Forms and Reports

INTRODUCTION TO THE ASSISTIVE TECHNOLOGY READINESS EVALUATION

TO THE EVALUATOR: Read the following introduction to the participant as the very first step of the readiness evaluation process. In addition, repeat the explanation for each test module to the participant before beginning the module:

> *"You have been referred for an assistive technology readiness evaluation by your NYSCB counselor to determine whether you can benefit from and make use of this service. There are five exercises that you and I will use to help us with these decisions. Each exercise touches on a skill that you will need to use a computer effectively."*

Exercise 1: *You will take a keyboarding test. To be able to use a computer efficiently and to be successful at work, in school, or in a training program, in most cases you need to be able to touch type at or above 20 words per minute. You may have received keyboarding training in school or from a vision rehabilitation teacher to prepare you to take this test.*

Exercise 2: *There will be a spelling test. A computer will only do what you tell it to, so you have to spell correctly when you enter information.*

Exercise 3: *Much of what you will learn is written in computer and software manuals. Later you may need to look something up you have forgotten, or there may be an additional feature that you want to learn. You need to be able to understand this information. Therefore, you will be given a reading comprehension test to let us know how you use written information.*

Exercise 4: *You will need to take notes while you are in technology training. You will be given a note-taking exercise to be sure you have a way of referring to technical material.*

Exercise 5: *You will be asked to answer some questions that test your ability to think in a logical, analytical fashion. You will need to use these skills to troubleshoot simple computer problems.*

While you are doing these exercises, the evaluator will also be observing you and gathering information about your general work habits and manner and your ability to: remember information, improve with practice, and tolerate work at a keyboard.

When you have completed the Readiness Evaluation, the evaluator will compile the information from all of these exercises and make recommendations to your NYSCB counselor. The evaluator and your counselor will then discuss these recommendations with you in relation to your vocational goal.

ATC READINESS KEYBOARDING EVALUATION

Ask the participant to type this sentence: "The quick red fox jumped over the lazy brown dog," as many times within one minute as possible. For the purpose of this typing test, five keystrokes of any kind (i.e., characters, spaces, punctuation, etc.) are considered a word.

Therefore, this sentence contains ten words. Deduct two (2) points for each mistake. Allow for practice typing of this sentence first and then check to make sure the spelling is correct. Take four discrete timings and average them. Include the result on the summary readiness evaluation report. Minimum mandatory standards for typing are 20 wpm, corrected for errors. Depending upon the participant's vocational goal, for typing speed results under 20 wpm, additional typing training should be recommended.

In addition to typing a sentence, the participant must demonstrate other knowledge of a computer keyboard such as the location of the: function keys, number keys, ENTER key, number pad, NUM LOCK key, CAPS LOCK key.

Include the results in the final readiness evaluation report.

ATC READINESS Spelling Evaluation

The contractor must procure individual copies of the WRAT3 Spelling Test for each participant referred for a readiness evaluation. The test should be administered and graded according to WRAT instructions. (Psychological Assessment Resources, Inc. / 16204 N. Florida Ave., Lutz, Florida, 33549. Tel. 1-800-331-TEST / 1-800-331-8378.) Report the results in the final readiness evaluation report.

Minimum mandatory standard for spelling is ability to spell at the 8th grade level.

ATC READINESS Reading Comprehension Evaluation

The contractor must procure individual copies of the TABE (Test of Adult Basic Education) for each participant referred for a readiness evaluation. The TABE Locator Exam and the TABE Reading Comprehension Test should be administered and graded according to TABE instructions. (CTB/ McGraw-Hill, Attn. Customer Service, 20 Ryan Ranch Road, Monterey, California, 93940. Tel. 1-800-538-9547). Report the results in the final readiness evaluation report.

Minimum mandatory standard for reading is ability to read at the 8th grade level.

ATC READINESS Note-Taking Evaluation

The ability to record and retrieve information is a critical skill that the participant will need to succeed during technology training.

In the note-taking readiness evaluation the participant is presented with some information and directed to record key information as accurately as possible, using his/her preferred format. This is **not** a dictation; the evaluator should pause at regular intervals, but not repeat information.

Minimum mandatory standard for note-taking is the ability to answer 8 of 10 follow-up questions correctly.

Administer one of the following two sample exercises to evaluate note-taking readiness:

Note-Taking Exercise - Sample #1

Let's Make a Pizza!

Pizza appears on many people's list of favorite foods, and all cities have plenty of sources to satisfy pizza lovers. But terrific pizza can also be made at home. With a little practice and some tips from the pros, you can enjoy all your favorites prepared at home for less than half the cost of "pizzeria" pizza.

Pizza Pans: For the very best results use a baking stone. These are made of a natural kiln-fired clay which is slightly absorbent and yields results most like professional pizzerias. Another good choice is a perforated metal pizza pan. The holes in the pan help moisture escape, thus avoiding a soggy bottom crust. Regular solid pizza pans or cookie sheets can also be used.

Prepare the metal pans with a light coating of oil (if you put too much on the pan, wipe with a paper towel). Baking stones require a very light amount of oil only when they are fairly new. The stones will darken and season with use and then require no oil. Sprinkle a little cornmeal on all pans, if desired.

Dough: One-pound balls of prepared dough are sold (often frozen) in many supermarkets. Other sources to consider are gourmet shops, or Italian specialty stores.

Dough is easiest to work with when it is room temperature, so if frozen, take it out several hours before use. If refrigerated, remove about an hour before use. Open the plastic bag, and remove the air and gasses from the dough by gently rolling or pressing the dough toward the opening of the bag. Remove dough from the bag.

The dough can now be placed on the pan. Gently pull and stretch the dough to gradually fit it to the pan. In all cases, handle the dough as gently as possible, and "work" it as little as possible to avoid tough crust. If the dough shrinks back and is resistive to holding the shape of the pan, here's a useful tip: transfer the dough to a lightly flour dusted board or counter top. Gently stretch the dough to the size and shape of the pan, pressing the edges to the board to stick. Let the dough rest in that position for several minutes, then carefully lift it and transfer to the pan.

Bake the dough in a pre-heated 425-degree oven for 3 minutes. (This step is optional, based on personal preference). Remove from oven.

Sauce and toppings: Prepared pizza sauce is available in most stores, or use some leftover spaghetti sauce if it is fairly thick. Spread about ½ cup (8 ounces) of shredded mozzarella evenly over the sauce. Now add toppings: in addition to all the usual choices, other delicious ideas include fresh spinach and basil leaves, thin sliced plum tomatoes, or a combination of chopped ham and pineapple bits.

Bake: Place pizza in a pre-heated 425-degree oven. Bake for about 8 to 12 minutes, depending on if the crust was pre-baked before adding toppings. Remove when the crust edges are just starting to turn golden, or to doneness preferred.

Cool pizza a few minutes before cutting. Now share with others and collect compliments!

Pizza Making Note Taking Exercise Questions

1. What is a baking stone made of?

2. How much mozzarella should you use on the pizza?

3. Dough is easiest to work with when it is?

4. At what temperature should you bake the dough?

5. How long should you bake the pizza?

6. For best results, what should you use to make your pizza?

7. If you use a metal pan, what should you do?

8. Where can you usually purchase dough?

9. Dough should be removed from the refrigerator how long before use?

10. How should you fit the dough into the pan?

Computer Memory and Storage

When using a computer to record information in a file or document, saving the file or document to move it permanently from the computer's memory to a storage device, most normally a USB drive, is required. Memory is the temporary workspace of the computer available for immediate recall. RAM (random access memory) is primary memory and comes in the form of chips that plug into the computer. Memory size is usually quoted in bytes. A byte is equivalent to one character such as a letter or number. RAM is usually measured in gigabytes. One gigabyte is equivalent to one billion (1,000,000,000) bytes. The more RAM a computer has, the more powerful and versatile the computer is. Memory management consists of moving information from permanent storage to memory and back continuously and efficiently. Other possible types of memory are virtual, cache and ROM. Virtual memory normally uses part of the system's hard drive to function as memory. Cache memory comes in the form of a faster chip and stores the computer's most frequently used commands. ROM (read only memory) is permanent and commonly holds the instructions that start up the computer. If information is not saved from memory to permanent storage, it will be lost when the computer power is turned off. Storage is a permanent place where information is held to be recalled for future use, normally larger in volume and less expensive than memory. Storage devices interact with memory through the computer's operating system. Storage is also expressed in bytes. Most computers today store information on a hard drive. A hard drive is an internal mechanical device that commonly holds from 250 gigabytes to more than 1 terabyte of information. The hard drive is a series of platters that spin while the computer is turned on similar to a stack of old fashioned records on a turntable. A device called a read/write head magnetizes and also reads magnetized bits of the hard drive in circles called tracks that are cut into pie shaped pieces called sectors. A file allocation table on each disk tracks the location/address of all files stored on the disks. Access to stored information is quick but power usage is high.

To ensure information is not lost, backup copies of files should be made in case the hard drive malfunctions. Backups are most commonly made onto network drives, storage cards or flash drives.

DVD-ROM (read only memory) disks are the media on which most software programs are distributed now and hold much larger amounts of information. DVD-ROM's can only be read and not written on unless you have a specific type of drive called P-ROM which can both program to and read from DVD disks. The cost of programming DVD-ROM's was traditionally prohibitive, but now has become inexpensive enough to be available to the average computer user.

A flash or 'thumb' drive is a storage device that may be the size of a human thumb. Typically, a flash drives hold in excess of 32 gigabytes of information. Since a flash drive is an electronic storage device, access is quick and power usage is minimal.

Regardless of how information is stored on a computer, the daily motto of work should be to always have a secondary backup of commonly accessed files or critical data available in case a power or mechanical failure results in lost or corrupted information.

Computer Memory and Storage Note-Taking Exercise Questions

1. What is the temporary workspace of the computer that is available for immediate recall?

2. Memory management consists of?

3. What does RAM stand for?

4. What is a byte equivalent to?

5. Besides RAM, what are the other possible types of memory?

6. What is primary memory?

7. What does Cache memory store?

8. One gigabyte is equivalent to?

9. What does ROM stand for and what does it hold?

10. What is a hard drive?

ATC READINESS Logical Sequencing Evaluation

It is generally agreed that an ability to think and act sequentially, following or continuing a line of thought, is another important prerequisite for the efficient use of computers and computer programs. Following are seven sample questions that can be used to evaluate the participant's logical sequencing abilities:

1. In the sequence 1,3,5,9, which number should come next?
   a) 7   b) 8   c) 11   d) 13

2. In the sequence 37, 30, 24, 19, 15, which number should come next?
   a) 9   b) 11   c) 8   d) 12

3. In the sequence 10, 15, 19, 24, what number should come next?
   a) 29   b) 20   c) 30   d) 28

4. In the sequence 25, 31, 38, 44, 51, what number should come next?
   a) 64   b) 58   c) 56   d) 57

5. In the sequence 5,004, 4,997, 4,990, 4,983, what should come next?
   a) 4,980   b) 4,975   c) 4,976   d) 4,981

6. In the sequence 19AC, 15BD, 11EG, 7FH, what should come next?
   a) 3IJ   b) 4JKI   c) 3IK   d) 4IJ

7. In the sequence 4, 6, 10, 16 what number should come next?
   a) 12   b) 17   c) 24   d) 30

Note-taking Answer Keys

MAKE A PIZZA

1. A baking stone is made of a natural kiln-fired clay which is slightly absorbent.

2. About 8 ounces

3. At room temperature

4. 425 degrees

5. 8 to 12 minutes

6. A baking stone

7. Prepare them with a light coating of oil.

8. Supermarkets, gourmet shops or Italian specialty stores

9. About an hour

10. Gently pull and stretch the dough to gradually fit it to the pan.

COMPUTER MEMORY

1. Memory

2. Moving information from permanent storage to memory and back continuously and efficiently

3. Random Access Memory

4. One character, such as a letter or number

5. Virtual, cache and ROM

6. RAM

7. The computer's most frequently used commands

8. one billion (1,000,000,000) bytes

9. Read only Memory. ROM commonly holds the instructions that start up the computer.

10. A hard drive is an internal mechanical device that commonly holds from 250 gigabytes to more than 1 terabyte of information.

LOGICAL SEQUENCING:

1. D
2. D
3. D
4. D
5. C
6. C
7. C

NYSCB Assistive Technology Center

READINESS EVALUATION FINAL REPORT

Participant's Name:

Case Number:

NYSCB Counselor:

District Office

Vocational Goal:

VR Authorization:

The "Introduction to the Assistive Technology Readiness Evaluation" was read to the participant (Y or N):

Keyboarding Results:

The participant passed the keyboarding evaluation (Y or N)

The participant was able to type _____ wpm.

The participant was able to locate the: function keys, number keys, ENTER key, number pad, NUM LOCK key, CAPS LOCK key.

Note-taking:

The participant scored __/10 on the note-taking evaluation.

The participant passed the note-taking evaluation (Y or N)

Notetaking Modality: _____

Spelling:

The participant passed the Spelling evaluation (Y or N)

Based on the WRAT3 (or equivalent), this participant can spell at the _____ grade level.

Reading Results: Locator: _____   Reading Comprehension: _____

The participant passed the Reading evaluation (Y or N)

The participant is able to utilize the following to access print information:
☐ Tape recordings   ☐ Low-vision devices
☐ CCTV   ☐ Reader
☐ Braille, grade I   ☐ Braille, grade II

☐ Computer Braille   ☐ CD
☐ Does not have print access
The primary reading mode is: _____

The secondary reading mode is: _____

Participant is able to read for _____ (minutes/hours) without fatigue.

Logical Sequencing:

The participant passed the Logical Sequencing evaluation (Y or N)

The participant scored ___/7 on the logical sequencing evaluation.

Additional Comments:
Include evaluator observations on the following: ability to retain information; ability to improve with practice; ability to work at a terminal for a period of no less than 20 minutes; general work habits; communication skills. _____

Participant is recommended for assistive technology assessment **(**Y or N)

Dates of Service (List each date):   **Total Hours:**

Total Service Period (Date range start to completion):

OUTCOME:
   No Service Rendered _____
   Outcome Successful _____
   Outcome Not Successful _____

Evaluator's Signature: _____Date: _____

NYSCB Verification: The outcome has been discussed with the participant and contractor and determined to be accurate.

Counselor Signature: _____Date: _____

Appendix C -- ATC ASSESSMENT FORMS AND REPORTS

Introduction to the Assistive Technology Assessment

The instructor reads the following introduction to the participant as the very first step of the assessment process. Explanations should be repeated to the participant at the beginning of each individual exercise:

Your NYSCB counselor has referred you for an assistive technology assessment. The purpose of the assessment is to gather information about your ability to remember information; improve with practice; tolerate working at a computer terminal; and to observe your general work habits. During the assessment you will complete several exercises to determine your current knowledge of technology. The scores you achieve will guide your instructor in creating training that is customized to your needs. You will also try using computers and related equipment. There are four exercises that you and I will use to help us make these decisions. Each exercise touches on a skill that you will need to use adaptive equipment effectively.

1) *Note-Taking Exercise (if you did not have a Readiness Evaluation): You will need to take notes during portions of this assessment. I will give you a note-taking exercise to be sure that you have a way of referring to technical material.*
2) *Computer Concepts Pre- and Post-Test: This brief interview and questions is given to see what you may already know about computers. You will learn much of this information during the technology assessment. At the end of the assessment, we will repeat the multiple-choice questions to see what you have learned.*
3) *Functional Computer Evaluation Tool: You will be asked to demonstrate your current computer skills. This will assist me in determining what skills you need to learn, and also in estimating the length of training you will need. When we have completed your training, I will use this assessment tool again to make sure you have learned the skills you need or to recommend additional training. If you have had keyboarding training but have no other computer experience, you will only do the keyboarding portion of this evaluation before you begin training.*
4) *You will have a chance to try the assistive devices here at the Center. You and I will decide together what works best for you. We will also determine your primary and secondary communication modes (Braille, large print, synthesized speech). I will measure your reading speed.*
5) *Toward the end of the assessment, you will produce a sample letter using the assistive equipment.*

At the conclusion of the assessment, we will discuss the results. I will complete a report for your counselor that compiles all the results and recommendations. Then you, your counselor and I will discuss the recommendations and training you will need to accomplish your technology goal.

Note-taking evaluation (if not administered during the Readiness Evaluation and the Instructor needs to evaluate note-taking skills)

Use Note-Taking Exercise 2 (Computer Memory) found in the Readiness Evaluation.

ASSISTIVE TECHNOLOGY ASSESSMENT FORMS

Computer Concepts Tool

This tool is to be used with those participants who have little experience with computers. Provide instruction in general computer concepts to a level that will enable the participant to answer the questions below. Participants should take notes during instruction. Administer the questions once immediately after instruction is provided. Review incorrect answers with the participant. A score of 90 or 100 is considered passing. Participants who do not achieve a passing grade should be given time to review their notes before re-testing. Final scores and observations must be reported in the final report.

All participants referred for AT assessment should have received keyboarding training during Vision Rehabilitation Teaching Level III; therefore participants who have little computer experience should also be evaluated on their Keyboarding Skills using the Functional Computer Evaluation tool.

Participant Name: **Assessment Date:**
Administered By:

Multiple Choice Test (Each correct answer = 10 points)

1.   The indicator on the screen that shows where the next character will be inserted is called:
        A.   a cursor
        B.   a list box
        C.   a button
        D.   a title bar

2.   The standard input device for most computers is
        A.   a keyboard
        B.   a disk
        C.   a monitor
        D.   a modem

3.   The standard output device for most microcomputers is
        A.   a keyboard
        B.   a CD-ROM
        C.   a monitor
        D.   a mouse

4.   Which of the following is an example of an operating system?
        A.   Windows 7
        B.   Macintosh OS
        C.   Microsoft Office
        D.   Both choices A and B are correct

5.   A graphical element that can be clicked on with a mouse or highlighted from the keyboard to initiate a task is called:
        A.   an icon
        B.   a command line
        C.   a desktop

D.   an edit field

6.   In computer software, a menu is:
      A.   an icon
      B.   a list of available choices
      C.   an insertion pointer
      D.   none of the above

7.   You can both read data from and record data to:
      A.   printers
      B.   CD-ROM disks
      C.   keyboards
      D.   hard drives

8.   The part of the computer that is responsible for performing logical manipulation of the data is called:
      A.   the modem
      B.   Central Processing Unit
      C.   ROM
      D.   none of the above

9.   A device that allows communication between computers over phone lines is a(n):
      A.   modem
      B.   America On-line
      C.   CompuServe
      D.   internet

10.   Which of the following represents a serious security concern for computers that are connected to the Internet?
      A.   Unauthorized access to the computer by remote users.
      B.   Computer Viruses
      C.   Spyware
      D.   All of the above

ANSWER KEY

1. A
2. A
3. C
4. D
5. A
6. B
7. D
8. B
9. A
10. D

Functional Computer Evaluation

This tool should be used for all participants. It should be administered twice: once during the assistive technology assessment and again at the end of assistive technology training.

The Functional Computer Evaluation is based on the assistive technology training standards.

Participants should be assessed in all appropriate skill areas up to and including word processing. Participants should also be evaluated for their skills with either spreadsheets or presentation software as referred. Some participants may be referred for database instruction. Participants who have no computer experience, but who have had computer keyboarding training during Vision Rehabilitation Teaching, should attempt Part I, Keyboarding.

The Functional Computer Evaluation should provide the participant, the instructor, and the counselor with information that will assist in determining the skill areas to be learned and the length of instruction that will be needed. During administration, the instructor will also be able to observe the participant's learning style and how this affects the amount of time the participant requires to attain needed skills.

For participants who are currently employed, the tool may be used at a worksite or in the classroom.

The Functional Computer Evaluation is to be administered again at the completion of training to determining skills achieved and need for additional training.

The Functional Assessment Tool lists each task and has four columns related to the task. Columns 1 and 2 should be completed at assessment, columns 3 and 4 following training.

Column 1 is "Able to Perform, No Training Needed." The instructor should place a check or X in this column for each task the participant can demonstrate during assessment.

Column 2 is "Training Needed, Goal Set." The instructor should place a check or X in this column for each task in which the participant requires instruction.

Column 3 is Goal Met. Enter the date the participant successfully demonstrates the skill.

Column 4 is Goal Not Met. Check or X this column if at the completion of training the participant cannot demonstrate the skill. If the participant is unable to demonstrate the skill, the instructor should provide additional instruction and provide a second opportunity for the participant to meet the goal. If additional attempts to meet the goal are unsuccessful, these items should be discussed at the three-way meeting.

Keyboard Navigation

The participant requires full instruction in keyboard navigation. ☐
OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Spacebar				
Enter key				
Home row				
Shift keys				
Escape key				
Arrow keys				
Tab key				
Control keys				
Alt keys				
Windows/Apple key				
Insert key				
Delete key				
Home key				
End key				
Page up and Page down keys				
Numeric keypad				
Application key				
Function keys				
Alt + Tab				
Control + Alt + Delete				
Alt + Spacebar				
Insert + T				
Shift + Tab				
Insert + F				
Control + Enter				
Control + right arrow				
Control + left arrow				
Control + Home				

Desktop Navigation

The participant requires full instruction in desktop navigation. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Load screen reader or screen magnifier				
Open the internet browser				
Open and close email				
Open Notepad				
Minimize open applications				
Restore open applications				
Maximize open applications				
Move between open applications				
Close opens applications				
Open My Documents				
Open a file in My Documents				
Close a file in My Documents				
Delete a file from My Documents				
Open Recycle Bin and restore the document				
Use the task bar to locate open applications				
Move to the system tray				

Screen Readers

The participant requires full instruction in use of screen reader software. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Load and unload screen reader				
Stop and interrupt speech				
Adjust speed, pitch, voice and volume				
Use all cursors				
Locate the cursor				
Read the title bar				
Maximize and minimize applications				
Move around the screen by line, word, sentence, paragraph, and to the top and bottom of document				
Read screen information by character, word, line, sentence, paragraph, and document				
Navigate through all relevant applications				
Use keystrokes relevant to all applications				
Use all keyboard commands				
Change and save screen reader settings				
Use start menu				
Navigate using arrow and accelerator keys				
Locate information within each level of help				
Use the menu system within each application				
Use the configuration and dictionary manager				
Use labeling graphics in relevant applications				

Screen Magnification

The participant requires full instruction in use of screen magnifier. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Activate and deactivate magnification				
Adjust level of magnification				
Use help menus				
Locate and use the mouse pointer, cursor, highlight				
Select objects to be tracked				
Determine magnified area in relation to screen				
Select and use reverse video, alternate colors, alternate presentation modes				
Navigate the screen by line, word, sentence, paragraph, and to the top and bottom of document				
Use scrolling features				
Reset/reinitialize magnification software				
Set magnification defaults				
Use speech functions of magnification software				

Braille Display Systems

The participant requires full instruction in use of Braille display. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Link and unlink Braille display to PC cursor				
Route the Braille cursor to the PC cursor				
Locate positions of application cursor and Braille display				
Distinguish character attributes				
Switch between Braille, PC and Invisible cursors				
Switch between six and eight dot Braille				
Change grade levels of Braille				
Track highlights				

Scanner/OCR Systems

The participant requires full instruction in use of Scanner/OCR. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Scan a document				
Save a scanned document as a file and as another file type				
Use commands to start and stop reading				
Edit a scanned document				
Spellcheck scanned document				
Navigate OCR settings				
Scan PDF documents and convert to text				

Note-Taking Devices

The participant requires full instruction in use of their note taking device. ☐
OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Open and create a file				
Edit and save the file				
Open a saved file				
Copy and move text				
Spellcheck document				
Use the thesaurus				
Navigate the device's menu system				
Copy file to a storage medium				
Create and search for appointments				
Synchronize the notetaker with other devices				

Operating Systems

The participant requires full instruction in operating systems. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Explains purpose of operating system				
Explains term file and file naming rules				
Boots up computer				
Creates user name and password				
Shuts down computer in proper order				
Explains terms: program manager, task bar, icon, list box, button, radio button, check box, combo box, menu, sub-menu				
Launches a program				
Accesses and uses operating system "help"				
Creates and removes directories				
Creates and removes folders				
Navigates directories and folders				
Displays the contents of directories and folders				
Uses operating system commands to move, copy, delete, rename and un-delete files				
Manipulates multiple files via selection, drag and drop, other methods				
Uses operating system commands to print text files				
Controls print queues				
Switches printers				
Uses operating system commands to duplicate storage media				
Scans for viruses and checks for errors				
Can define the following messages: storage medium unavailable/full; write protection; file not found; printing issues				
Demonstrates how to remedy boot problems				

Computer Function, Maintenance and Use of Technical Documentation

The participant requires full instruction in Computer Function and Operation. ☐
OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Identify all system components				
Backs up information to an appropriate device				
Assembles/disassembles/reassembles system components				
Operates peripherals and storage devices				
Troubleshoot system problems utilizing resources				
Updates Antivirus Software				
Explains policies related to ownership and use of NYSCB-provided equipment				
Locate a topic in technical documentation				
Locate resource for customer assistance in the documentation				

Email

The participant requires full instruction in using email. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Open email				
Type email address				
Create email message				
Send email				
Open an email message				
Reply to an email message				
Forward an email message				
Attach a file to an email message				
Print an email message				
Delete email messages				
Navigate folders				
Delete items from the Deleted items folder				
Delete items from the scent items folder				
Add a contact to the address book				
Create a folder				
Move email to the created folder				
Create an appointment in the calendar				
Send an appointment invitation				
Close email				

Internet

The participant requires full instruction in using the internet. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Open Internet browser				
Navigate to the address bar				
Type in a web page address and go to the page				
Navigate through the page				
Refresh the page				
Locate a topic using the search engine				
Open two pages related to the topic				
Move between the open pages				
Move forward a page and back a page				
Open a web page from favorites				
Add a web page to favorites				
Delete, move and rename favorites				
Navigate through headings and links				
Navigate through frames				

Word Processor

The participant requires full instruction in word processing. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Open the word processor				
Create a new file and enter text				
Save the file				
Open an existing file				
Move cursor to beginning and end of document				
Move cursor to beginning and end of line				
Move cursor word by word				
Move cursor line by line				
Select and delete text				
Cut and paste text to a different area				
Use undo				
Navigate through menus				
Find a word in the document				
Underline and italicize the word				
Select a paragraph and boldface it				
Center the paragraph on the page				
Add a bullet to one sentence of the document				
Change left and right margin settings				
Add a page break to the document				
Spell check the document				
Select a word and check it with the thesaurus				
Print document				
Save the document using Save As				
Using Help, check how to Rename a document				
Close Help Using Keystrokes				
Rename the document				
Close Microsoft Word				

Spreadsheet

The participant is not referred for spreadsheet instruction. ☐

The participant requires full instruction in use of spreadsheets. ☐

OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Open an existing workbook				
Identify cells, row, column				
Navigate to column letter, row number				
Navigate to an identified cell				
Create a workbook				
Create additional sheets in a workbook				
Navigate between worksheets				
Navigate the spreadsheet menus				
Enter data in a cell				
Edit cell content				
Adjust column width				
Insert new cells, rows, columns				
Delete cells, rows, columns				
Copy and move a worksheet				
Rename a worksheet				
Paste data from one worksheet to another				
Bold and change font size of cells				
Change number format of cells				
Change date format of cells				
Align cells left, right, center				
Format cells as currency				
Total numbers in a column				
Merge cells				
Name cells and ranges of cells				
Create a formula and use it				
Use sort and filter commands in a worksheet				

Specify sheet printing options				
Print a worksheet				

Presentations

The participant is not referred for presentation instruction. ☐

The participant requires full instruction in use of presentation software. ☐
OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Open presentation software				
Choose a slide layout				
Change the slide layout				
Add text to the slide				
Change font size, style and color				
Create additional slides				
Copy and move text between slides				
Change format of slides – headline, body				
Insert a table or graph from another application				
Insert a graphic image				
Resize the graphic image				
Move the graphic image				
Use notes view				
Use thumbnail view				

Databases

The participant is not referred for database instruction. ☐

The participant requires full instruction in use of database software. ☐
OR Have the participant attempt the following to determine training needs.

	Able to Perform No Training Needed (√)	Training Needed Goal Set (√)	Training Provided	
			Goal Met (Enter Date)	Goal Not Met (√)
Open an existing database				
Edit data in the database				
Enter additional data in the database				
Create a new field in the database				
Sort the available records				
Use queries				
Print a record from the database				
Print the entire database				
Use database "help"				

NYSCB Assistive Technology Services
ASSISTIVE TECHNOLOGY ASSESSMENT FINAL REPORT

Service Providers are to complete Parts I, II and III. The final report is to be submitted within ten (10) days of service completion.

PART I. **Complete this section using identifying information from Section I of the VR Authorization and the Referral Letter.**

Participant Name:

Counselor:

NYSCB District Office:

Authorization Number:

PART II. **ASSESSMENT SERVICE STANDARD:** Enter Achieved or Not Achieved, or appropriate information for standards 1 through 7 which apply to all clients referred for assessment.

1. The contractor read the Introduction to the Assistive Technology Assessment to the participant:

2. Note taking Results (if applicable): ___/10 (must score at least 8 to pass)

   Note taking Modality:

3. Computer Concepts Results

   a. Computer Concepts Pre-Test Score: ____/10
   b. Computer Concepts Post-Test Score: ____/10

4. Functional Computer Evaluation (attach to this report):

5. Assistive Equipment Evaluation
   a. Primary assistive modality (large print, speech, braille):
      Reading Speed / wpm:
   b. Secondary assistive modality (large print, speech, braille):
      Reading Speed / wpm:

6. The client was exposed to the following types of assistive equipment and/or devices during the assessment (attach list of device options and selections signed by participant and contractor):

7. Comments, concerns, or issues related to the client's introduction to the assistive equipment or devices:

8. The client has produced a satisfactory work sample (attach to report).

PART III.   The following summary recommendations are made for this client (enter N/A if not applicable):

9. Further training is not recommended at this time for these reasons:

10. The following remediation is recommended at this time:

11. Will the participant be able to complete the required training within the allotted 100 hour maximum time period? (Enter Yes / No / NA. If Yes or No is selected, please explain):

12. Anticipated number of hours needed to complete training:

PART IV.   **Service Outcome**

No Service Provided:

Outcome Achieved:

Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: to

Assistive Technology Evaluator Signature:

Date:

Participant Comments:

Participant Signature:

NYSCB Verification: The attainment of service objectives, as reported, has been verified with the participant and instructor and determined to be accurate.

NYSCB Counselor Signature:

Date:

Appendix D – ATC TRAINING FORMS AND REPORTS

FUNCTIONAL COMPUTER EVALUATION TOOL

Following training, columns three and four of the Functional Evaluation Tool are to be completed by the instructor for all training goals established at assessment. A copy of the completed Functional Evaluation Tool should be attached to the final report.

PARTICIPANT WORK PORTFOLIO

Each participant is required to create a portfolio of work that demonstrates the skills acquired during assistive technology training. This portfolio should be assembled by the participant, emailed to the instructor, and attached to the final training report as outlined under "Reporting Training Outcomes" in the training section of the manual.

Read the following to the participant:

You will create documents that demonstrate your mastery of the skills you learned in assistive technology training. These will include a letter to your NYSCB counselor, and a resume that demonstrates mastery of basic formatting skills. You are encouraged to create a resume which you can present to prospective employers or to a school or training program; however, the factual content is not important for this assignment. Do not spend a great deal of time fine-tuning the details of content; later, if you wish, you can edit the saved document for factual accuracy and appeal. Your portfolio will also include examples that demonstrate your skills in creating an email document, retrieving information from the internet, and creating sample spreadsheets, presentations, and databases as specified by your counselor or agreed upon by you, your counselor and the instructor during your post-assessment meeting.

COVER LETTER FOR WORK PORTFOLIO

You will generate a one-page letter to your NYSCB counselor.

1. Start the Word Processing Program. With a blank screen, set the top margin at 2 inches and the bottom margin at 1.5 inches. Set the left and right margins at 1.5 inches.

2. Type your return address at the left-hand margin. Double return and then insert the current date.

3. Double return and type the name and address of your NYSCB counselor. Double return and enter the salutation. Next, double return for the body of the letter. The body of the letter will be single-spaced, block-style with double returns after each paragraph. Paragraphs will not be indented.

4. In paragraph one, describe to your counselor:

   a) how the training was conducted (i.e., direct instruction, tutorial materials, exercise materials);
   b) what you accomplished during training;
   c) how you will use what you learned in school or at work
   d) any additional comments or suggestions you have about the training process

5. In paragraph two, describe to your counselor how you use adaptive devices to complete assignments and correct errors.

6. In paragraph three, notify your counselor that you are attaching your resume and a portfolio of work samples

7. Double return and insert a closing.

8. Return four times and type your name.

9. Double return and type the word "attach" to indicate your resume and portfolio are attached.

10. Save your document. Read the document and check for errors. When you are satisfied that the document is error-free, attach your resume and portfolio, and email everything to your instructor.

NYSCB Assistive Technology Services
ASSISTIVE TECHNOLOGY TRAINING FINAL REPORT

Service Providers are to complete Parts I, II and III. The final report is to be submitted within ten (10) days of service completion.

PART I. **Complete this section using identifying information from the VR Authorization.**

Participant Name:

Counselor:

NYSCB District Office:

Authorization Number:

PART II. **TRAINING SERVICE STANDARD:**

Score achieved in the following goal areas identified on the Functional Computer Evaluation

Keyboard Navigation – ____/28
Desktop Navigation – ____/16
Function and Use of the Assistive Device –
       Screen readers -- ____/19
       Screen magnifiers -- ____/12
       Note-taking devices -- ____/10
       Braille display -- ____/8
       Scanner/OCR Systems -- ____/7
Operating System Software – ____/22
Maintenance and Technical Documentation -- ____/9
Email – ____/19
Internet – ____/14
Word Processing Software – ____/27
Spreadsheet Software – ____/28
Presentation Software – ____/14
Database Software – ____/9
Other Software (job or education specific) – 100%* as determined through curriculum and evaluation developed by the trainer

A copy of the completed Functional Computer Evaluation Tool is attached to the report (Y or N)

A copy of the participant's work portfolio is attached to this report (Y or N)

The following post-training technology services/activities are recommended for this participant.

A list of resources for post-training services/activities and technical assistance is attached to this report (Y or N)

PART III. The following summary contains observations about the participant's training and information that will assist other instructors and placement specialists in assisting this participant to reach their vocational goal.

PART IV.   Service Outcome

No Service Provided:

Outcome Achieved:

Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: to

Assistive Technology Instructor Signature:

Date:

Participant Comments:

Participant Signature:

NYSCB Verification: The attainment of service objectives, as reported, has been discussed with the participant and the instructor and determined to be accurate.

NYSCB Signature:

Date:

Appendix E – FEE FOR SERVICE FINAL REPORTS

NYSCB Assistive Technology Services
ON-SITE EVALUATION FINAL REPORT

Service Providers are to complete Parts I, II and III. The final report is to be submitted within ten (10) days of service completion.

PART I.   **Complete this section using identifying information from Section I of the VR Authorization.**

Participant Name:

Counselor:

NYSCB District Office:

Authorization Number:

Work or education site information –

 Name:

 Address:

 Contact (if identified):

 Title:

 Phone:

 Email:

PART II.   **On-Site Evaluation Service Standards**

A. On-site Technical Profile: (List specific equipment and software by name or enter N/A if not applicable to this site.)

Microcomputer(s) in use:

Microcomputer software in use:

Site specific software in use:

Network hardware in use:

Network software in use:

Mainframe(s) in use:

Mainframe software in use:

Terminal emulation hardware and/or software in use:

Communications hardware in use:

Communications software in use:

Miscellaneous equipment in use (printers, fax machine, copiers, etc.):

B. Summary – Task Analysis – Recommendations: List tasks to be performed, indicate type(s) of solution(s) available, and recommend training. List assistive technology in Section C. (All possible solutions must be recorded for the participant – i.e., if low-tech, current equipment modification and assistive technology solutions exist for a specific task requirement then ALL THREE SOLUTIONS must be provided below.)

1. Task:
   Solution (low-tech, equipment modification, and/or assistive technology):
   Recommendation:

2. Task:
   Solution (low-tech, equipment modification, and/or assistive technology):
   Recommendation:

3. Task:
   Solution (low-tech, equipment modification, and/or assistive technology):
   Recommendation:

4. Task:
   Solution (low-tech, equipment modification, or assistive technology):
   Recommendation:

5. Task:
   Solution (low-tech, equipment modification, or assistive technology):
   Recommendation:

C. Assistive Equipment Recommendation (Yes or No):
List Additional Equipment for those participants who previously had an ATC assessment or who presently have equipment. This report should be attached to referral for participants who have not had and ATC assessment.

D. Recommendations were provided to site liaison (Yes or No):

PART III.   Comments

PART IV.   Service Outcome

No Service Provided:

Outcome Achieved:

Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: to

Rehabilitation Technician Signature:

Date:

ATC Manager:

Date:

NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:

Date:

NYSCB Assistive Technology Services
ON-SITE INSTALLATION FINAL REPORT

Service Providers are to complete Parts I, II and III. The final report is to be submitted within ten (10) days of service completion.

PART I.   **Complete this section using identifying information from Section I of the VR Authorization.**

Participant Name:

Counselor:

NYSCB District Office:

Authorization Number:

PART II.   **On-Site Service Standards – Equipment Installation**

Job/Education Site Name:

Job/Education Site Address:

The participant's assistive equipment was successfully integrated into the job/education site on: (Dates)

List all equipment, hardware, software, and assistive device(s) installed at this job/education site for this participant:

If a technical liaison has been identified for this site, please provide the following information:

Technical Liaison:

Title:

Phone:

Email:

Software Support Liaison:

Title:

Phone:

Email:

The contractor has provided the technical liaison, the participant, and the employer (if applicable) with the following technical information (List):

The contractor met with the participant and the technical liaison at the participant's job/education site to ensure the effective functioning of the assistive equipment configuration on: (Dates)

PART III.   **Additional Comments**

PART IV.   **Service Outcome**

No Service Provided:

Outcome Achieved:

Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: to

Rehabilitation Technician Signature:

Date:

ATC Manager:

Date:

NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:

Date:

NYSCB Assistive Technology Services
TECHNICAL JOB COACH DEVELOPMENT FINAL REPORT

Service Providers are to complete Parts I, II and III. The final report is to be submitted within ten (10) days of service completion.

PART I.   **Complete this section using identifying information from Section I of the VR Authorization.**

Participant Name:

Counselor:

NYSCB District Office:

Authorization Number:

Job Coach Name:

Work or education site information –

     Name:

     Address:

     Contact (if identified):

     Title:

     Phone:

     Email:

PART II.   **Technical Job Coach Training – Services Rendered**

1. Job coach(es) were trained on the following operating platform:

   Utilizing the following assistive technologies and applications:

   To assist in providing on-the-job resources and supports for the following position(s):

2. The job coach was provided with the following resources and supports necessary to assist the employee in performing his/her specific job tasks:

PART III.   **Additional Comments**

PART IV.   **Service Outcome**

No Service Provided:

Outcome Achieved:

Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: to
Rehabilitation Technician Signature:

Date:

ATC Manager:

Date:

NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:

Date:

NYSCB Assistive Technology Services
ON-SITE TECHNICAL SUPPORT FINAL REPORT

Service Providers are to complete Parts I, II and III. The final report is to be submitted within ten (10) days of service completion.

PART I. **Complete this section using identifying information from Section I of the VR Authorization.**

Participant Name:

Counselor:

NYSCB District Office:

Authorization Number:

Work or education site information –

    Name:

    Address:

    Contact (if identified):

    Title:

    Phone:

    Email:

PART II. **On-site Technical Support Standards**

1. Employer technical support staff were trained on the following operating platform:

   Utilizing the following assistive technologies and applications:

   To assist in providing on-the-job resources and supports for the following task(s):

   At the following location (list name and addresses of employer(s) or education site or circumstances):

2. The participant was provided with the following resources and supports necessary to perform his/her specific job tasks. List:

PART III. **Additional Comments**

PART IV. **Service Outcome**

No Service Provided:

Outcome Achieved:

Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: to

Rehabilitation Technician Signature:

Date:

ATC Manager:

Date:

NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:

Date:

NYSCB Assistive Technology Services
TECHNICAL SUPPORT FOR PLACEMENT STAFF FINAL REPORT

Service Providers are to complete Parts I, II and III. The final report is to be submitted within ten (10) days of service completion.

PART I.   **Complete this section using identifying information from Section I of the VR Authorization.**

Participant Name:

Counselor:

NYSCB District Office:

Authorization Number:

Names of staff receiving training:

PART II.

A. Service Provided

Placement staff were trained on the following:

utilizing the following assistive technologies and applications:

To assist in developing the following position(s):

B. Resources Provided
Placement staff were provided the following technical resources and supports necessary to successfully develop employment opportunities for NYSCB participants:

PART III.   **Comments**

PART IV.   **Service Outcome**

No Service Provided:

Outcome Achieved:

Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: to

Rehabilitation Technician Signature:

Date:

ATC Manager:

Date:

NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:

Date:

NYSCB Assistive Technology Services
REFRESHER TRAINING FINAL REPORT

Service Providers are to complete Parts I, II and III. The final report is to be submitted within ten (10) days of service completion.

PART I.   **Complete this section using identifying information from Section I of the VR Authorization.**

Participant Name:

Counselor:

NYSCB District Office:

Authorization Number:

PART II.   **Refresher Training Standards** (Enter Achieved or Not Achieved at each numbered statement.)

1. The participant was retrained on use of the following software or hardware essential to his/her performance in the employment or education setting:

2. The retraining helped the participant resolve or overcome the following problems identified in the NYSCB referral:

PART III.   **Additional Comments**

PART IV.   **Service Outcome**

No Service Provided:

Outcome Achieved:

Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: to

Rehabilitation Technician Signature:

Date:

ATC Manager:

Date:

NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:

Date:

NYSCB Assistive Technology Services
REMOTE TECHNICAL ASSISTANCE FINAL REPORT

Service Providers are to complete Parts I, II and III. The final report is to be submitted within ten (10) days of service completion.

PART I. **Complete this section using identifying information from Section I of the VR Authorization.**

Participant Name:

Counselor:

NYSCB District Office:

Authorization Number:

PART II.

Reported problem:

Identified solution:

Service provided:

PART III. **Additional Comments**

PART IV. **Service Outcome**

No Service Provided:

Outcome Achieved:

Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: to

Rehabilitation Technician Signature:

Date:

ATC Manager:

Date:

NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:

Date: