

Assistive Technology Framework

Child's Name _____ DOB: _____

Name of person completing form: _____ Date: _____

**Assistive Technology (AT) Outcome(s) #
and Description(s)**

AT Planning Questions	Responses to Planning Questions	Action Plan
<p><u>The Child</u></p> <ul style="list-style-type: none"> ▪ What functional activity or activities does the child need or want to do? ▪ What successes and/or challenges is the child currently having in regard to this activity? 	<p>Child would like to consistently drink liquids without coughing. Her mom reports (and was observed by SLP) that when child takes larger sips or gulps, child coughs and chokes on beverages.</p>	<p>Identify a compensatory strategy for child to consistently take smaller sips. Child already receives all liquids thickened. coughing only occurs with straw drinking s/p sx. Due to child's age, verbal direction is not a viable option</p>
<p><u>The Environment</u></p> <ul style="list-style-type: none"> ▪ In what setting(s) will the functional activity take place? ▪ What resources (people or materials) are currently available to the child and family in this setting? 	<p>Where ever childt wants to drink. Child/family currently has commercially available cups and straws</p>	<p>: trial and assessment with Bionix straw, which serves as compensatory strategy</p>
<p><u>The Tasks</u></p> <ul style="list-style-type: none"> ▪ What are the components of the identified outcome(s) that the child needs assistance with achieving? ▪ How will AT help the child? 	<p>to drink without any s/s aspiration or coughing</p>	<p>trial and assessment with Bionix straw, which serves as compensatory strategy by only allowing a small measured bolus per each sip</p>
<p><u>The Tools</u></p> <ul style="list-style-type: none"> ▪ What AT options should be considered? ▪ What options are most appealing to the family? ▪ How will the AT options be explored and evaluated? 	<p>Bionix straw adapter</p>	<p>trial and assessment with clinical observation and caregiver report of Bionix straw</p>
<p><u>Device(s) Selected</u></p> <ul style="list-style-type: none"> ▪ How will this device be available? <p><input type="checkbox"/> Loan <input type="checkbox"/> Purchase <i>(See Exceptions to Loaning, AT Policy)</i></p>	<p>: trial and assessment, as item designed to be used by one person only</p>	<p>: trial and assessment, as item designed to be used by one person only</p>
<p><u>Training / Support / Follow-Up</u></p> <ul style="list-style-type: none"> ▪ What is the plan for delivery of the device? ▪ How will the parents and caregivers will be trained on how to use the AT device and incorporate in the daily routines? ▪ What is the plan for maintenance and repair? 	<p>SLP to instruct family and daycare on use and provide family with website for additional information. Additional Bionix straws can be purchased, if desired for \$12. Maintenance and repair is not necessary, aside from normal Dishwashing. Family to purchase disposable straws for use with Bionix</p>	<p>.SC to order from AT and deliver to SLP/family during tx session</p>