



Oregon Technology Access Program
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OTAP Assistive Technology Teams Training Project Request for District/Agency Participation

Project Summary

In Oregon, as more and more districts have begun to develop their own assistive technology programs, OTAP has had many requests to help those teams create services and systems that make sense for their local needs, demographics and resources. To help address this need, we offer intensive team training for a limited number of teams each year. During the 2012 AT Teams project, we'll be working with up to seven teams from a variety of education agencies. OTAP Teams Training will require minimal costs from participating districts, (including \$100 for one event in March, 2012). We also ask that your district cover your team members' travel expenses. If your agency is interested in participating in this project to develop high quality, legal and cost efficient AT services, please complete this application form and return it to me by **October 21, 2011**.

District Commitment:

1. Identify at least three team members from your agency who will participate in the project.
2. Identify one agency administrator who will attend the first day of the project training in February, 2012 and meet monthly with their agency's AT Teams project participants in March, April and May to support their work and planning efforts.
3. Provide release time for all AT Teams participants from your agency to attend three, two-day training events.
4. Cover travel, lodging and per diem expenses for your team members to attend all three AT Teams Project events, if needed.
5. Pay discounted registration fee of \$100 for the two-day Assistive Technology Now! Conference in March, 2012.

Recommended Team Make-up:

Participating districts will identify a **minimum of three**, and no more than six people who will be able to attend all six days of the AT Teams Project. These people should represent a variety of disciplines. Potential members might include Assistive Technology Specialists, Instructional Technology Specialists, Teachers, Administrators, Speech and Language Pathologists, Occupational Therapists, or any other person who can make a contribution to your team's work in AT. Team members need not work for the same agency if the AT Team you want to develop is a collaborative effort. It is also preferable that team members have positions that are flexible enough to allow them to attend meetings or visit classrooms while school is in session without putting additional burdens on the agency.

People involved in the project should have experience with AT users and a desire to do some intensive work to help improve AT services for your agency. While we will be exploring a wide range of AT resources throughout the project, we will not be offering introductory training in the basics of AT.

This section to be filled out by the Administrator authorizing District participation

Name _____ Position _____
Agency _____
Address: _____
City, State, Zip _____
Phone: _____ Email: _____

Information About Your Team

- _____ We are just beginning to establish an AT Team.
- _____ Our AT team was formed one or two years ago.
- _____ Our AT team was formed more than two years ago.

What do you hope your team will gain from participation in this project?

If your agency's participation in this project is a success, how will your assistive technology services change in the next 12 months?

Please Rate the following common AT Team goals in order of priority for your agency and your participating team. (number from 1-8)

- Develop a district process for all AT services
- Develop team member expertise in AT devices and resources
- Develop team member expertise in the provision of AT services
- Develop a district approach to AT services that involves all IEP team members
- Develop an AT evaluation system for all students
- Develop AT implementation systems that increase effectiveness of services
- Develop an AT evaluation system for a particular group of students
(please describe the target group if you have one)
- Develop processes and procedures for selection, acquisition and implementation of Accessible Instructional Materials
- Other – Please specify:

I agree to support my district's assistive technology team's participation in the OTAP AT TEAMS PROJECT in the following ways:

I have identified three to six team members who will participate in the project activities on February 6 & 7, 2012, March 1 & 2, 2012, and April 5 & 6, 2012. (Please list below.)

Name: _____
Email Address: _____
Phone: _____
Role/Title: _____

Name: _____
Email Address: _____
Phone: _____
Role/Title: _____

Name: _____
Email Address: _____
Phone: _____
Role/Title: _____

Name: _____
Email Address: _____
Phone: _____
Role/Title: _____

Name: _____
Email Address: _____
Phone: _____
Role/Title: _____

The administrator listed below will attend the first day of the project on Feb. 6, 2012 and meet monthly with AT Teams project participants in March through May to support their work and planning efforts.

Name: _____
Position: _____
Email Address: _____
Phone: _____
Role/Title: _____

I understand that our agency will provide release time for all AT Teams participants to attend three two-day training events and cover travel, lodging and per diem expenses for team members, if needed.

I understand that there will be a discounted charge of \$100 per person for the Assistive Technology Now! Conference in Hillsboro on March 1 & 2, 2012. I also understand that OTAP will cover the cost of all other training events and mentoring-support services.

(Name of Administrator)

(Position)

(Signature of Administrator)

(Date)