



Oregon Technology Access Program  
1871 NE Stephens  
Roseburg, OR 97470  
541-440-4781 • 541-957-4808 (FAX)  
WWW.OTAP-OREGON.ORG

## **OTAP Assistive Technology Teams 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 2010 AT Teams project, we'll be working with up to eight teams from a variety of education agencies. OTAP Teams Training will require minimal costs from participating districts, (\$50 for one event on February 9, 2010). 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 16, 2009**.

### **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 on January 14, 2010 and meet monthly with your local AT Teams project participants in February, March, April and May to support their work and planning efforts.
3. Provide release time for all AT Teams participants 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.
5. Reimburse OTAP \$50 per team member for costs of training on February 9, 2010.

### **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 that they can 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 devices 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
- 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 January 14 & 15, 2010, February 8 & 9, 2010 and March 11 & 12, 2010. (Please list below.)

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
School/Building Assignment: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
School/Building Assignment: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
School/Building Assignment: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
School/Building Assignment: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
School/Building Assignment: \_\_\_\_\_

The administrator listed below will attend the first day of the project on January 14, 2010 and meet monthly with AT Teams project participants in February, March, April and May to support their work and planning efforts.

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
School/Building Assignment: \_\_\_\_\_

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.

I understand that there will be a small charge of \$50 per person for the session "*Teaching the Three Rs for Students with Significant Disabilities in the Inclusive Classroom*" by national presenter, Pati King DeBaun of Creative Communicating, Park City, UT on February 9, 2010. 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)