|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assistive Technology Framework | | | | |  |
| **Assistive Technology (AT) needs are related to Outcome(s) #** | | | **1** | | |
|  | |  | | | |
| **AT Planning**  **Questions** | **Responses to**  **Planning Questions** | | | **Action Plan** | |
| **The Child**   * 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? | Play with toys; be fed safely; work on self-feeding; sit with family in play or eating at the table; be upright for working on head control, visual tracking | | | Child currently has difficulty sitting upright in a commercially available high chair and leans over even with straps; risk for aspiration if not able to be upright; needs head supports, five point harness, tray, foot support; Child measurements include the following: height 32.5”; seat depth 7”; seat width 10.5”; chest width 9.5”; seat height to top of head 21”; seat height to top of shoulders 16”.  Child needs adaptive seating to be safe for sitting to eat, play and interact with her family and peers. Would benefit from a high/low seating option with tray and full supports for safe feeding and interaction with others. | |
| **The Environment**   * 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? | Home-the child has service coordination, physical therapy and occupational therapy services in the home. | | | Parents have commercially available seating which are not able to provide the supports child needs for safely sitting upright. | |
| **The Tasks**   * What are the components of the identified outcome(s) that the child needs assistance with achieving? * How will AT help the child? | Needs full support at head, chest, trunk and feet to sit upright to safely play, interact and eat. | | | She smiles with interaction with her family and noises from toys; has difficulty using what vision she has when not in an upright position. She needs to be in a safe position for feeding. | |
| **The Tools**   * What AT options should be considered? * What options are most appealing to the family? * How will the AT options be explored and evaluated? | High/low activity seats with a tray with head, trunk, foot supports and a five point harness | | | Needs supportive seating to sit upright for play with toys, eating, and interaction with her family and others. A Rifton high/low activity chair with supports and a tray, or Lecky high/low chair with supports and a tray or other comparable chair. | |
| **Device(s) Selected**   * How will this device be available?   Loan  Purchase  *(See Exceptions to Loaning, ITP Policy*  *Bulletin #27-Assistive Technology)* | Family would benefit from a high/low activity chair with supports on loan from the CDSA for immediate use to participate in her daily routines, play, and social interaction | | | Implement use of chair in daily routines and play | |
| **Training / Support / Follow-Up**   * 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? | CDSA service coordinator or other staff to deliver to the home for immediate use  PT to assess child in the seating system, and adjust as needed; PT to instruct family on appropriate positioning, care and use of chair; ongoing assessment of positional needs; PT to consult with CDSA staff as needed | | | PT, OT, EISC to monitor effectiveness and care and use of chair | |