



The AT Messenger

....bringing technology to you

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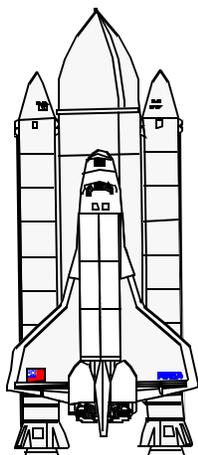
Summer Science Fest Returns

A Program for Science Minded Students with Disabilities

It was just announced that the Summer Science Fest, a science-based program for high school students with disabilities, will return to the University of Delaware this year. This week-long day program will be held from July 14 to 19, and is sponsored by the Science, Engineering, and Math (SEM) program of The Applied Science and Engineering Laboratories. The Summer Science Fest will include computer training, Internet exploration, aerospace activities, and an introduction to college life. Participants will master the use of Internet tools such as email, newsgroups, the World Wide Web (WWW), and video conferencing, learn about rocketry and space travel, access and download images from the Hubbell telescope, and learn about college opportunities, resources, and life on campus.

The Summer Science Fest is just one aspect of the SEM program, which is funded by the National Science Foundation and develops programs designed to encourage students with disabilities to pursue scientific academic curricula and careers. In addition to the Summer Science Fest, the SEM program:

- sponsors regular computer/Internet/research workshops at the University for high school students
- sponsors an Internet based mentoring (telementoring) program
- sponsors conferences for families and educators
- and conducts research on information access for individuals with disabilities.



Participants in the Summer Science Fest will not only gain valuable research experience, develop problem solving and computer skills, network with others around the world, and learn about college, but will also have the opportunity to participate in additional SEM activities over the coming year. In particular, participants will be able to continue building their computer and Internet skills through attendance in the workshop series. They will also have the opportunity to use those skills and apply to become an active member of an on-line community and participate in the telementoring activities.

There is no charge for participating in the Summer Science Fest. For more information or an application (due June 14), contact Dr. Kenneth Barner or Judy Trefsgar at (302) 651-6830, send email to sem-info@asel.udel.edu, or see the SEM web pages, <http://www.asel.udel.edu/sem/>.

What's Inside...

Communication Isn't Always Easy	2
Making Computers Read.	3
Driving to Independence	4
Annual Conference Presentations Sought.	5
Financing Assistive Technology	7
The "Wheel Deal": Wheelchair Considerations	8
Children's Computer Software Resource	10
Delaware Recycles AT	11
DATI Publications Order Form.	13
DATI Mailing List Application	15

COMMUNICATION ISN'T ALWAYS EASY....

*Maureen T. Schweitzer, M.A. CCC/SLP
ATRC Coordinator*

Mary and Tom were enjoying retirement and all of the wonderful events that come with being grandparents. They are very active people, very involved with family and friends. They have been married 52 years and, after so many years, you sometimes don't even need to communicate certain things—at least that is the way it seems until the ability to speak becomes limited by a stroke.

Mary was 64 years old when she had a mild stroke, which now limits her ability to use speech to communicate. She received speech/language therapy and learned to use some gestures and a word book to help her communicate. The problem with the word book was that Mary liked to talk to Tom in the car, which meant that Tom had to read the word Mary selected while he was driving. At other times, Mary would write the word in the air or on a table top using her finger. Occasionally, Mary was able to speak a word or two, but this was not consistent. She was also able to understand what she was reading even though she was unable to read the words out loud.

For five years Mary continued to do the best she could with no change in her ability to speak. A neighbor referred her to a speech/language pathologist who had experience in augmentative communication systems. Mary and Tom were willing to try anything to help with communication because they still were very busy people and wanted to be able to interact more than they had been since Mary's stroke. Mary particularly missed talking to her grandchildren and family.

Mary's communication skills were reassessed, and Mary and Tom were shown a number of different communication devices. These devices were like little computers that allowed Mary to communicate a message (a whole sentence) to Tom with the press of a button. Since Mary could read, key words were printed on the keys and messages like "let's stop at Marshalls" or "what's new at school?" were spoken. As Mary and Tom became familiar with the different systems, they started to compare what they liked about the different devices. The speech/language

pathologist realized that their input on the features of the device was very important to the successful and long term use of the system. They also thought more about the circumstances in which Mary would use a device; this helped them realize that they wanted a device that was portable so she could carry it without too much effort.

After using a few different devices in therapy and at home with Tom, her children, and her grandchildren, a device called the EasyTalk was selected.

In the meantime one of Mary's sons offered to buy the system for his mother. (Funding for communication devices should be so easy!!!)

Now that Mary has been using the communication device for nine months, she and Tom say that "There really isn't anything they don't like about the device. It really helps her say what she wants to say and it makes her feel more confident in situations." When asked about the messages that she uses the most, Mary and Tom agreed that Mary tends to use the messages that allow her to talk about herself, her disability, and her family the most. Every Sunday she tells the Pastor at her church that she "enjoyed the Mass" and Tom says that Mary still tells him that he drives too fast...the difference is NOW he listens!!!!

There are several different hand-held communication devices available that have features similar to the EasyTalk. For more information on those devices as well as the EasyTalk, call the ATRC in your county or consult with a speech/language pathologist who has experience with augmentative communication. n

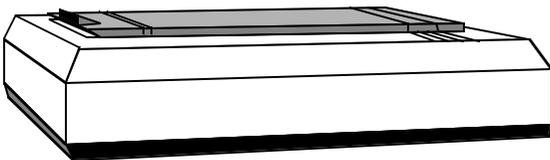
Making Computers Read

Ed Salisbury
Kent County ATRC

The computer can be an invaluable tool for giving people with visual impairments, as well as those with reading difficulties, access to printed material. The computer, with the addition of software and a few peripherals, can read books, magazines, newspaper articles, and even the daily mail using computer generated speech. Although computerized reading systems have been available for many years, recent improvements in technology have made them smaller, faster, more accurate, and less expensive. Because of the variety of products available and a number of different options to consider, the purchase of a reading system can be somewhat confusing.

All computerized reading systems consist of five major components, the first being a computer. Although an IBM or compatible computer is most often used for this type of application, a Macintosh can be used as well. Memory and processor requirements will vary depending on the complexity of the reading system that is chosen.

The second component is a scanner. A scanner,



somewhat resembling a small photocopier, is used to import (scan) an image into the computer. This image can be a photograph, drawing, or a page from a book or magazine. Once the image is scanned, it is visible on the computer screen. This image can then be printed or manipulated using a software program. Unfortunately, a page of scanned text is acquired as *an image*—a picture of the page—thus making it inaccessible to a person with a visual impairment. Because it is only a picture, it cannot be directly read to the operator, nor can it be added to or edited by the operator who is using a word processing program. Common scanners include a variety of models from Hewlett Packard, Epson, Umax, Microtek, and others. Scanners range in price from around \$300 to \$2000 depending on speed, resolution, bit depth, and color

accuracy. For text scanning, any of the entry level scanners are sufficient.

The third component is used to change the image of the page into text that is recognizable by a word processor as well as a screen reading program. Screen reading programs will be discussed later. This component is referred to as optical character recognition (OCR) software. OCR software converts the image to editable text. If the text on the page is of an ornate type style, the OCR software may get confused and recognize an “l” as an “L”, a “c” as an “o”, an “m” as an “n”, etc. The clarity of the original copy will also affect the quality of the recognition. Stray marks on the original may be interpreted as letters or punctuation. Common OCR software programs include TextBridge from Xerox and OmniPage from Caere. OCR programs range in price from \$80 to \$500. Many scanners and fax modems include a limited version of OCR software.

The fourth component is a speech synthesizer. A speech synthesizer is a combination of hardware and software that enables the computer to speak. Many inexpensive speech synthesizers sound very robotic or lack accuracy in pronunciation. Better synthesizers closely resemble human voice in accuracy, clarity, and inflection. Common speech synthesizers include Accent, Doubletalk, Keynote, and DECTalk. They range in price from around \$200 to over \$1000.

The fifth component acts as a liaison between the OCR software and the speech synthesizer. This software, called screen reading (or screen review) software reads the converted text, then sends instructions to the speech synthesizer to have the text spoken. The operator is able to navigate through a document using the mouse or keyboard, having only those parts of the document read that he or she wants. Screen reading programs also read text in spreadsheets, word processors, databases, and any

DRIVING TO INDEPENDENCE

*Michael Meyreles, ATP
New Castle County ATRC*

Many people equate independence with the ability to drive. Whether it is driving to the grocery store or driving cross-country, the freedom of travel is often taken for granted and often overlooked when it involves individuals with a disability. Adaptive driving can be the key to independence for a great number of persons with a disability.

There are a number of devices available that can remove barriers to driving for an individual with a disability. For example, when a person loses the use of their right arm due to an accident, adaptive driving controls allow the individual to operate the vehicle using a left-handed gear selector and a spinner knob steering device. Adaptive driving controls include high-tech and low-tech devices which range from \$50 (for a left-foot accelerator pedal,) to \$30,000 (for electronic driving controls). Some other examples of adaptive driving aids are shown below.

An assessment is paramount to determine the proper equipment necessary to access and operate a motor vehicle. There are two phases to the assessment. The initial phase of the assessment includes a vision test, a reaction time test, and a hand-eye coordination test. The second phase determines the necessary adaptive equipment. The local facilities performing adaptive driving assessments and training are Moss Rehabilitation Hospital in Philadelphia, Pennsylvania

and Healthsouth Chesapeake Hospital in Salisbury, Maryland. Funding for adaptive driving aids is supported by the Division of Vocational Rehabilitation. Also, the major automobile manufacturers (Chrysler, Ford, and General Motors) offer reimbursement incentives for adaptive equipment.

In most states, an individual who uses adaptive driving equipment is required to possess an articulated license stating that he or she is qualified to use adaptive driving controls. This means that once a person has been assessed and trained using the specialized adaptive equipment, and has passed a road test, then s/he will be qualified to be on the road.

In today's society, the ability to travel without restrictions is often taken for granted. The American Automobile Association (AAA) reports there are approximately five hundred thousand licensed drivers who have significant physical impairment.¹ AAA also reports there are approximately 1.5 million licensed drivers who have disabilities to a lesser degree, many of whom are over the age of 55.¹ Given the maturing of America, the incidence of disability is only likely to rise and the number of drivers needing some sort of adaptive driving intervention is also likely to increase. An adapted vehicle offers an individual with a disability the most convenient and a most satisfying means of independence. For information pertaining to any facet of adaptive driving, please contact any of the local ATRCs. n

1. AAA. (1995). The Disabled Driver's Mobility Guide, Heathrow, Florida.

- Modified or Zero Effort**..... Reduces the strength needed to turn the steering wheel or use
- Steering & Brakes**..... the brake.
- Left Foot Accelerator**..... Eliminates left leg cross-over.
- Foot Pedal Extensions**..... Raises height of accelerator and/or brake pedals.
- Steering Devices**..... Devices such as a spinner knob allowing for easier one-handed use of the steering wheel.
- Hand Controls**..... Used to operate brake and accelerator pedals.
- Left Hand Gear Selector**..... Permits left-handed operation.
- Right Hand Turn Signal**..... Right-handed operation of turn signals without reaching across the wheel.
- Remote Switches**..... Reposition secondary controls, such as lights, horn and heater, to accommodate a drivers' specific disability.
- Electronic Gas & Brake Controls** Permits vehicle operation when hand controls can not be accessed.
- Raised Roofs or Doors**..... Accommodate for a person's wheelchair.
- Wheelchair Lifts and Ramp**..... Gain access to a vehicle.
- Automatic Transmission**..... Replaces clutch and manual shift.
- Power Steering**..... Permits one-handed steering operation.
- Power Brakes**..... Needed for hand controls

ASSISTIVE TECHNOLOGY: MORE POWER TO



YOU!

Annual Conference Presentations Sought

Plans are well underway already for the 1997 DATI Annual Conference, to be held on Wednesday, November 12, 1997 at the Clayton Conference Center in Newark, Delaware. As in the past, the conference will feature a keynote address, exhibits of assistive technology products and services, and several workshop sessions on various AT-related topics.

The DATI Training Activities Committee is currently soliciting proposals for presentations to be made during these 1-1/4 hour workshop sessions. Presentations may address any assistive technology issues. Proposals for presentations must include a one-page abstract of the topic to be covered, expected outcomes of the session, and the method of instruction to be used. All proposals will be ranked according to their quality and topical relevance. The most highly-ranked proposals will be incorporated into the conference program. Conference registration fees will be waived for those presenters whose proposals are selected for presentation.

Proposals are due by May 20, 1997. Complete the form on the next page and return it to the address below. For further information, contact Sonja Simowitz via the following phone numbers:

DATI Training Activities Committee
Applied Science & Engineering Labs
University of DE/duPont Hospital for Children
1600 Rockland Road, P.O. Box 269
Wilmington, DE 19899-0269
Phone: 800-870-DATI or
(302) 651-6790; (302) 651-6794 TDD
(302) 651-6793 (Fax)

(Making Computers Read cont'd)

other software that presents information to the operator in a text format. Because screen reading programs are specifically designed to be used by people with visual impairments, they also read menu selections, dialog boxes, and error messages. Common screen reading programs include JAWS, OutSpoken, VocalEyes, and IBM Screen Reader. Screen reading software can be purchased for as little as \$25; fully featured packages sell for \$700 or more.

If all of this sounds rather complicated, there are alternatives to piecing together a system. Xerox, Kurzweil, and Arkenstone are three companies marketing reading systems that work with an IBM or compatible computer. In these systems, OCR and screen reading software are combined. They are generally sold with a choice of scanners and other adaptive aids and speech synthesizers. The Omni 1000 and Omni 3000 from Kurzweil Educational Systems also include a software based speech synthesizer that works with the computer's sound card. All of these systems include a seamless interface designed for people with visual impairments. Several companies, including Xerox and Arkenstone, produce self-contained models. These models include a computer processor, keypad, scanner, OCR and screen reading software, and speech synthesizer. These systems are somewhat portable and highly specialized for reading printed material. In other words, it would be difficult to play games or install other software on one of the self-contained systems. Although generally more expensive than piecing together a reading system, self-contained systems offer a easy to use interface and guaranteed compatibility among components.

With improvements in technology, computerized reading systems have made the transition from large, expensive, robotic-sounding machines to a natural, affordable, and easy-to-use tool for many people. To find out more about any of the reading systems listed above, or to see a demonstration, contact your local ATRC. n

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DATI Annual Conference
Clayton Hall Conference Center, Newark, DE
Wednesday, November 12, 1997
Session Presentation Proposal

Title of Presentation:

Presenter(s):

Address:

Daytime Phone: __ (____) _____ Fax __ (____) _____

Email Address: _____

Abstract of Presentation: _____

Method of Instruction: _____

Return this form by May 20, 1997 to: DATI Training Activities Committee

University of DE/duPont Hospital for Children
1600 Rockland Road, P.O. Box 269
Wilmington, DE 19899-0269
Phone: 800-870-DATI or (302) 651-6790 (V)
(302) 651-6794 (TDD); (302) 651-6793 (Fax)

FINANCING ASSISTIVE TECHNOLOGY

HIGHLIGHTS OF THE KENNEDY-KASSEBAUM BILL

The Health Insurance Portability and Accountability Act of 1996 (H.R. 3103) limits insurance companies' ability to discriminate against children and adults with health problems. The legislation is effective on July 1, 1997. The following are some of the key provisions:

PRE-EXISTING CONDITION EXCLUSIONS

For no more than twelve months, group health plans may exclude treatment of someone's pre-existing condition—i.e., a medical condition diagnosed or treated within the past six months.

This twelve month exclusion period is reduced by periods of prior, continuous coverage, whether through private insurance, Medicaid, Medicare, state risk pools, or other programs or plans. Put differently, while someone maintains continuous coverage, pre-existing condition exclusions last at most twelve months, no matter how often the covered person changes jobs or insurance plans. This addresses the problem of job-lock, because people can change jobs without triggering a new exclusion of treatment. This rule applies not only to standard group health insurance and HMOs, but also to self-insured plans (ERISA plans).

- To qualify as continuous, coverage may have no gap longer than 63 days;
- Group health insurers cannot apply pre-existing condition exclusions to newborns or adopted children who are covered within 30 days of birth, adoption or placement for adoption (In this context, placement for adoption means the assumption and retention of a legal obligation for total or partial support of a child in anticipation of adoption) and who are covered continuously thereafter;
- Pregnancy cannot be excluded as a pre-existing condition.

While insurers may not flatly EXCLUDE coverage based on pre-existing conditions, they may charge more for groups that include many people with pre-existing conditions.

SMALL GROUP PROTECTIONS

Insurers that cover small employers (with two to 50 employees) must agree to cover any such small

employer and their employees, regardless of potentially costly health problems.

- While insurers may not DENY coverage to any such employers or employees, insurers may charge more for groups with higher health costs.

GROUP TO INDIVIDUAL COVERAGE

Insurers must offer individual coverage to people who lose group coverage, whether through job termination, a change in employment to a job not offering health insurance, or other factors.

- To qualify for guaranteed conversion from group to individual coverage, the individual must meet the following requirements: (a) 18 continuous months of prior coverage under a group plan; (b) exhaustion of full COBRA coverage (if available); and (c) ineligibility for other coverage through programs like Medicare and Medicaid.

NON-DISCRIMINATION AND GUARANTEED RENEWABILITY

Group plans and employers may not deny an individual coverage based on health status, medical condition, claims experience, medical history, genetic information, disability, or status as a victim of domestic abuse.

- Insurers must offer to renew group and individual policies except for non-payment of premiums, fraud, non-compliance with material plan provisions, or other specified factors.

ELECTRONIC TRANSFER OF MEDICAL RECORDS

The legislation encourages the development of a system for the electronic transfer of health information by delegating to the Administration the responsibility to adopt standards and requirements for such a system.

- The system would allow for the transfer of much confidential medical information about Medicare and Medicaid beneficiaries and the privately insured. Many are concerned about how effectively privacy will be maintained.

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HOW DOES THE LEGISLATION HELP CHILDREN AND PREGNANT WOMEN?

Families with employment-based health insurance can change jobs without triggering new exclusions in coverage of children with pre-existing conditions. After a family has twelve months of continuous coverage, insurers may no longer exclude treatment of children's pre-existing conditions.

- Children born with serious medical problems are not subject to pre-existing condition exclusions, if they are covered by a group plan within 30 days of birth and have continuous coverage thereafter.
- Children adopted or placed for adoption are not subject to pre-existing condition exclusions, if they are covered by a group plan within 30 days of birth and have continuous coverage thereafter.
- When a family loses group health insurance, because a parent was laid off or for other reasons, the family must be offered individual coverage, without new pre-existing condition exclusions.
- Group health plans and employers may not deny coverage to families with children who have medical problems.
- Companies may not refuse to renew a family's health insurance policy because a child develops health problems.
- Group health insurers may not exclude coverage of pregnancy as a pre-existing condition.

WHAT'S NOT IN THE BILL?

The bill does not include a provision the Senate adopted that would have required parity in insurers' coverage of mental health and physical health benefits. The legislation likewise excludes House provisions that would have exempted many small businesses from state regulation of insurance benefits and quality of care.

House proposals for tax-exempt, medical savings accounts were greatly scaled back in the final version of the legislation.

The bill does not help more than 10 million uninsured children and millions of others who do not receive health insurance through work and cannot afford to purchase it on their own. n

Children's Defense Fund, Health Division, 25 E Street, NW, Washington, DC, 20001, Tel: 202-662-3551, Fax: 202-662-3560, Internet E-Mail: sdorn@childrensdefense.org

The "Wheel Deal": Wheelchair Considerations

(Part I)

*Nancy Chipman Ranalli, PT
Chief Physical Therapist
Easter Seal Rehabilitation Center*

Wheelchairs and seating systems are some of the most expensive purchases of durable medical equipment a consumer may make. In these times of decreasing insurance coverage for equipment, it is important that the wheelchair serve the needs of the consumer for several years, barring any major changes in the person's physical status or need to transition from a manual to a power wheelchair. One way to be sure the equipment is appropriate is to have a thorough assessment by qualified professionals, (physical therapist, occupational therapist, rehabilitation engineer) who are able to assist with the decision-making process.

There are many aspects of the wheelchair and seating system to consider. A few of the more common items are outlined in the following article. In addition to the physical aspects of the components and chair specifications, other questions should be answered before the wheelchair is ordered. Information about how the chair will be transported, how the consumer will transfer into/out of the wheelchair, how the chair will be maneuvered in the home/community, and whether the home/worksite is accessible to the particular equipment are important considerations.

POWER VS. MANUAL WHEELCHAIRS

Whether a power or a manual wheelchair is chosen depends upon the needs and abilities of the consumer. Manual wheelchairs are most often prescribed for someone who is unable to walk functional distances and can either use his/her arms to propel the wheelchair, or is unable to independently drive a power wheelchair. Power wheelchairs are often recommended for those who are unable to propel a manual wheelchair for functional distances, but are able to safely and independently drive a power wheelchair. Various forms of joysticks can be set up to allow a person with minimal movement of the arm/hand to independently maneuver a power wheelchair. Three or four-wheeled scooters are another option that some people choose.



TILT-IN-SPACE VS. RECLINE

Some people who use wheelchairs require assistance to change position in the wheelchair to prevent pressure sores. Tilt-in-space and reclining wheelchairs are two methods that can accomplish this goal. In a tilt-in-space wheelchair, the user is able to maintain the proper seated position, while the entire seat is tilted back on the frame to change the person's orientation in space. It is similar to leaning the wheelchair back on the antitippers ("wheelie bars") for pressure relief, but much easier on the consumer or caregiver. A reclining wheelchair is one in which the back reclines so that the person moves from a sitting position to more of a reclining position, much like what happens in a recliner at home. There are advantages and disadvantages to both type of systems, so if pressure relief is a concern, be sure to discuss these options fully during the evaluation. Tilt-in-space and recline are available on manual or power wheelchairs, and can be operated either mechanically or manually.

WHEELCHAIR COMPONENTS

Besides the type of chair, each chair comes with a variety of options. When you finish ordering a wheelchair, you may feel like you just ordered a new car! The rear wheels and casters (front wheels) can be air-filled (as with a bicycle tire), solid, or air with a solid filler. Air tires (pneumatic) tend to give a more comfortable ride, but require more maintenance than solid tires. It is also important to note that the rear tires and casters do not need to be the same type of tire. Each type of tire has its advantages and disadvantages, so be sure to discuss the tire selection during the evaluation.

The arm rests and leg rests are other components that can be variable. The armrests can be adjustable height or fixed height, removable or fixed, or desk-length or full-length. Generally, removable armrests are recommended because they allow the most flexibility with transfers. Desk-length arms will allow the consumer to get closer to desks/table, but full-length arms will provide more support for a person's arms or for a lap tray. The legrest can be swing-away, removable or fixed, elevating or standard, and the hanger angle can be 70, 80 or 90 degrees. Swing-away legrests can swing to the side and/or be removed to allow for easier transfers. The angle at which the footrests hang should be considered especially when there are restrictions in range of motion, or when tone/spasms present a problem. For most consumers, a 70 degree legrest hanger is

appropriate.

TRANSFERS

Another concern when ordering a chair for the first time, or a replacement for a current wheelchair, is the ease of either maintaining or improving the current method of transferring. For example, if the wheelchair/seating system being considered provides total positioning and tilt-in-space ability, can the caregivers still easily and safely transfer the consumer, or do the new components interfere with the transfer process? In another scenario, now that the legrests and armrests are removable, are transfers made easier, and more independently?

ACCESSIBILITY

Finally, the ease of maneuvering the wheelchair into and within the home, relatives'/friends' homes, school or work needs to be considered. If the wheelchair is going to be larger or longer, will it still fit in the bathroom, bedroom, or hallways? If the change has been from a manual wheelchair to a power wheelchair, is there room to maneuver it safely? Is there a ramp to allow access into the building?

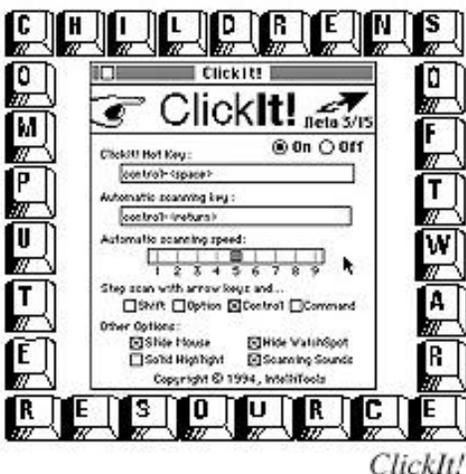
This article touched on only a few of the many options available when ordering a new wheelchair. Although there are many decisions to be made regarding the wheelchair purchase, and the evaluation may take quite a while, it is in the consumer's best interest to take this time in the initial stages to insure that the most appropriate wheelchair is purchased and to prevent problems with the wheelchair once it is delivered. Getting assistance from professionals who understand wheelchairs, as well as seating and positioning, will allow the consumer to make more informed decisions and to order a wheelchair that meets all of his/her needs.

Part II of this article will appear in the July/Aug issue of the AT Messenger. n

Children's Computer Software Resource

Patty Hove

ATRC Assistant Coordinator



So you just purchased a brand new Macintosh program for your daughter, but she doesn't have the ability to use the mouse! ClickIt! from IntelliTools provides a way for her to get to all those menu bars, scroll bars, dialog boxes and windows without a mouse. ClickIt! allows one to define areas in a program: spots that can click on significant parts of program or pick up/put down objects by either using the keyboard, a switch or multiple switches (used with scanning method), or other alternative input device. Along with screen changes, the "Hot Spots" can also change, and sounds, either recorded or digitized (recorded voice), can be added so that a sound will play when an item is scanned, or a sound can play when an item is selected.

Consider this example. An occupational therapist and a child development specialist in a rehabilitation center worked together to create sets of Hot Spots for an Intellikeys overlay with the program "Just Grandma and Me" (Broderbund Living Book). When the program opened, the overlay was **automatically** "sent" to the Intellikeys. On one page, the critter could get on the bus; on the next page, the critter could go to the beach and interact with every person and object on the beach—all without a mouse!!

Through the use of synthesized speech, ClickIt! can speak letters as you type them, speak the menu contents as you scan them, or speak a selected piece of text. ClickIt! can also use digitized sound

(recording) if your computer has the capability. These are just a few examples of the way you can use ClickIt! opens up endless possibilities! For information on "Just Grandma and Me", ClickIt!, Intellikeys, as well as information on where to obtain pre-made ClickIt! overlays to work with programs, contact your local ATRC. n

Were You There?

If you were not among the 100 people who joined us for Christopher Lee's workshop on March 1, you missed a great event. His presentation, titled "Equalizing Opportunity: Tools for People with Learning Disabilities" was thought-provoking, entertaining, and informative. Christopher described his experiences as a person with significant learning challenges, and talked about applications of assistive technology that helped him gain a college degree and support his employment and his writing career. In addition to his other talents, Christopher authored a book about his experiences with Rosemary Jackson called *Faking It: A Look into the Mind of a Creative Learner*. He shared several passages from the book with the audience as a means of illustrating his personal struggles with reading and writing in his early school years.

Audience response to Christopher and his presentation was overwhelmingly positive. Watch future issues of the *The AT Messenger* for notice of the availability of *LD and Assistive Technology: An Emerging Way to Touch the Future*, a resource guide Christopher discussed during his talk. n

To order a paperbound copy of *Faking It: A Look into the Mind of a Creative Learner* [ISBN 0-86709-3] send \$15.95 plus \$4.00 (\$.50 more for each additional copy) for shipping and handling to Heinemann, 361 Hanover Street, Portsmouth, NH 03801-3912, or call 800-541-2086 and place your credit card order.



Delaware Recycles AT

If you are interested in an item, please call the number listed next to the item.

If you would like to add or remove an item from the list, call 800-870-3284, press 1 for English, and then press 3 for the DATI Central Site office. All prices are negotiable and all area codes are 302 unless otherwise noted.

Devices Available:

Ambulation/Mobility

2 Braces, Child, f/2 year old, \$50, Dave, 455-1432
Cane, 4-legs, \$35, Kathy, 644-2214
Walker, Swedish Rollator w/wheels & attached seat, \$300 or best offer, D.C., 629-9569
Walker, collapsible, \$65, Howard, 994-5565
Walker, std, neg., Albert, 322-6600 or 738-0422 after 6 p.m.

Architectural

Rancher, 3 BR, w/c accessible, no steps, \$121K, Sam, 479-0819
Wooden Ramp, 3 steps, \$200, Ellen, 856-6141

Augmentative Communication

Lightwriter, Scanning (SL8), \$500, Carolyn, 856-7946

Computers/Electronic Equipment

B.O.S.S. 8000 Casio Organizer, \$50, Carolyn, 856-7946

Educational

Hooked on Phonics, books & tape, \$150, Donna, 337-7642

Hearing

Telecaption II Decoder, \$25, Donald, 892-9038
TTY, Ultratec Compact, portable, \$275, Melissa, 410-822-3949

Personal Care/Home Management

Bath Chair, Tubby II Folding Bath Bench Chair, \$70, Sandy, 328-2872
Bath Support Seat, Child's (2), \$70 ea., Sandy, 328-2872
Bathtub Bench, New, \$100, Sarah, 322-8112
Bean Pillow w/liner & cover, \$20, Sandy, 328-2872
Bedside Commode, \$20, Sandy, 328-2872
Bedside Commode, freestanding or over the commode, \$45, Kathy, 644-2214
Commode, Child's, High-Back, \$85, Sandy, 328-2872
Commode, portable, \$65, Howard, 994-5565
Commode, portable, w/arms, folds, neg., Albert, 322-6600 or 738-0422 after 6 p.m.
Fluctuating air mattress w/pump, new for single bed, \$95, Michael, 322-4543
Geriatric Chair, new, w/reclining chair, adj. foot rests, & attachable tray, \$400, Sarah, 322-8112
Hospital Bed, Electric, \$500, Leroy, 834-4856
Hospital Bed, Electric, \$1,200, Billie, 322-7863 after 6 p.m.
Hospital Bed, Electric, \$200, Richard, 610-565-3636

Linear Pump, Wright, aids circulation, Free, Lucille, 836-1283

Mobilaire, Invacare Mobilaire 5 w/Sense 02, best offer, Robert, 325-4063

Oxygen Machine, \$1K, Millie, 800-982-2248

Patient Lift, Invacare, hydraulic, \$200, Debra, 366-1010

Peristaltic Gradient Sequential Compression Pump, neg., Joanne, 658-5878

Portable Oxygen Concentrator, \$100, Larry, 737-6792

Pulmo-Aide Compressor, \$40, Millie, 800-982-2248

Pulmo-Aide Compressor, \$20, Larry, 737-6792

Pulse Oximeter, \$1K, Larry, 737-6792

Shower Bench, small, \$20, Kathy, 644-2214

Shower Chair, no wheels, back or arms, neg., Albert, 322-6600 or 738-0422 after 6 p.m.

Tens Unit, Spectrum Max SD, best offer, Mary, 456-0242

Transfer Bench, used twice, \$50, Kathy, 644-2214

Transfer Bench, \$65, Howard, 994-5565

Three/Four-Wheeled Powered Scooters

Scooter, Omega, 3 wheel, w/arms, basket, double battery, \$300, Judy, 645-9158

Scooter, Rascal, 3 wheel, chair w/arms, horn, flag, double batteries, charger, \$1,500, Kathy, 644-2214

Scooter, 3 wheel, electric all terrain, w/battery & charge, \$1,500, Albert, 322-6600 or 738-0422 after 6 p.m.

Vehicles/Accessories

Hand Brake/Throttle, new, GM, \$395, Barbara, 678-0515
Ramp, permanently attaches to a van, \$60, Elizabeth, 422-2896

Van, 89 Ford E 150, blue, Braun w/c lift, automatic, \$8K, Richard, 610-274-0242

Van, '88 Dodge Maxi Van, 2-tone brown, 50K, lift bed, toilet, storage, electric, \$20K or \$12K to qualified buyer, Franklin, 368-4675

Van, '87, Convertible, new w/c lift, 80K miles, \$6,500, Howard, 994-5565

Van, '90 E150, white & gray, w/Crow River Lift, 72K miles, garage kept, best offer, Ken, 784-6266

Van, '85 Ford E150, Conversion, Vangater lift, 75K miles, \$4K, Jenny, 633-3973

Van, '88 Ford E150 Van Ricon, sidedoor w/c lift, driver hand controls, remote control, 89K miles, Jaclyn, 325-2528

Wheelchairs

Adult, Electric, w/recharger, E&J, \$1,500, Mary, 984-1225 after 6 p.m.

(Delaware Recycles AT

Adult, Electric, Joystick Hoveround, reclines, hi-back, video and manual inc., neg., Josephine, 764-5324

Adult, Electric, Invacare, 16" wide, w/tilt & space recliner, removable joystick on tray, \$7K, Jo/Jim, 610-622-4276

Adult, Electric, new w/battery & charger, \$2K, Albert, 322-6600 or 738-0422 after 6 p.m.

Adult, Electric, w/charger, manual inc., std, \$900, Dolores, 856-3261

Adult (large), lightweight, \$150, Leigh, 945-9523

Adult, Manual, \$500, Rose, 335-4659 evenings

Adult, Manual, 18", Invacare w/footrests, \$350, Cindy, 475-2904

Adult, Manual, std, \$50, Leroy, 834-4856

Adult, Manual, Invacare, Jay Back, \$600 Firm, William, 652-1914

Adult, Manual, Tracer 1000 Series, std, Lightweight, \$150, Michael, 328-7753

Adult, Travel Chair, lightweight, collapsible, std size, \$350 Firm, Alice, 998-4537

Child, Quickie P10, Electric, \$1,200, Richard, 610-565-3636

Child, E & J, Electric, Barbie, \$5K, Joanne, 215-335-0589

Child (6-18), Electric, Invacare 9000, \$500, Susan, 610-793-1470

Child, Zippie by Quickie, Manual, Pink & Black, tilts, \$500, Jamie, 945-8668

Child, Quickie, Manual, w/tray, \$200, Vernessa, 655-9840 eve.

Children's, variety, Free, Kristen, 672-1960

Devices Needed:

Accessible Home with w/c ramps and lowered cabinets, Sarah, 322-8112

Bicycle, pedal w/hands, Pat, 653-6892

Commode, adult-sized w/restraints, Sheila, 697-8404

Headrest for w/c w/mounting bracket, Michael, 322-4543

Hospital Table, Mildred, 328-6857

Lift for Rascal Scooter, Dawn, 738-5336

Lift Chair (donation), Raymond, 349-5610

Phone Flasher for TTY, Tricia, 832-8082

Portable Ramps, Dave, 328-4143

Scooter, electric, heavy duty, Sarah, 322-8112

Shower Bench or Chair, small, Kristen, 658-0672

Standing Table, Ken, 831-2430

TDD, Joann, 834-2518

Tilt Table, Theresa 651-6015

Tricycle, Adult w/coaster brakes, Mary Anne, 998-2171

Tricycle, Adult w/ or w/o coasters, Loretta, 478-7912

Tricycle, Child's, accessible, Marcy, 609-478-0656

TTY, Tricia, 832-8082

Van w/lift, Larry, 424-0536

Van Lift, Pat, 653-6892

Van Ramps, 7-10', EZ access, Cindy, 284-9575

Van Ramps, Pat, 653-6892

Wheelchair, Electric, 16" seat w/control on right side, Kristen, 672-1960

Wheelchair, Electric, adult (tall), Arlene, 856-5063

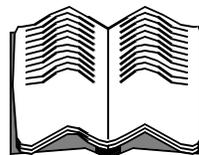
Wheelchair, 22", collapsible, Barbara, 834-2267

Wolf Communication Device, Liz, 429-4062

Note: If you are looking for items not on the list, please contact the Central Site office at 1-800-870-DATI. New items are added to the list regularly. n

Coming Soon!

*The 1997 Guide to Funding Resources
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New Options, updated eligibility information,
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**To contact DATI's Central Site office or the
ATRC closest to you...
Call 1-800-870-DATI**

Press #1 for English or

Press #2 for Spanish

then press...



#3 for the Central Site office or

#4 for the New Castle County ATRC or

#5 for the Kent County ATRC or

#6 for the Sussex County ATRC

TDD callers—If you do not press #1 or 2 your call will be answered on a TDD line by someone at the Central Site office.