



The AT Messenger

...bringing technology to you

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Delaware Explores Accessible Living Options

The Delaware Developmental Disabilities Council recently awarded a grant to the DATI for "Accessible Living for People with Disabilities: A Feasibility Study." The need for a study emerged after years of discussion about the benefits of having an accessible home available for tours and demonstrations in The First State. While there seems to be widespread agreement that having actual examples of accessible living spaces is useful for people interested in adapting their homes or building new ones, Delawareans have widely-ranging opinions about how best to accomplish this outcome. The nine-month study will examine the needs statewide, study the various examples of accessible housing throughout the country, and explore the potential for such a facility to be built and used in Delaware. Central to the activities of the project will be the Accessible Hous-

ing Coalition, comprised of individuals and agency representatives with an interest in these issues. This stakeholder group will meet monthly to determine the needs in Delaware, examine existing approaches to accessible housing, and determine which approaches are most likely to benefit Delawareans with disabilities. The project will culminate in the development of an action plan and the identification of key issues and supports. The project will also design and implement a campaign to increase awareness of accessible housing among the general public.

To get more information or to contribute your expertise to this project, please contact Beth Mineo Mollica at the DATI Central Site. Watch future issues of *The AT Messenger* for updates on this project's activities. ■

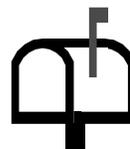
—Inclusion Conference Registration Materials Inside—

Sheraton Dover Hotel, November 4, 1998

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Making Computers Kid Friendly

by Ed Salisbury, Kent County ATRC

For a child, the use of a computer can greatly enhance learning, encourage socialization, and provide recreational activities. Even though the computer is a valuable tool for children of all ages, there are many factors to consider before giving young people access to the family computer. Most children who use a computer in the home share it with others in the household. This presents the problem of how to limit the information to which he or she has access. Obviously, most parents don't want young children exploring their hard drives and possibly moving or deleting files or icons. Some files on the hard drive may be of a sensitive nature or inappropriate for children's viewing. Another factor to consider is how to create a computing environment that is not intimidating to young children. Nothing can cut short a session on the computer faster than a frustrated child not being able to access his or her favorite game. Finally, because many households are now connected to the Internet, parents need to be aware of the ways in which their children are accessing the outside world.

Luckily, all of the problems presented by young children's hard drive explorations and the wild untamed Internet do not outweigh the numerous benefits that the computer provides. A variety of software is available to assist parents in keeping the computer as well as their children safe.

You Clicked on What?

Several software programs are available for those with children who like to explore the numerous files found on the average home computer. **Kid Desk** from Edmark creates a kid friendly environment that is not only fun but limits the child to only those programs and files that he or she has been given access. The **Kid Desk** software resembles an

actual desktop that one would find in a home or office. The child can choose a style of desk that most closely matches his or her interests. Each child in the family can set up his or her own personalized desktop with single-click access to selected programs. In addition to providing program launching capabilities, **Kid Desk** also contains icons resembling items commonly found on a desk. For example, clicking on the telephone icon lets the child send e-mail to another family member. The picture frame on the desk is a simple drawing program. The address card file lets the child store addresses, phone numbers, and birthdays. When an adult wants to use the computer, he or she simply types a password and the Macintosh or Windows desktop returns to normal.

For those who have outgrown **Kid Desk** but for whom some level of hard drive protection is desired, Apple Computer sells **At Ease 3.0** for the Macintosh. **At Ease** offers the same program launching features as **Kid Desk** but without the extra graphics and activities. **At Ease** provides two levels of protection. The first level presents a single-click launching environment allowing access to only selected applications. The second level allows access to the typical Macintosh desktop with restricted access to certain files as well as limitations on copying, renaming, and deleting files. Shareware programs similar to **At Ease** are available for IBM and compatible computers from Cetus Software. They are **Storm Windows** for Windows95 and **ProGuard** for Windows 3.X. These applications do not change the appearance of the desktop. They do, however, require a password to be entered before selected applications can be opened. Also, various levels of restrictions can be placed on the deletion, moving, and duplication of programs on the hard drive. Because these software products are shareware, fully functional versions can be downloaded and evaluated for a length of time before one would decide to purchase.

Backup! Backup! Backup!

Regardless of how well one safeguards the computer, the threat of data loss is always present. If a file gets deleted accidentally it is generally not the end of the world. The Windows operating system includes an Undelete feature that can usually recover deleted files as long as new files have not been saved over top of them. The Norton Utilities from Symantec provides Macintosh users similar file recovery capabilities as well as other useful disk utilities. If a file is unrecoverable, one can only hope that it was backed up. It is always a good idea to back up all software that is not

contained on original diskettes or CDROM. This would include software that has been downloaded from the Internet as well as personal word processing, database, graphics, and other application files. Both tape backup and high capacity removable storage devices can be purchased from local computer retailers. The Zip and Jaz drives from Omega, as well as the Syquest brand of drives, are popular removable storage devices that can be used to backup important data. The use of a tape drive is a very cost effective method of backup but is somewhat slow and limited in capabilities. Most of these devices include file synchronization software for easy backup of newly created files.

Beyond PG13

In Cyberspace it is almost impossible to verify the age of the person sitting at a home computer browsing the Web. Fortunately, there is a variety of software available which attempts to filter the information children receive from the Internet. Products such as **Cyber Patrol**, **Cyber Sitter**, **Net Nanny**, **Surf Watch**, etc. have been designed for this purpose. They can be downloaded from several large download sites as well as from their individual sites. Most are available for a limited trial and must be purchased if one wants to continue using them. These software programs do need to be periodically updated because new sites are added to the Web each day.

Didn't I tell you never to talk to strangers?

Most children have been taught not to talk to strangers and not to divulge personal information over the phone. The Internet, however, provides what appears to be a safe environment for interactions of all types. In the comfort of their living room or bedroom, children become careless in their conversations with others. When participating in chat sessions, a child may think he or she is chatting with a peer, yet there is no way to tell the age or gender of the person with whom he or she is chatting. Those who prey on children and teenagers take full advantage of this anonymity to find out personal information like address and phone number as well as to arrange meetings with an unsuspecting child. Even if a child is chatting with familiar people, there is no guarantee that someone with questionable motives is not observing their friendly chat session. Although the Internet filters that are used to screen inappropriate material can also be used to prevent children from accessing chat areas, parental supervision and education seem to be the most effective tool against these predators.

So you say the aliens have taken over Washington?

Many believe that all information obtained from the Internet is true. After all, why would a computer lie? Unfortunately, a lot of information presented as fact is inaccurate, opinion biased, and at times totally fictitious. As a matter of fact, the

Internet is more of an open forum than a structured information source. As a consequence, many people now have a voice who otherwise would not. Any person with a reasonable amount of Internet experience and the proper software can design a Web page that rivals that of large companies and organizations. On this web site, this person could post anything he or she desires, regardless of truthfulness. When using the Internet for research, one must remember to consider the source before accepting information as fact. Search results that contain the suffixes .gov, .org, and .edu can generally be trusted. These sites are administered by governmental bodies, organizations, and educational institutions, respectively.

What do you mean I'm infected?

It is difficult to believe that very talented computer programmers would have nothing better to do than wreak havoc on an untold number of home computers, but it happens every day. Many think that computer viruses arose as a result of malfunctioning software or accidental happenings. In actuality, viruses are software programs that have been intentionally written for the purpose of destroying the data on the computers of unfortunate and unsuspecting victims. Some viruses are little more than a nuisance while others can render a computer inoperable in a matter of minutes. Those who download software from the Internet, insert floppy disks into their computers, or receive e-mail are susceptible to computer viruses. Luckily, a multi-billion dollar industry has sprouted up to combat those mischievous programmers who author and disseminate this destructive software. Programs like **Norton Antivirus**, **McAfee Virus Shield**, and **Dr. Solomon's Antivirus** are all available for IBM and compatible computers. These valuable utilities examine any data coming into the computer. If a virus is detected, it is quickly eliminated. Because new viruses are disseminated every day, these programs need to be periodically updated. This is generally achieved through a fast, free, and automatic download from the manufacturer's web site.

With a minimal investment in software and the time to educate and supervise their children, parents can ensure a positive and rewarding computing experience each and every time their kids log-on. Although the Internet has many downfalls, the overall value of e-mail, chat lines, newsgroups, and the World Wide Web is very high. The computer, especially one connected to the Internet, offers something for every member of the family to learn from and enjoy. For more information on computers, the Internet, or any of the products listed above contact your local ATRC.



MY HOUSE: COMMUNICATION SOFTWARE FOR CHILDREN

Amy Morris, AT Specialist, Sussex County

If you are looking for a program to help develop a child's vocabulary, then **My House** could be the program for you. This is an excellent tool for developing object recognition and identification. Although **My House** is designed for children, it may also appeal to some adults with language learning difficulties or developmental disabilities. The program is easy to use, and enjoyable because of its realistic graphics.

My House pictures a house consisting of a bedroom, bathroom, living room, dining room, kitchen, and utility room. After choosing the room in which to work, users choose what objects they want active in that particular room. If you know that there are smaller objects in the room that may be confusing, you may exclude these objects from being shown. This is a nice feature for teachers, therapists, and parents who are working with individuals functioning at different cognitive levels. The parent, teacher, or therapist may review the contents of each room and simply include in the room what they would like the child to learn.

When the user has interacted with all of the objects in the room, the computer will begin going through the objects again. This is a beneficial feature because it provides appropriate reinforcement by repeating the stages of recognition and identification.

However, if the user is comfortable with the objects in that room, then s/he may simply quit that screen and go back to the main menu.

When an object has been properly identified it blinks, and the computer gives the user positive feedback. If the object is not properly identified, then the computer repeats the question and gives the user a second chance to respond.

There are many ways to access this program, including use of a mouse, touch screen, and single-switch scanning. In single-switch scanning, the computer automatically scans through each object; when it lands on the one the user wishes to select, a switch activation will halt the scanning process.

My House permits exploration of the rooms in the house at four different task levels:

1. Discover Names: The user clicks on a particular object in the room, and the computer speaks the name of the object.
2. Discover Functions: This feature tells the object's name as well as its function.
3. Identify Names: The computer asks the user to identify a particular object, and the user must choose the object by clicking on it.
4. Identify Functions: The computer will ask the user to identify an object that does a particular function, and again, the user must choose the object by clicking on it.

This software can be used in a Macintosh or Windows environment through a CD-ROM, or can be purchased on floppy disks for other computers, like the Apple IIe, Apple IIGS, and DOS. The software is also available in a Spanish edition, which is great for language development.

My Town and **My School** are programs similar to **My House** that can be purchased from Laureate Learning Systems, Inc. Their address is 110 East Spring Street, Winooski, VT 05404. Prices for these programs range from \$185 to \$210. For more information on this software program or a demonstration, please call your local ATRC.



My House - The Kitchen

NEWS FLASH!!! NEWS FLASH!!! NEWS FLASH!!!

The Assistive Technology Resource Centers are now offering "Adapted Toy Workshops" on an individual basis. If you've not been able to attend one of the previous workshops, now is your chance. By calling your local ATRC, you can schedule a time to come in and learn how to make a switch and adapt a battery-operated toy in an individual session with one of the AT Specialists. There is a nominal fee for the equipment used in the workshop, but you will leave with an adapted toy, and the knowledge to go home and adapt some more toys!!!! To schedule an appointment, call one of the ATRCs listed in this newsletter. ■

Powered Mobility for Children: Is My Child Too Young?

Nancy Chipman Ranalli
ATRC Assistant Coordinator

Previous issues of *The AT Messenger* have discussed both manual and power wheelchairs. This issue addresses powered mobility for young children. Please note that I prefer to use the term “power wheelchair” rather than “electric chair” because of the image conjured up by the latter term. Powered mobility is a good option for many people, both children and adults, but this article will address children specifically.

When is it too early to look at powered mobility for a child? There is no hard and fast rule for this. Children have started with pre-power wheelchair activities, such as using a motorized car (the Cooper Car, for example), or using a joystick to maneuver a remote controlled car, as early as two years of age. The criterion most often used is that if a child (or adult for that matter) understands cause and effect, he or she may begin to understand how to use a power wheelchair for mobility. There are certainly many other skills one needs to acquire before independent mobility with a power wheelchair is achieved, including directionality and stopping/starting, but if the child can begin to understand that by moving a joystick a certain way s/he can make the car or wheelchair move, it is a major step in the right direction.

As an example, John Doe is a two year old child with spastic cerebral palsy affecting all four limbs. At this point in time he requires others to assist him with all movement, as he is unable to roll, crawl or walk. He has demonstrated the ability to understand cause and effect through various therapy activities. When placed in a powered mobility device, he is able to use the joystick to cause the device to go in circles. Imagine the look on his face when he does this independently. It is likely to be the first time he has had some control over his environment, and the smiles are endless!

Parents often are reluctant to have their young child use a wheelchair, much less a power wheelchair. There still seems to be a “stigma” attached to using a wheelchair, and they want to keep their child out of it as long as possible. In addition, they often feel that using a wheelchair means that the therapist will stop addressing walking. On the contrary! Using a power wheelchair often assists children with walking because they now feel that they are able to move independently and want to try it by various methods. Often, once a parent sees a child move independently in a wheelchair, the parent realizes that the wheelchair, too, can be

used to help in the child's therapy.

As with most devices, physical limitations do not negate use of a power wheelchair. There are many methods of access for power wheelchairs, including (but not limited to) joysticks, single switches, chin controls or head controls. With a variety of controls come just as many placement options for each control. For instance, if a child is accurate with his left elbow and right knee, it may be possible to place single switches at each one of those sites to allow the child to control the wheelchair in that way. Additionally, if the child's head control is the most accurate method of accessing the power wheelchair, that method could also be used. Combinations of access devices may also be used if necessary.

Other factors should be considered when assessing a child's use of a power wheelchair. The accessibility of the home is a major consideration. Will the child be able to use the wheelchair in his/her home? How about the school situation and access to community activities? Are the school, local park, and favorite recreation spot accessible to the power wheelchair? If not, they should be! In addition, how will the wheelchair be transported? There are power wheelchairs that can be disassembled to be placed in the trunk of a car, but this is often a lengthy and weighty task. Will the family be able to transport the wheelchair in a minivan or sport utility vehicle? With some creativity and resourcefulness, many of these barriers can be overcome to allow the child to use a power wheelchair.

Finally, as has been stated in other articles, it is very important that the child receive a thorough and appropriate evaluation of his/her skills using a power wheelchair and the accompanying seating components. The child should be assessed by therapists who are skilled in addressing seating needs and familiar with a variety of controls and access options to assure that all avenues are explored. If not, an expensive purchase may be made, and it may not suit the needs of the child for whom it was purchased.

In conclusion, this article was meant to open the doors to the possibility of powered mobility for young children. If you have questions or concerns about your child's ability to use a power wheelchair, please discuss it with your child's physical or occupational therapist, or school teacher, or call one of the Assistive Technology Resource Centers for more information. ■





MEDICAID BECOMING MORE “CONSUMER-FRIENDLY”

Brian J. Hartman, Esq., Project Director

Disabilities Law Program

Recent developments in both Federal and State Medicaid programs hold great promise for consumers seeking assistive technology (“AT”). With over 80,000 persons in Delaware enrolled in the Medicaid program, including 41,000 children, any shift in policy has a dramatic impact on access to covered services. This article will examine four recent Medicaid initiatives:

- (1) publication of a national policy letter on community-based services;
- (2) adoption of a civil rights policy statement;
- (3) elimination of a restrictive Medicaid regulation; and
- (4) issuance of a policy letter on denial codes.

National Policy Letter on Community-based Services

On the eighth anniversary of the enactment of the Americans with Disabilities Act (“ADA”), President Clinton announced publication of an important policy letter. On July 29, the Health Care Financing Administration (“HCFA”) released a policy statement addressed to all state Medicaid directors.¹ The statement merits deference since HCFA is the Federal agency which issues Medicaid regulations and establishes policy. The statement endorses three Federal appeals court decisions.²

In Helen L., a Pennsylvania Medicaid nursing home resident wished to return home with supportive services. The home-based program cost less than the nursing home placement. However, since funding for the discrete community-based program was lacking, the State determined that the consumer should remain in the nursing home. A Federal appeals court held that the State's refusal to provide Medicaid services in the “most integrated setting” within its existing system violated the ADA.

In Easley, the Pennsylvania Medicaid agency excluded applicants with disabilities from an attendant care program

1. Background on the policy letter, as well as the full text, is available on the Web site of the National Health Law Program, Inc. at <http://www.healthlaw.org.Alert980804.html>.

2. The three decisions are Helen L. v. Didario, 46 F.3d 325 (3d Cir.), cert. denied, 116 S. Ct. 64 (1995); Easley v. Snider, 36 F.3d 297 (3d Cir. 1994); and L.C. v. Olmstead, 138 F.3d 893 (11th Cir. 1998). Since the Third Circuit is the Federal appellate court for Delaware, Pennsylvania, and New Jersey, the interpretations of Federal law in Helen L. and Easley are binding in these states.

based on a State requirement that enrollees be “mentally alert.” A Federal appeals court upheld the requirement, concluding that the program goal of promoting independence would be undermined by inclusion of individuals who could not control their affairs.

In L.C., patients in a state psychiatric hospital in Georgia sought community-based treatment. A Federal appeals court held that unnecessary institutionalization may violate the ADA and that community-based programs may be an appropriate accommodation for some individuals even if such programs are more costly.

Consistent with this caselaw, the policy letter encourages states to promote independence and community-based services. On a practical level, the letter supports consumers seeking Medicaid-funded AT to maximize independent living. For example, a power wheelchair, rather than a manual chair, may be justified based on increased access to more distant community destinations (e.g., stores, library, and public buildings). Alternatively, a lightweight, portable augmentative communication device, rather than a traditional, less mobile model may be justified to enhance community-based use.

Civil Rights Compliance Policy Statement

Apart from the above policy letter, HCFA also published a “Civil Rights Compliance Policy Statement.”³

This statement, published on August 3, promises across-the-board incorporation of disability-based civil rights standards into the operation of all Medicaid programs. It also contemplates a high standard of care:

The Health Care Financing Administration's vision in the current Strategic Plan guarantees that all our beneficiaries will have equal access to the best health care. Pivotal to guaranteeing equal access is the integration of civil rights laws into the fabric of all HCFA program operations and activities.... These laws include...Section 504 of the Rehabilitation Act,...the Americans with Disabilities Act of 1990,... as well as other related laws.

3. The background and full text of the policy is available on the Web site of the National Health Law Program, Inc. at <http://www.healthlaw.org/Alert980805.html>.



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The statement disallows disability-based discrimination in the Medicaid program and emphasizes that civil rights concerns should be part of the central “culture” of all Medicaid programs. Finally, HCFA adopts a strident approach to ensuring that persons with disabilities benefit from Medicaid programs:

We will continue to vigorously assure that all Medicare and Medicaid beneficiaries have equal access to and receive the best health care possible, regardless of...disability.

The statement is useful to consumers seeking Medicaid-funded AT. First, it does not pay mere “lip service” to disability-based civil rights laws such as the ADA. It mandates that ADA standards (e.g., community integration, equal access to programs and services) be part of the underlying philosophy of all Medicaid programs. Second, it contemplates consumer access to “the best health care”, not a minimal or “bare bones” level of entitlement. Applied to the AT context, a consumer may invoke the statement to justify access to: 1) “high quality” AT; 2) AT which promotes ADA goals such as community independence; and 3) AT which provides the consumer with functional equal access to community programs and settings.

Elimination of Restrictive Medicaid Regulation

Last winter, Delaware's Department of Health & Social Services adopted a new regulation. It defined the scope of “medically necessary” services and devices for the entire State Medicaid program. Unfortunately, it included the following problematic provision:

...(S)ervices which are primarily used for educational, vocational, social, recreational, or other non-medical purposes are not covered under the Medicaid program.

Several consumer-oriented organizations objected to the provision as both contrary to Federal law and, on a practical level, simply bad policy.⁴ For example, Federal special education law envisions Medicaid coverage of medically-related services (e.g., therapies and AT) included in students' individualized plans (e.g., IEPs and IFSPs).⁵ Likewise, Delaware's Division of Vocational Rehabilitation traditionally relied on Medicaid to fund medically-related rehabilitation of consumers with disabilities seeking employment. Literally, the regulation prohibited Medicaid

4. Organizations objecting to the regulation included the Disabilities Law Program, Delaware Assistive Technology Initiative, Developmental Disabilities Planning Council, State Council for Persons with Disabilities, Governor's Advisory Council for Exceptional Citizens, and Division of Vocational Rehabilitation Advisory Council.

5. Several provisions of the Individuals with Disabilities Education Act [“IDEA”] address Medicaid coverage of special education services. See, e.g., 20 U.S.C. §§ 1412(a)(12), 1412(e), and 1440.

coverage of any device or service if 51% of use supported educational, vocational, social, or recreational goals. In other words, the more useful a device or service in a consumer's life, the less likely Medicaid would cover it!

After a meeting between advocacy organizations and Department representatives, the State agreed on July 29 to delete the objectionable provision in its entirety. Advocates hailed the reversal in policy as a promising illustration of the Department's willingness to carefully consider consumer views on policies. The reversal was also viewed as an endorsement of the Department's own mission statement, which underscores the value of promoting self-sufficiency and independence.

The potential effect on consumer access to AT is significant. Applications for AT should not be denied simply because a consumer is expected to use the device at work, in school, or in social or recreational settings. The goal of any AT should be to maximize its usage across environments. For example, an augmentative communication device would be grossly underutilized if restricted to communication with a doctor. A consumer should logically use the device to communicate with family, teachers, fellow employees, store clerks, and peers.

Policy Letter on Denial Codes

During the same month of July, the State issued a second Medicaid policy reversal which should benefit consumers.

The Division of Mental Retardation's Assistive Technology Committee prompted the policy review.⁶ The Committee was alarmed by Medicaid managed care notices which justified service rejections because conditions were considered long-term or “chronic.” The State had inadvertently approved the following denial code:

Your problem is chronic. It will not significantly improve in the allowed timeframe with physical therapy, speech therapy, occupational therapy...

The Committee requested review since mental retardation is inherently chronic and State Medicaid regulations authorize services to prevent “worsening” of conditions or to promote “retention” of functional capacity.

A second Committee concern was the State's approval of vague managed care notice codes. Although both caselaw and regulations require that denials disclose specific and meaningful reasons, the State had approved use of multiple “unenlightening” codes. For example, the following codes were approved:

6. The Committee, comprised primarily of Division of Mental Retardation personnel, also includes representatives of the Delaware Assistive Technology Initiative and the Disabilities Law Program.



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- The procedure, service or item does not meet our medical guidelines for coverage.
- More conservative therapy should be considered.
- The medical care can be given in another setting.

When presented with the Committee's concerns, State Medicaid officials responded promptly. In a July 9 policy letter, the State rejected use of any "chronic condition" code and promised to ensure that managed care notices provide "detailed explanations" justifying denials.

This policy clarification should benefit consumers seeking AT. First, a consumer need not prove that a medical condition will "improve" through provision of requested AT. It is sufficient, particularly in the context of chronic conditions, that the AT will prevent deterioration or promote retention of functioning. Second, since rejections of AT must include specific reasons, a consumer can more effectively respond

to denials by either: 1) advising the managed care organization that its denial is based on obviously erroneous information; or 2) obtaining discrete countervailing evidence (e.g. doctor's opinion).

Conclusion

In conclusion, recent Federal and State policy statements reflect a promising consumer orientation. At the Federal level, HCFA has endorsed caselaw and standards which promote independence and community-based supports. At the State level, a restrictive "medical necessity" standard and a "chronic condition" exclusion are being stricken. Finally, the State has promised to require specific codes in all rejections of Medicaid services. For consumers relying on AT, these developments suggest that the Medicaid system is evolving towards a more responsive and flexible support program. ■

Changing Lives—One at a Time

Verna Hensley

Whether it is helping a person who does not speak to be able to communicate or enabling an employer to modify a workplace to allow a person with a disability to take a job, the Delaware Assistive Technology Initiative (DATI) can literally change the lives of people with disabilities.

As the director of Senator Bill Roth's New Castle County office, I first became aware of the Delaware Assistive Technology Initiative through my job. But, after touring the Assistive Technology Resource Center, I realized what DATI could mean for my daughter Julia and our family. Julia, who recently turned three years old, is severely speech impaired due to a rare genetic syndrome. While we have had a lot of success in teaching Julia to tell us her needs through sign language, it's been a concern to us that she is unable to communicate with people who don't know her signs, which at age three are imprecise at best! Anyone who has been around many three year olds will tell you that they want to make sure their needs are expressed and Julia is no different! Julia's speech therapist recommended several augmentative communication devices for trial use. Working with Mike Meyreles, we explored several of the recommended communication devices that might be suitable for Julia.

Through the loan program at the ATRC, we have been able to borrow a device known as the Macaw. The Macaw is a versatile communication device that utilizes digitized (recorded) speech and can be accessed with a variety of input methods. With the Macaw, Julia is presented with a row of pictures that indicate different choices for her. To indicate what she wants, Julia presses the picture and the Macaw speaks the name of the picture. For example, when she wants waffles for breakfast, she will press the picture of

waffles and hears the verbal reinforcement of "I want waffles, please." Or, when Julia doesn't seem like herself, we can ask her if she doesn't feel well and she can point to the picture to indicate "My tummy hurts" or "My ear hurts."

The beauty of the loan program at DATI is that it gives families the ability to try out different devices to see what will work best for the child. In addition, when approaching insurance companies about purchasing assistive technology, it is helpful to have a track record to show that the child is capable of using the device and can truly benefit from it. Besides learning about the Macaw, our family has also spent some time at DATI exploring different software which is available for children at Julia's learning level. We were able to preview the software and make a decision before we purchased it for her. More importantly, we learned about a device for our computer, called a touch screen, which allows Julia to access the computer simply by touching the screen rather than using a mouse. This has not only provided Julia with many hours of enjoyable play we really think it has played a part in improving her cognitive and fine motor skills.

Our family plans to continue to consult with the folks at DATI to try some other types of augmentative communication devices for Julia. By borrowing other types of equipment, we can make sure the device we ultimately choose will best meet her needs not only now, but also as she grows and progresses.

If you are a person with a disability or if you have a child with a disability, I recommend a visit to DATI to see what they have to offer. Through the miracle of technology and with the help of the good people at DATI, you may find the solutions to your problems are closer than you think! ■

Financing Assistive Technology

Refining Funding Approaches for Educational Assistive Technology: Recommendations of the 1998 AT Education Task Force

Ron Sibert, DATI Funding Specialist

Public Education is a crucial AT funding source for children and youth with disabilities. Special education-related devices and services also are provided by other (non-educational) public agencies. It is important for responsible agencies and individual service providers to share policies that allow them to finance or provide AT in a coordinated fashion. In order to make such practices more commonplace, educators, families, and service providers can serve as change agents by becoming more aware of model approaches to AT application and funding, and advocating their use. Several such approaches have recently been submitted to the State Department of Education (DOE) for consideration.

The Assistive Technology Education Task Force for Children and Youth with Disabilities, a diverse group of educators, advocates, attorneys, clinicians and parents of children with disabilities, was originally formed in 1993. The group was established under the authority of the DOE and implemented by the DATI. Its purpose was to identify barriers to the use of AT in Delaware public schools and to recommend remedies. That group issued recommendations in August of 1994. The Task Force reconvened in 1997-98—again at the request of the DOE leadership—to assess the State's progress since the August '94 release and to offer follow-up recommendations.

The 1994 recommendations addressed two broad categories of needs: 1) AT-related personnel training and 2) establishment of a system or a policy structure that would support proper AT use in Delaware public schools. The 1998 Task Force noted some improvements in the first category through a DATI-sponsored training program. However, they also noted that these programs were rendered less effective by lack of progress in the second (policy-related) category. As a result, our educators are still not adequately prepared to meet the challenge of effective AT use.

Like its predecessor, the '98 Task Force identified barriers to public school AT implementation and offered feasible means of surmounting those barriers. However, the '98 Task Force went a step further by initiating systems enhancements *before* offering them as recommendations. The '98 members negotiated with various public entities and developed interagency policies and uniform school district procedures that would improve access to AT *and* funding for it.

For example, several entities—like school districts, Medic-

aid managed care organizations (MCOs), and the Division of Vocational Rehabilitation (DVR)—can play significant roles in financing or providing access to AT. There is sometimes confusion between (or within) agencies that share such financial responsibilities. The 1998 Task Force recommendations include each Medicaid MCO's approved equipment claim submission and appeal procedures as they apply to Delaware students with disabilities. Common access to such policies and a shared understanding of them will permit prompt device and service delivery. Next, the recommendations include an equipment buy-out policy endorsed by DVR that would enable the Division to purchase a school-owned device for a graduating student who was using it in school, but who needs it for work or continuing education. A standard formula determines a fair transfer price for the device(s) in question.

Even in school districts earnestly attempting to provide AT when it is needed, there are sometimes disputes or uncertainties between schools and parents. The parties' responsibilities relating to district-owned equipment that is loaned to students and families has remained unclear. However, the Task Force developed a model *Equipment Loan Policy & Agreement Form* that provides a mechanism for establishing shared responsibility and mutual understanding. While use of this form is not yet standard practice, parents and educators are encouraged to avail themselves of it as an effective means of addressing crucial issues before they become problems. The agreement form/policy provides fair protections for both schools and families.

While several of the Task Force's initiatives and recommendations were related to AT financing and device management, a larger portion of them dealt with the issues of training and implementation. Since the AT-related skill levels of educators and other service providers often determine the degree of access to devices and funding, the training-related recommendations warrant discussion as well. Following the 1994 Task Force recommendations, DATI's Director, Dr. Beth Mineo Mollica, established an extensive training program for AT Specialists—representatives designated by their school districts to receive (and to later provide) AT-related training. The project, called Network for Education and Assistive Technology (NEAT), was supported by a mobile computing and telecommunications network, and provided intensive conceptual and practical AT-related training. Its intent was to begin building capacity for AT training and effective use within each school district. Not surprisingly, the degree of success experienced by any



continued from page 9

given district was proportional to the district administration's commitment and support. In other words, districts that demonstrated a commitment to the program and adopted its recommended policies and practices made significant progress. Those whose AT specialists did not participate or were prevented from applying what they'd learned made little progress. The 1998 Task Force sought to formulate recommendations that would further improve the State's education-related AT training and application.

One such recommendation addressed the need for a standard model for consideration of AT—a framework for decision-making that would enable educational teams to orient their thinking around students' educational tasks and environments. The model, called SETT¹, considers the **S**tudent, the **E**nvironments where **T**asks are performed, and the **T**ools the student needs to accomplish them. In short, the SETT framework provides what is often missing—the context within which AT should be considered and implemented. Another recommendation supports the notion of establishing a statewide AT credential with policy and training incentives. A variety of professionals (e.g., different kinds of clinicians and educators) need different kinds of AT expertise in order to properly execute their duties. Therefore the Task Force proposed that the DOE's Professional Standards and Certification group establish an AT endorsement appropriate for attachment to the certifications and/or licenses of a variety of professional disciplines. Then, in order to make the endorsement effective, the Task Force recommended pay incentives for school personnel who have earned it, and statewide district-level policies requiring related service personnel to carry it. The remaining recommendations involve State (perhaps interagency) investment in a statewide AT lending library that would give all districts access to equipment for evaluation and trial use, and web-based AT inventory management. The 1998 Task Force recommendations were the outcome of painstaking research and evaluation of state-of-the-art AT training and implementation models, careful consideration of the AT-related concerns of Delaware's public education stakeholders, and the compilation of model approaches to AT financing. However, their adoption and implementation require the support of involved families, dedicated professionals, and students who remain informed and engaged. Such is the challenge to effective AT application—and to educational reform itself—in the 21st century. ■

1. Developed in 1995 by Joy Zabala and Diana Carl at the Region IV Education Service Center in Houston, TX

Farewell...

Last month the DATI said a fond good-bye to Ron Sibert, who served so capably as the DATI's Funding Specialist since 1992. Ron's contributions led to the establishment of more responsive AT-related policies and practices in Delaware's schools, social service agencies, and public and private insurance programs. He has helped hundreds of Delawareans get the AT tools and services they needed. Somehow, in the midst of a very busy schedule, Ron managed to earn his M.B.A. from the University of Delaware. The folks in the M.B.A. Program liked him so much that they offered him a position! Ron accepted the position as director of admissions and recruitment, beginning his new duties in mid-August. We wish him happiness and success in his new position, and thank him from the bottoms of our hearts for his hard work on behalf of the DATI and its constituents. ■

DATI Equipment Loan Policy

DATI has a wide variety of equipment at the Assistive Technology Resource Centers for the primary purpose of demonstration and short-term loan. The policy for the loan of the equipment is as follows:

- The standard loan period is two weeks, defined as the day borrowed (e.g., Monday the 10th) to the same day two weeks later (e.g., Monday the 24th). Loans may be extended providing there are no names on the waiting list and/or that an extension will not interfere with an existing reservation. The maximum loan period is 4 weeks.
- A maximum of four (4) devices may be borrowed at a time, i.e., during any single loan period. However, combinations of devices may be treated as a single device if the components are interdependent—either operationally, or because one component is required for the user to access another.
- Equipment loans across State lines are not permitted. Borrowed equipment must also remain in Delaware throughout the loan period. ■



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

Cane, straight, wooden, Free, Donna, 731-1775
Crutches, wooden, Free, Donna, 731-1775
Walker, \$40, Connie, 653-7341
Walker, folds, \$75, Patricia, 427-4237 or 836-9143

Communication

Canon 7P Communicator, w/tape print out, single switch scanning or keyboard access, new, \$650, Dick or Gloria, 910-686-9744
CheapTalk 8, brand new, \$125, Amy, 349-5996

Hearing

Telecaption II Decoder, Free, Mary, 737-8306

Personal Care/Home Management

Bath Chair, w/commode, arm rests, back support, \$100, Catherine, 652-6641 after 5 p.m.
Bath Chair, w/arm rest and back support and Commode Chair, free standing, can be used over the commode or at bedside, w/arms and back support, \$100 for both, Kathy, 644-2214
Bedside Commode, w/arm and back support, Free, Patricia, 427-4237 or 836-9143
Commode, free standing, w/arm support, Free, Paul, 454-1357
Geriatric Chair, BioCare 5000, 3 position, neg., Carol, 610-358-2137
Hospital Bed, Electric, \$150, Richard, 610-565-3636
Hospital Bed, Electric, 3-position, \$600, Stephen, 947-1637
Hospital Bed, Electric, adj., traction bar, \$1,500 or B/O, ask for Michele only, 368-8864
Hospital Bed, Manual, Free, Harry, 855-1692
Hospital Bed, \$150, Rodney, 734-0893
Hospital Bed, Electric, \$400, Richard, 239-4243
IV Pole, \$10, Sheila, 697-8404
Oxygen Concentrator, w/Alarm and D tank, B/O, Robert, 325-4063
Reacher, 24", Free, Donna, 731-1775
Restraint Belt, neg., Maryanne, 737-6215
Shower Chair, extended seat, no wheels, back, \$25, Sheila, 697-8404
Shower Chair, nylon mesh seat, adj., reclines, \$50, Sheila, 697-8404
Shower Chair/commode, w/arm rest, \$75, Ruby, 764-8585
Stair Glide, (2) Cheney, perfect condition, neg., Sandra, 239-7440

Stair Glide, Silver Glide II, neg., Jay, 734-8400
Stair Lift, \$2,500, Brad, 517-773-2158
Stair Lift, National Wheelovator Falcon, for 4 steps, neg., Cheryl, 368-7230
Tens Unit, Century 2100, carrying case & supplies, B/O, Sharen, 856-0969
Traction Belt, Foam Padded, neg., Maryanne, 737-6215

Three/Four-Wheeled Powered Scooters

Amigo, 3-wheel, electric, adult-size, battery recharger, \$950, Mike, 764-4499
Lark, XT Model 4371, dismantles into 4 parts to fit into a car, \$125 Firm, Francis, 832-7506
Omega, \$2K, Brad, 517-773-2158
Scooter lift for minivan, \$100, Dick, 764-1714
3-wheeled, 2 batteries & charger, red velvet upholstery, key operated, T-Bar, one-year old, \$1.8K, William, 479-5383

Vehicles/Accessories

Braun Swing Lift for full-sized van, neg., Ginny, 234-1512
Conversion Van, Dodge Mark III, w/Ricon side lift, 2.5K miles, extended warranty, \$25K negotiable, Paul, 454-1357
Hand Brake/Throttle, new, GM, \$375, Barbara, 678-0515
Gresham Driving Aid, left-hand control for brakes and gas, B/O, Richard, 998-9666
W/C Lift for van, Braun, semi-automatic stepwell, \$600, Freda, 629-9603
Wells-Berg Hand Controls for brake and throttle, \$75, Dick, 764-1714

Wheelchairs/Accessories

Adult, Electric, w/recharger, E&J, \$1,500, Mary, 984-1225 after 6 p.m.
Adult, Electric, Joystick Hoveround, reclines, hi-back, video and manual inc., neg., Josephine, 764-5324
Adult, Electric, new w/battery & charger, reasonable offer, Albert, 738-0422
Adult, Electric, w/charger, manual inc., std, \$900, Dolores, 856-3261
Adult, Electric, charger w/new batteries, lift for vehicle, \$900, Pat, 610-518-5871
Adult, Electric, Action 9000, inc. joystick & battery charger, 1 1/2 yrs old, \$1,500, Ruby, 764-8585
Adult, Electric, \$1,500, Barbara, 654-6723
Adult, Electric, Quickie Model P110, w/battery and recharger, folding frame, \$1,000, Janet, 656-1737
Adult, Manual, La-Bac Tilt 'n Space, \$1,500 or B/O, Sandi, 992-0225



Adult, Manual, w/tilt & space w/headrests, \$300, Sheila, 697-8404
 Adult, Manual, w/soft seating, folds easily, removable footrest, \$125, Patricia, 427-4237 or 836-9143
 Adult, Manual, \$100 negotiable, Paul, 454-1357
 Child, Manual, for age 1 1/2 - 3 yrs of age, w/stroller handles, w/many accessories, \$500 or B/O, Lori, 717-596-3510
 Child, Quickie, Manual, w/tray, \$275, Vernessa, 655-9840
 Child, Zippie by Quickie, Manual, Pink & Black, tilts, \$500, Jamie, 945-8668
 Children's, variety, Free, Kristen, 672-1960

Devices Needed:

Barrier Free Lift, Herb, 610-667-5051
 Bike, Adult, 3-wheeled, Sandra, 875-8095
 Bike, Adult, 3-wheeled, pedal w/hands or feet, willing to pay reasonable price, Pat, day - 292-9913, eve. - 653-6892
 Cane, pronged, Jean, 655-7632
 Feeding tube pump, Heather, 934-8031
 Hospital Table, Alison, 762-1621
 Hoyer Lift, willing to pay reasonable price, Ralph, 368-5550
 Lift Chair, willing to pay reasonable price, Chris, 834-8734
 Mattress, Roho, willing to pay reasonable price, Lynda, 652-4483
 Ramp to fit a '94 Ford Villager, willing to pay reasonable price, Minerva, 733-4144
 Ready Racer/Star Car, Tumble Forms, willing to pay reasonable price, Katherine, 219-277-5849
 Stair Glide, willing to pay reasonable price, Carrie, 674-1661
 Stroller base for Tumble Forms chair, willing to pay reasonable price, Patty, 998-6302
 Tub Benches or shower chairs, need donations, Michelle, 235-1135
 Wagon and Rifton tricycle for clients, willing to pay reasonable price, Karen, 610-494-4080
 Walker w/wheels, Jean, 655-7632
 W/C Parts, Meyra brand, Lisa, 410-893-8614
 W/Cs, manual, need donations for senior center, Sharon, 422-1510
 W/C, 20", electric, Margaret, 479-0097

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.

If there has been no activity or interaction with the contributor to the list within six months, items are automatically removed from the list.

Note on Liability: The DATI assumes no responsibility for the condition of any products exchanged through this information service. It is the responsibility of the owner to provide accurate information about product specifications and condition. Additionally, terms or arrangements made for any product exchanges are the sole responsibility of the exchanging parties. ■

Legislature Granted Delaware Division of Libraries \$70,000

by Edward McNeeley

The Legislature has granted funds to provide a service to Delaware's constituents with low vision which will convert three national newspapers as speech-synthesized files over a phone at no cost to the user. The papers will be available at the same time the paper versions hit the street and will likely be; the Washington Post, the New York Times, and USA Today. The program also includes money to convert the News Journal for inclusion in the project and NFB will be negotiating with the paper on our behalf as part of the contract. The Gannet News organization has been supportive of programs for the visually impaired here in Delaware so we are hopeful the News Journal will participate.

The contract between NFB and the Division of Libraries is being reviewed by the Attorney General's office which is standard practice. It is hoped that this service will begin by this year's end. ■

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.



Publications List & Order Form

The following publications are available from the DATI Publications Office. All prices include shipping and handling (ask about large quantity orders). Please be sure to indicate the items you wish to purchase and include a complete mailing address for shipment.

Funding Fact Sheets	Single Copy	2-9 Copies	10+ Copies	Qty Ordered	Total Amt
Set of five fact sheets providing overviews of the policies and practices of five major funding streams in Delaware relative to assistive technology. Can be ordered separately or as a set.					
Public Schools	<i>Free</i>	<i>\$1.00 ea</i>	<i>\$.50 ea</i>		
Medicaid	<i>Free</i>	<i>\$1.00 ea</i>	<i>\$.50 ea</i>		
Medicare	<i>Free</i>	<i>\$1.00 ea</i>	<i>\$.50 ea</i>		
Voc Rehab & Independent Living	<i>Free</i>	<i>\$1.00 ea</i>	<i>\$.50 ea</i>		
Social Security	<i>Free</i>	<i>\$1.00 ea</i>	<i>\$.50 ea</i>		
Set of Five	<i>Free</i>	<i>\$5.00 set</i>	<i>\$2.50 set</i>		

	1-9 Copies	10+ Copies	Qty Ordered	Total Amt
<u>1997 Guide to Funding Resources for Assistive Technology in Delaware</u> Comprehensive guide to the primary resources for assistive technology funding in Delaware. The guide contains information on eligibility, coverage policies, and application procedures. The material is bound, with index tabs for convenience.	<i>\$20.00 each</i>	<i>\$15.00 each</i>		
<u>Assistive Technology: The Right Tools for the Right Job</u> A video profiling Delawareans working in their chosen professions with support from assistive technology. <i>(Available in open-captioned or closed-captioned formats. Please indicate preference.)</i>	<i>\$15.00 each</i>	<i>\$10.00 each</i>		
Subtotal from this page				

<u>Independent Living Brochure Series</u>	Any Quantity	Qty Ordered	Total Amt
Five colorful brochures describing the benefits of assistive technology for activities of daily life.			
You Can Get There From Here (<i>Reaching and mobility aids</i>)	<i>Free</i>		
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Set of Five Brochures	<i>Free</i>		
<u>Delaware Recycles AT Brochure</u>	<i>Free</i>		
Description and contact information about the DATI's equipment recycling program—includes punch-out Rolodex card for easy reference.			
<u>Selecting & Obtaining Assistive Technology Brochure</u>	<i>Free</i>		
Outline of steps to be taken in acquiring assistive technology, including assessment, vendor selection, funding, training, and follow-up.			
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