

EI ASSISTIVE TECHNOLOGY CASE REVIEW

This little girl was born premature with complications. She was discharged from an extensive stay at the hospital with a cranial shunt, nystagmus, and what they told the parents was “likely brain damage”.

Her initial EI services included physical therapy (PT) and occupational therapy (OT) to address mobility and positioning, and support for feeding skills. By the time the speech language pathologist (SLP) joined the team, the family had worked with three service coordinators and added a baby sister to the family. As the SLP ramped up into weekly visits, the family began to acquire diagnoses including cerebral palsy, epilepsy, and partial agenesis of the corpus callosum.

The fourth service coordinator and the rest of the IFSP team met around her second birthday, and added the new medical information to her plan as well as AT services. The SLP also happened to be fresh out of the AT consultant training and could provide both support in AT and in speech and language development.

The team felt it was essential to demonstrate to the family that there would be support for their daughter as everyone processed the implications of the diagnoses. The addition of AT services was not a means to acquire an iPad for this child, or a way to document what was already being done. It was part of a comprehensive plan to explore all possible ways to support the family and this child’s development through her transition into Part B services as we worked together to determine her strengths and needs.

AT services began with thorough education of the parents and team members. Exposing families to all the ways there are to work around physical limitations through AT is an essential part of AT services. In this case, the family needed guidance as to what was even possible for positioning and mobility systems as well as accessible and sturdy toys and communication devices and supports. AT devices included a gait trainer, an adapted high chair for positioning when eating, and a picture book with photos for making requests and choices throughout the day.

AT services were also necessary in helping to address the concerns the family had about managing both girls through bath and sleep routines, living in a third floor apartment, getting back and forth to appointments, dealing with insurance, in addition to meeting developmental milestones. AT services and devices were [documented on the IFSP](#). Access to the information on [Assistive Technology Partners](#) website has served this family just as much or more than access to the [Loan Bank](#).

The Loan Bank borrowing has done more than just provide a variety of cross-disciplinary equipment for this family. It has also helped provide hope. It’s been a way for the family to visualize a future where their daughter is overcoming barriers and learning and experiencing life alongside everyone else.

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