

Myths and Facts Surrounding Assistive Technology Devices and Services

The 'Myths and Facts Surrounding Assistive Technology Devices and Services' publication by the Department of Education addresses widespread misunderstandings about assistive technology (AT) within the IDEA framework. By debunking myths about AT, we aim to shift perceptions and broaden access for those who can benefit from it. We've selected 10 myths from their publication to highlight, believing they will be particularly insightful for you.

Myth: Assistive Technology (AT) should only be considered at some individualized education program (IEP) Team meetings.

FACT: AT can benefit students with a wide range of disabilities, enhancing their educational experience and functional capabilities. (See page 1 of full article, linked below).

Myth: An AT evaluation must be conducted before providing an AT device and service to a child with a disability.

FACT: An AT evaluation can be included as an AT service for a child but is not required under the IDEA (See page 2 of full article, linked below).

Myth: Children can learn to use an AT device on their own; educators have no obligation to provide training to a child or to their family.

FACT: The LEA must ensure that children with disabilities, their parents, and educators understand the AT device's operation by providing AT services. (See page 3 of full article, linked below).

Myth: AT does not need to be considered as part of the secondary transition process.

FACT: AT should be included in a child's transition plan for post-secondary life (See page 4 of full article, linked below).

Myth: AT devices and services are only needed for the academic classroom and only for use at school.

FACT: An AT device should be used in all settings to enhance the child's proficiency and guarantee consistent daily support. (See page 7 of full article, linked below).

Myth: Using AT devices and services will not improve child outcomes.

FACT: Research shows AT devices and services enhance outcomes for children with disabilities across environments, aiding in tasks like reading, writing, and communication and supporting daily activities for those with vision impairments. (See page 10 of full article, linked below).

Myth: The use of AT devices lowers a child's motivation because it does the work for them.

FACT: Research indicates that AT not only helps fulfill FAPE requirements for children with disabilities but also boosts their motivation and engagement, especially in reading comprehension and assignment completion. (See page 10 of full article, linked below).

You can find their full resource at:

<https://sites.ed.gov/idea/files/Myths-and-Facts-Surrounding-Assistive-Technology-Devices-01-22-2024.pdf>

Myth: If a child doesn't want to use AT, a teacher doesn't need to follow up to model and encourage the child to use the AT.

FACT: If a child resists using an AT device, the IEP Team must identify and address the cause, whether it's due to stigma, dislike, or misunderstanding. Solutions may include training, demonstrating the device's use, and connecting it to everyday activities. (See page 11 of full article, linked below).

Myth: Infants, toddlers, and their families do not benefit from AT devices and services.

FACT: AT devices and services often help infants, toddlers with disabilities, and their families meet developmental needs and support the child's growth. (See page 16 of full article, linked below).

Myth: AT does not need to be considered when a toddler transitions from early intervention services to special education services at the preschool level.

FACT: AT consideration is essential during a toddler's transition from early intervention to preschool, even if they haven't received AT through an IFSP. (See page 17 of full article, linked below).

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