



# *School Profile of Assistive Technology Services*

**Penny Reed, Ph.D.  
May 2000**

Wisconsin Assistive Technology Initiative  
CESA #2  
448 East High Street  
800-991-5576  
[www.wati.org](http://www.wati.org)



CESA #2  
448 East High Street  
Milton, WI 53563  
800.991.5576  
608.868.6740 (fax)  
info@wati.org

Greetings,

I hope you will find the School Profile of Assistive Technology Services manual to be a useful tool. The School Profile of Assistive Technology Services was developed to serve three purposes: (1) to assess the overall adequacy of assistive technology services in a district, (2) to identify specific areas or groups of staff members who require training or technical assistance, and (3) to document change over time.

To be most effective, the School Profile of AT Services should be completed by a large percentage of the special education staff. They should answer the questions independently without prior discussion among themselves. After they have answered the questions, significant benefit comes from a discussion of how and why they answered as they did. This discussion reveals differences in knowledge, perception, use of resources, and other factors, which the district can then address through training or technical assistance.

You will need to compile the information, this involves giving all of the response sheets to someone to enter into a data base or summarize by hand. In order to analyze your information, you will need to be able to sort your data by position (e.g. LD teacher, OT, SLP, etc.), by grade level (e.g. early childhood, elementary, middle school, secondary, etc.), by frequency of use of AT; and possibly by building.

### **Utilizing the Resulting Information**

First look at the composite profile: Look for overall strengths and weaknesses across all staff. Next, look at the information sorted by position, grade level, frequency of use, building, etc. Are there weaknesses or differences in responses based on these groupings.

Provide an opportunity for staff to discuss their individual responses as well as the composite and sorted profiles. Encourage them to discuss what they see as factors affecting their responses. Note the significant points made during this discussion.

**Action Steps**

Share the results with your planning committee, task force, or full staff—whatever group will be planning and implementing changes in assistive technology services in your school district. With the results of the profiles in mind, use the Action Planning form to develop a plan to improve your weak areas:

For both overall responses and the responses of specific groups-

What are the specific concerns within each section of the School Profile?

What are the three weakest areas overall?

What steps will you take to improve each of these areas?

Include time lines and specify people responsible for each action.

Set a date to review your overall progress on completing the identified actions.

**Questions**

If you have questions about the School Profile of Assistive Technology Services, please contact me by email at: [jgierach@cesa2.k12.wi.us](mailto:jgierach@cesa2.k12.wi.us). I hope you find the School Profile of Assistive Technology Services both easy to use and beneficial.

Sincerely,

*Jill Gierach*

Jill Gierach, MSE ATP, Director  
Wisconsin Assistive Technology Initiative

This manual was made possible by funding from IDEA grant number 9906-23. Its content may be reprinted in whole or in part, with credit to WATI and the Wisconsin Department of Public Instruction (DPI) acknowledged. However, reproduction of this manual in whole or in part for resale is not authorized.

# **The School Profile of Assistive Technology Services**

## **Background**

The School Profile of Assistive Technology Services was developed to serve three purposes: (1) to assess the over all adequacy of assistive technology services in a school district, (2) to identify specific pockets or groups of staff members who require training or technical assistance, and (3) to document change over time.

To be most effective the School Profile of Assistive Technology Services should be completed by a large percentage of the special education staff. You should answer the questions independently without prior discussion with your colleagues. After you have answered the questions, significant benefit comes from a discussion of how and why you answered as you did. This discussion reveals differences in knowledge, perception, use of resources, flow of information within your school and district, and other factors which the district can then address through training or technical assistance.

## **Directions**

### **Directions for Completing the School Profile**

Complete the demographic information about yourself at the top of the Response Sheet. Read each statement in the left hand column of the School Profile itself. Then read each of the five descriptors across the page for that statement. The descriptors range from Highly Satisfactory (5) to Needs Improvement (1). Select the descriptor which, in your opinion, *seems to best describe the situation in your school*. Record your answers on the Response Sheet. The Response sheet is designed to provide a visual profile of the strong and weak areas in your school and district.

Please note that in Section 2 on Evaluation, the questions are about the School Psychologists or Diagnosticians who regularly evaluate children for eligibility for Special Education, **not** an AT Specialist.

In Section 3. Extended Assessment the "team" may vary. It may be the IEP team, the IEP team with the addition of someone with specific expertise in AT (such as a district AT Consultant or Specialist), or a separate, specialized AT Team that exists in your district to address assistive technology questions. Do your best to try to think about how that team operates, whoever they are.

### **Directions for Utilizing the Resulting Information**

First look at your profile: Look for both strengths and weak areas. Is there anything that surprises you? Is there anything you would like to change?

It is now useful to discuss your answers with your colleagues. Do you disagree on some areas? If so, why? Are some individuals aware of information or resources while others are not?

Once your responses have been summarized into composite profiles for all who responded, you may note differences in responses based on: grade level, type of students served, years of experience, frequency of AT use, or building in which they work

### **Developing an Action Plan based on the School Profile Responses**

Within your school district the full staff, a subcommittee, or task force may want to utilize this information to identify areas for improvement. Low scores on specific components indicate a need to address those areas.

The Action Planning form can be used to develop a plan to improve assistive technology services in your school building or district. To use the form:

- ◆ Note the component(s) about which you are concerned.
- ◆ Describe where you are now in relation to that component.
- ◆ Target where you would like to be in the future.
- ◆ Describe the action(s) you will take to get there, the date by which each action needs to be completed and the person responsible.



# School Profile of Assistive Technology Services

Components of Effective AT Service Delivery		Variations				Needs Improvement
		Highly Satisfactory (5)	(4)	(3)	(2)	(1)
<b>1. Referral</b>						
A. School district provides training about AT, legal mandate, and what AT can do for students with disabilities.	All staff including regular educators are aware of AT and have received inservice training.	Most special and regular education staff members are aware of AT and have received inservice training.	Some special and regular education staff members are aware of AT and have received inservice training.	A few special education staff members are aware of AT and have received some inservice training.	Staff members have not received training about AT.	
B. School district special education procedure manual or teacher handbook includes AT services and devices.	Procedure manual has clear, specific directions and procedures for providing AT services and devices.	Procedure manual has directions for providing AT services and devices.	Procedure manual has a few directions, but not sufficient.	Procedure manual mentions AT, but lacks directions.	There is no procedure manual, or it does not mention AT.	
C. School district forms/reports include places to request and describe AT.	All appropriate forms include clearly identifiable places to indicate and describe AT devices and/or services.	District forms include the words AT, but do not include space to describe AT devices and services.	Forms do not encourage mention of AT, but reports sometimes describe it.	School district forms do not mention AT and reports do not address AT.	Staff are not encouraged or directed to consider AT.	
D. District promotes parent input and inquires about AT and its use.	District uses procedures to respond in ways that value parental input and promote active parental participation.	District uses procedures which value parental inquiries and input, but does not encourage active participation in decision making activities.	Parent inquiries routed to staff members who send list of resources and suggestions governing further involvement.	Parent inquiries handled on a case-by-case basis at the discretion of staff member receiving call.	Parent inquiries, requests and input are not sought or acted upon.	
<b>2. Evaluation</b>						
A. Staff who provide evaluations are knowledgeable about the operation and application of a variety of AT devices.	Evaluation staff are trained on a variety of AT hardware and software, and the district provides for ongoing skill development.	Evaluation staff are trained on some aspects of AT and the district provides for some updates/skill training.	Evaluation staff have some training in AT and how to utilize it in evaluations.	Evaluation staff are not knowledgeable about AT.	Evaluation staff are not encouraged or directed to learn about AT.	



<b>B.</b> Evaluation staff utilize accommodations during evaluations.	AT and other accommodations are routinely utilized as part of the evaluation process	AT and other accommodations are sometimes utilized as a part of evaluations.	Evaluation staff have occasionally used AT as an accommodation.	AT and other accommodations are not utilized during evaluations.	Evaluation staff are opposed to using AT during evaluations.
<b>C.</b> Evaluation staff know when and where to refer a student for additional evaluation from persons with expertise in assistive technology.	Referrals are used to supplement information gathered by staff. Referrals are timely and tailored to specific needs of the student.	Referrals are used to replace local evaluation in areas where evaluation staff have identified weaknesses.	Referrals are used inconsistently.	Referrals are occasionally made, but not tailored to individual needs.	Referrals are never made.
<b>3. Extended Assessment</b>					
<b>A.</b> School district has an effective system to borrow AT for trial use.	District staff routinely obtain AT for trial use from loan libraries or other sources.	District staff often obtain AT for trial use from loan libraries or other sources.	District staff occasionally arrange AT trials.	District staff have arranged an AT trial in the past.	District staff do not obtain AT for trial use with students.
<b>B.</b> School district staff making decisions about AT use a clearly defined decision making process.	Team members are trained in, and effectively use, a clearly defined decision making process.	Team members are trained and are making progress in using a clearly defined process.	Most team members are trained and team sometimes uses organized process.	Some team members are trained, but team rarely uses an organized process.	Team members are not trained in, and do not use, a decision making process.
<b>C.</b> Parents are equal, valued participants in all aspects of AT decision making.	Parents are routinely included in information gathering, decision making, and planning for AT trials and use.	Parents are usually part of the AT decision making process.	Parents are sometimes part of the decision making process.	Parents are informed about decisions after they are made or are minimally involved.	Parents are not included in AT decision making.
<b>D.</b> District teams match student needs, abilities, environments, and tasks to appropriate, cost-effective tools.	District consistently provides funding, time, resources, and personnel to match student's needs and technology.	Teams have limited equipment resources to meet student needs, but provide services which support best possible use of time and equipment.	District supports teams with some AT equipment, resources, and training, but limits equipment and restricts time available for team activities.	District maintains an equipment/resource bank, but time limits team support leading to appropriate use.	District does not provide time and resource support to teams. No equipment bank.
<b>E.</b> When addressing AT needs, staff utilize a transdisciplinary assessment of student's need.	Pertinent personnel conduct assessments jointly in natural environments. Discipline boundaries minimized. Recommendations are collaborative & comprehensive.	Pertinent personnel conduct joint assessments. Comprehensive report(s) with recommendations limited to what is available in districts.	Interdisciplinary team assessment conducted by separate disciplines with reports and recommendation.	Assessment conducted by separate discipline(s) in pull out model. Separate report(s) and recommendations made.	District does not conduct assessment of AT need.



Components of Effective AT Service Delivery	Highly Satisfactory (5)	(4)	(3)	(2)	Needs Improvement (1)
4. Plan Development					
<b>A.</b> District's IEPs, when appropriate, include AT devices and services as part of specially designed instruction, related services, or supplementary aids and services.	IEPs clearly include AT in ways that reflect its use. Consideration of AT is always evident.	IEPs usually include AT and/or reflect that AT was considered.	IEP includes place for AT consideration.	AT is sometimes written in, but no places clearly require it or indicate that AT was considered.	AT is not considered in development of IEPs.
<b>B.</b> School district assures staff are trained in how to effectively write AT into IEPs when needed.	All staff have received training in writing AT into IEPs.	Most staff have received training in writing AT into IEPs.	Some staff have been trained writing AT into IEPs.	No specific training has been provided.	Staff do not appropriately include AT in IEPs.
<b>C.</b> IEP teams design and write integrated, transdisciplinary IEPs that incorporate AT in appropriate tasks.	Collaborative teams develop single IEP which is continually implemented by team members with shared and well-defined responsibilities.	Parents and staff send objectives, staff cooperatively writes child-centered IEPs. IEPs are implemented collaboratively.	Individual disciplines write IEP objectives then implement cooperatively as time permits.	Staff involved write IEP objectives as a team, but implement individually.	Individual staff members write IEP objectives based on what they see within their respective disciplines.
<b>D.</b> Planning for transition includes specific consideration of AT needs.	Effective, systematic transition planning is conducted which consistently includes AT when appropriate.	AT is frequently considered in transition planning.	AT is not generally included or considered in transition planning.	AT is rarely included or considered in transition planning.	AT is not part of it, nor considered in transition planning.
5. Implementation					
<b>A.</b> Clear responsibility for training, equipment maintenance, and operation assigned to specific service providers.	Staff members know their responsibilities and work effectively together to train others, keep equipment working, and insure its appropriate utilization across environments.	Staff generally know their responsibilities. Equipment is operating and in use in most cases, and some training is provided.	One or two staff members are always viewed as being responsible for AT and little training of others is provided.	Some equipment is not working appropriately. Responsibility is vague and no training of others is provided.	Equipment is typically unused, underused, or not working due to confusion about roles and responsibilities.



<b>B.</b> School district budgets for the purchase of AT.	Assistive technology is a line item in the district budget with sufficient funding to acquire and maintain an array of devices for staff training and trial use, as well as use by specific students.	AT is a line item in the district budget that generally meets the need for items for specific students.	AT is a line item in the district budget, but does not meet the identified student's needs.	AT is not in the budget, but items are sometimes purchased when needed.	AT is never purchased by the district.
<b>C.</b> Staff involved in the provision of AT services have time to meet together.	Regular meeting times are scheduled for teams to discuss AT implementation.	Team members have some scheduled times to discuss AT.	Some team members meet, but not all can attend meetings.	Occasional meetings to discuss AT have occurred.	Staff do not have time or opportunity to talk to each other about AT.
<b>D.</b> Identified consultant(s) in district or other source help personnel working with students using AT.	Uniformly understood district procedures support AT consultant or team, which provides training, resources and troubleshooting.	Consultant or team is available on a regularly scheduled basis for AT activities: screening, evaluations, consultations, training and follow-up.	Consultant or team has regular schedule for AT duties. Part time AT members called on as time permits.	AT consultant or team has limited time and administrative support for follow-up and dissemination of information to other district personnel.	District does not support training of AT consultant or team, or provide time for AT activities.
<b>E.</b> Service providers and parents monitor and adjust implementation to correspond to changing student needs and abilities.	All students followed closely by team (including parent) with AT support on a consistent basis.	Monitoring by team (including parent) on a consistent basis. AT consultant on-site visits as needed.	Monitoring and adjusting done by team, but parent is not normally involved.	Teacher monitors and adjusts without team support. No formal input from parent.	AT monitoring addressed annually at IEP review.
<b>6. Periodic Review</b>					
<b>A.</b> AT is part of the district's over all technology plan.	Assistive technology is always included in technology planning across the district.	Assistive technology is usually included in technology plans.	Assistive technology is included only in some buildings.	Assistive technology is only included in grants where its consideration is required.	Assistive technology is never included in planning for district technology needs.
<b>B.</b> Continuing education needs of staff are assessed and responded to by the district or other agency.	Need for new training in AT is regularly assessed and access to information arranged.	Need for training is assessed.	Need for training is responded to and supported when requested by staff.	Need for training is sometimes recognized.	Staff need for continued training in AT is not met.

Reed (2000) Wisconsin Assistive Technology Initiative. Revised 5/30/00

References: Bowser, G., & Reed, P., (1995) Education Tech Points, *Journal of Special Education Technology*, 7, 4, 325-338

Carl, D., Mataya, C., & Zabala, J., (1994) Assistive Technology Innovation Configuration Matrix

G.E., & Hord, S.M., (1987) *Change in Schools: Facilitating the Process* Ithaca State University of New York Press

# School Profile of AT Services Response Sheet

Name: \_\_\_\_\_ Building \_\_\_\_\_  
 Position: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 Frequency of AT Use: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Place a (✓) in the corresponding column that best describes your situation.

Components of Effective AT Service Delivery		Highly Satisfactory (5)	(4)	(3)	(2)	Needs Improvement (1)	Not Applicable
<b>1. Referral</b>	A.						
	B.						
	C.						
	D.						
<b>2. Evaluation</b>	A.						
	B.						
	C.						
<b>3. Extended Assessment</b>	A.						
	B.						
	C.						
	D.						
	E.						
<b>4. Plan Development</b>	A.						
	B.						
	C.						
	D.						
<b>5. Implementation</b>	A.						
	B.						
	C.						
	D.						
	E.						
<b>6. Periodic Review</b>	A.						
	B.						

**Wisconsin Assistive Technology Initiative**  
**School Profile of Assistive Technology Services**  
**Action Plan**

School \_\_\_\_\_ District \_\_\_\_\_ Date \_\_\_\_\_

Team Members \_\_\_\_\_

Component	Where We Are Now	Where We'd Like To Be	Action/Person Responsible/Date



## **Resources for your School Profile Action Plan**

If your profiles show weaknesses in specific areas, you may want to look for resource materials to assist you. Here are some that you may find useful. They are arranged by topic under Print Resources and are more general under the other categories. This is certainly not all of the resources available, but they should provide a starting place.

### **Print Resources**

#### **Assessment or familiarity with assistive technology devices:**

*Closing the Gap Newsletter and Directory*, Closing the Gap, P.O. Box 68, Henderson, MN 56044. Telephone 507/248-3294 or email <info@closingthegap.com>  
Reed, P. (1998). *Assessing Students Need for Assistive Technology*. Oshkosh, WI: Wisconsin Assistive Technology Initiative. (See the enclosed order form) 1-800-991-5576, [www.wati.org](http://www.wati.org)

#### **Referral, Plan development, or Transition:**

Bowser, G. & Reed, P. (1998). *Education Tech Points: A Framework for Assistive Technology Planning*. Winchester, OR: Coalition for Assistive Technology in Oregon (CATO). (Note: individuals within Wisconsin can also get it from WATI because we have an arrangement with the Coalition for Assistive Technology in Oregon. Others should contact CATO directly at 541-440-4791).

#### **Early Childhood:**

Burkhart, L. J. (1995). *Total Augmentative Communication in the Early Childhood Classroom*, available from Mayer-Johnson.  
Coleman, M & Krueger, L. (2000). *Play & Learn: A motor-based Preschool Curriculum for Children of ALL Abilities*. Minneapolis: AbleNet, Inc.

#### **Augmentative Communication:**

Glennen, S.L. & DeCoste, D.C. (1997). *Handbook of Augmentative and Alternative Communication*. San Diego: Singular Publishing Group, Inc.  
Light, J. & Binger, C. (1998). *Building Communicative Competence with Individuals Who Use Augmentative and Alternative Communication*. Baltimore: Paulo H. Brookes Publishing Co.  
Locke, P. & Levin, J. (1999). *Making Connections*. Minneapolis: AbleNet, Inc.

### **Children with Severe Cognitive Disabilities:**

Canfield, H. & Locke, P. (1996). *Book of Possibilities: Activities Using Simple Technology*. Minneapolis: AbleNet, Inc.

Locke, P. & Levin, J. (1999). *Making Connections*. Minneapolis: AbleNet, Inc.

### **Beginning Readers:**

Musselwhite, C. & King-DeBaun, P. (1998). *Emergent Literacy Success: Merging Technology and Whole Language for Students with Disabilities*. Park City, Utah: Creative Communicating.

### **Physical Access to the Computer or Aug Com Devices:**

Anson, D. (1997). *Alternative Computer Access: A Guide to Selection*. Philadelphia: F.A. Davis Company.

### **Parents:**

Reed, P. & Bowser, G. (2000). *Assistive Technology Pointers for Parents*. Winchester, OR: Coalition for Assistive Technology in Oregon.

### **Web Resources**

There are multitudes of web sites which have useful information about assistive technology. They all have links to others. Here are a few to get you started.

**Wisconsin Assistive Technology Initiative:** [www.wati.org](http://www.wati.org) This site has a variety of information on assistive technology and assessment.

**LD On Line:** [www.ldonline.org](http://www.ldonline.org) This site has a section on technology under LD In Depth

**LD Resources:** [www.ldresources.org](http://www.ldresources.org) This site, run by Richard Wanderman, has a variety of information on assistive technology for individuals with learning disabilities.

**AAC Connecting Young Children (YAACK):** <http://aac.unl.edu/yaack/index.html>. This site has excellent information on augmentative communication. It is great for a beginner.

**EASI:** [www.rit.edu/~easi/](http://www.rit.edu/~easi/). EASI stands for Equal Access to Software and Information. This site has a variety of useful information, including ideas on making science classes accessible to students with disabilities, and information about on-line workshops. This is an especially good site for gaining information about adapting instruction for students with vision or hearing impairments.

**IntelliTools:** [www.intellitools.org](http://www.intellitools.org). IntelliTools maintains a web site that has dozens of overlays for use on their IntelliKeys as well as other products. They may be downloaded and used at no charge.

**Trace Research and Development Center:** [www.trace.wisc.edu](http://www.trace.wisc.edu) Trace Center has many excellent resources on its website including an assortment of freeware/shareware that provides software adaptations such as fat cursor, larger type, sticky keys, etc. It also has the full Abledata database of over 23,000 assistive devices.

## Video Resources

**Assistive Technology: We Can Do It.** American Speech-Language-Hearing Association. \$24. This video provides a brief look at young children using a variety of assistive technology.

**NCIP Video Profiles**, National Center to Improve Practice, EDC, Inc., P.O. Box 1020, Sewickley, PA 15143-1020. \$29.99 each or \$119.99 for set of five. These videos vividly illustrate how students with disabilities use a range of assistive and instructional technologies to improve their learning. The set includes: H591-*Multimedia and More: Help for Students with Learning Disabilities*; H592-*Jeff With Expression: Writing with Word Prediction Software*; H593-*Telling Tales in ASL and English: Reading, Writing and Videotapes*; H594-*"Write" Tools for Angie: Technology for Students who are Visually Impaired*; and H596-*Welcome to My Preschool! Communicating with Technology*.

**The GATE-Part 1: People who Use Assistive Technology**, ORCCA Technology, Inc., 317-B South Ashland Ave., Lexington, Kentucky 40502 606/268-1635 This interactive-multimedia CD-ROM explores the world of assistive technology as it is used successfully by individuals who need it in their daily lives, from preschoolers to senior citizens.

## Vendor Resources

Please note that this list is not exhaustive. For additional vendors check the Closing the Gap Directory. In addition, many areas have resellers who provide local access to assistive technology and training.



Ablenet, Inc. (aug. comm., switches, & adaptations for severe disabilities)  
1-800-322-0956, [www.ablenetinc.com](http://www.ablenetinc.com).

Access First (switches, mounts, aug. comm. devices) 1-888-606-6769,  
[www.accessfirst.net](http://www.accessfirst.net).

ADAMLAB (aug. com.) 734/334-1415, [www.resa.net/ADAMLAB](http://www.resa.net/ADAMLAB)

Adaptivation, Inc. (taction pads, and other aug. comm.) 1-800-723-2783,  
[www.adaptivation.com](http://www.adaptivation.com)

Assistive Technology, Inc. (aug. comm.) 1-800-793-9227, [www.assistivetech.com](http://www.assistivetech.com)

Attainment Company, Inc. (aug. comm./other) 1-800-327-4269,  
[www.attainmentcompany.com](http://www.attainmentcompany.com)

Blazie Engineering, (vision products) 410/893-9333, [www/blazie.com](http://www.blazie.com)

Creative Communicating (support for aug. comm. & emergent literacy) 435/645-7737,  
[www.creative-comm.com](http://www.creative-comm.com)

Don Johnston, (computer peripherals and software) 1-800-999-4660,  
[www.donjohnston.com](http://www.donjohnston.com)

DynaVox Systems (aug. comm.) 1-800-344-1778, [www.dynavoxsys.com](http://www.dynavoxsys.com).

Riverdeep (software, Touch Window) 1-800-825-4420, [www.riverdeep.com](http://www.riverdeep.com)

Educational Resources (software) 1-800-624-2926, [www.edresources.com](http://www.edresources.com)

Enabling Devices, Toys for Special Children (aug. com. & various, inexpensive) 1-800-832-8697, [www.enablingdevices.com](http://www.enablingdevices.com)

Frame Technologies (aug. comm.) 920/869-2979 [www](http://www.frame.com).

Franklin Learning Resources (speaking Language Master) 1-800-525-9673,  
[www.franklin.com](http://www.franklin.com)

Gus Communications, Inc. 360/715-8580, [www.gusinc.com](http://www.gusinc.com).

Inspiration, Inc. (concept mapping and outlining software) 1-800-877-4292,  
[www.inspiration.com](http://www.inspiration.com)

IntelliTools (IntelliTalk, Overlay Maker, IntelliKeys) 1-800-899-6687,  
[www.intellitools.com](http://www.intellitools.com)

Lee Products Co. (removable highlighting tape, ask for retail source near you)  
1-800-989-3544

Mayer-Johnson (aug. communication) 619/550-0084,  
[www.mayer-johnson.com](http://www.mayer-johnson.com)

Prentke Romich (aug. comm. & comp. access) 1-800-262-1990,  
[www.prentrom.com](http://www.prentrom.com)

RJ Cooper and Assoc. (software) 1-800-752-6673, [www.rjcooper.com](http://www.rjcooper.com)

Saltillo (Chatbox and other aug. comm.) 330/674-6722, [www.salttillo.com](http://www.salttillo.com)

Slater Software (Picture It, Pix Writer) 719/479-2255, [www.slatersoftware.com](http://www.slatersoftware.com)

SoftTouch/kidTECH (software) 805/396-8676

Tash International, Inc. (various comp. access) 1-800-463-5685, [www.tashinc.com](http://www.tashinc.com)

TextHELP! Systems, (software), [www.texthelp.com](http://www.texthelp.com).

Words + (aug. comm.) 1-800-869-8521, [www.words-plus.com](http://www.words-plus.com)

Zygo Industries, Inc. (aug. comm.) 1-800-234-6006, [www.zygo-usa.com](http://www.zygo-usa.com)