NEW YORK STATE
OFFICE OF CHILDREN AND
FAMILY SERVICES

2023 to 2027 Assistive Technology Center (ATC)
Contract Guidelines

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1. **General Information**

The Assistive Technology Center (ATC) Contract Guidelines contains information for the provision of assistive technology services to participants referred by the New York State Commission for the Blind (NYSCB).

In a world of rapid change in access technology, vendors should expect that NYSCB will issue updates to the guidelines as needed. Vendor staff will be expected to learn and adhere to new guidelines and to provide instruction and testing in accordance with the guidelines.

1.01. **Purpose of Assistive Technology Services**

Assistive technology services are provided to eligible participants whose vocational rehabilitation goal requires expertise in the use of adaptive electronic technologies during post-secondary education or training or during employment. Assistive technology services may be provided in an adaptive
technology center or at the education/training or employment site. Assistive technology services are required to determine an appropriate equipment configuration for education/training or employment.

1.02. Informed Choice

Informed choice is a decision-making process in which the counselor and the contractor provide relevant information that will allow the participant to fully participate in considering and selecting options for equipment and training as it pertains to the achievement of the participant’s vocational goal. The opportunity to make informed choices should continue throughout the assistive technology process. Any information needed in this decision-making process will be provided in the participants preferred format.

1.03. Confidentiality of Information

The vendor must safeguard the confidentiality of all information relating to participants who receive services under the Assistive Technology Center Guidelines. The confidentiality of each participant must be maintained in conformity with the provisions of applicable state and federal laws and regulations. A participant’s case record must not be released by any means of communication to any person, except pursuant to a written request by, or with the prior written consent of the participant or as otherwise required pursuant to applicable state or federal laws and regulations.

NYSCB requires the use of a Release of Confidential Information form when requesting or providing oral or written information regarding a participant. In addition, specific releases are required for providing or obtaining oral or written information about participants with certain health considerations. (e.g., HIV and substance abuse).

1.04. Providing Written Communication in the Participant’s Preferred Format

To communicate effectively in writing with each participant, it is important that the participant receive written materials in their preferred format. The participant’s preferred format is listed in the demographic form in the participant’s Electronic Case File (ECF). All written communication must be sent to the participant in the preferred format. Whenever possible, participants whose first language is not English should receive materials in their primary language or in the language they choose to communicate.

1.05. Communication with Participants Who Are Deaf-Blind

To communicate effectively with participants who are deaf-blind, it may be necessary to secure the services of a certified interpreter. If the services of a certified interpreter are needed for a participant who is deaf-blind to participate in services, the Vendor and NYSCB staff should ensure that appropriate and competent outside resources and services are available. NYSCB will pay for interpretation services for a participant participating in assistive technology services whose primary mode of communication is sign. Consideration of this need should be addressed during the entirety of the provision of assistive technology (AT) services.
1.06. Communication With Participants Who Are Limited English Proficient (LEP)

To communicate effectively with participants who are limited English proficient, it may be necessary to secure the services of a foreign language interpreter. Vendor and NYSCB staff will make available services of a foreign language interpreter for participants who are limited English proficient to participate in services. NYSCB will cover the cost of interpreter services for participants participating in assistive technology services.

Print Access

Reports and other documents related to the provision of assistive technology services must be accessible to participants and to NYSCB staff. Scanned reports must be readable by users of assistive technology. Handwritten documents will not be accepted by NYSCB.

1.07. Role of the NYSCB Counselor

1. Prior to referral for AT services, the NYSCB counselor will discuss with the participant the need for training accommodations, the participant’s basic skill levels and current knowledge of computers, software applications and adaptive technology, and provide the participant with the Assistive Technology Information for Participants handout (see appendix A). The counselor will discuss with the participant the equipment recommendation and procurement process and ownership policies.

2. The NYSCB counselor will make a referral by completing a vendor referral form and service authorization to the vendor for the appropriate service. The counselor will also provide all pertinent information as described under Referral Documentation and in the Vocational Rehabilitation Services manual under Initial Referral Information.

3. As the service coordinator, the counselor will maintain contact with the participant and vendor regarding the participant’s progress during service provision.

4. The counselor must review and give final approval to any suggested revisions to the training plan.

5. Within 21 calendar days of receipt of service reports, the counselor will participate in a meeting with the vendor and the participant to discuss the participant’s performance and to develop appropriate goals and plans.

6. Within 30 days of receipt of service reports, the counselor will accept or reject the reported outcome.

1.08. Role of the Vendor

1. Upon receiving a referral from the NYSCB counselor, the vendor will provide the authorized services as described in this document in accordance with the timeframes established for each service.

2. The vendor will review and explain all test scores to the participant.

3. The vendor will provide an opportunity for the participant to have input into the selection and recommendation of equipment.
4. The vendor will complete the appropriate report forms and attachments, detailing the specific services provided.

5. The vendor will maintain communication with the counselor, informing the counselor of progress or challenges in completion of the participant's program.

6. Within 10 days of completion of the service, the vendor will submit the final report and arrange a final meeting between the service provider, the counselor, and the participant to discuss the outcome and further recommendations.

1.09. Referrals

Contracted vendors must accept all referrals from NYSCB for all outcome services and fee for service types. Non-contracted vendors can only accept fee for services referrals for the type that they have been approved for and cannot accept outcome services.

1.09.01. Referral Documentation

Referrals must be accompanied by a vendor referral form that includes a short narrative about the participant's vocational or educational goal, self-reported current technology experience and skill level, work status and experience, education and learning style, prior vocational or adaptive skills training, mode of print access, and any accommodations needed for training. The following reports should be attached to the vendor referral form to assist the vendor in determining level and intensity of instruction. The referral form should clearly indicate if the participant is receiving job save services and if the participant's job is in jeopardy.

- Most recent Confidential Health Assessment
- Most recent Eye Report and Low Vision Evaluation Report (if applicable)**
- Most recent Audiology Report, if applicable
- Copy of any Readiness Evaluation Report or ATC Assessment Report (from another vendor)
- Any other evaluative reports that will aid the instructor in providing appropriate levels of service (e.g., task analysis and productivity requirements, vocational and educational assessments)

**Low vision reports should include specifications for ease of reading monitors and closed-circuit television (CCTV) if applicable.

1.09.02. Referral Acceptance/Start Date Notification

Within 30 days of the receipt of a referral for assistive technology services (both outcome and fee for services), the vendor must notify the NYSCB counselor of the start date. The vendor must provide a start date for services within 45 days from the date the referral was received by the service provider.

If the referral is for Job Save services for a participant whose job is in jeopardy, the vendor must notify the counselor of a start date for services within three (3) business days of receiving the referral.

1.09.03. Referral Rejections
If the participant cannot be contacted or is not ready to begin services within 45 days of receipt of the referral, then the service provider may reject the referral. Severity of disability is not a reason to reject a referral. NYSCB must be notified of the rejection as soon as possible, but no later than 30 days after the referral is made. The NYSCB counselor will then cancel the referral in the electronic case management system and inform the participant in writing of cancellation.

1.09.04. **Referral Cancellations**

If the vendor is unable to commence services within 45 days of the receipt of a referral, NYSCB may cancel the referral for purposes of obtaining services from another provider.

1.10. **Confirmation of Outcome Achievement**

Within 10 working days of completion of each service, the vendor will submit a report to the counselor and arrange for a discussion between the evaluator/instructor, the participant, and the NYSCB counselor to determine next steps. Within 30 days of completion of the service, the counselor must accept or reject the report.

**NOTE:** Outcomes are not considered to have been met until the report is received, a final meeting has taken place between the participant, counselor and provider, and the report has been approved by the NYSCB counselor.

1.11. **Personnel Standards**

1.11.01. **Personnel Standards for Outcome Services**

The following standards are required to provide outcome services. These requirements apply to Assistive Technology Center (ATC) contracted providers only.

**ATC Instructor**

At least one member of the vendor's instructional staff shall possess a certification or a degree in ATC Training. The certification/degree must be from a nationally recognized organization and include training/testing in all the following areas:

- Evaluation of AT needs
- Help in acquiring AT devices
- Guidance in selecting, customizing, adapting, maintaining, repairing, or replacing AT devices
- Coordinating and using necessary interventions (for example, low vision services) with the use of AT devices
- Training or providing technical assistance to individuals with disabilities, family members or significant others, professionals, and employers in the effective use and integration of AT devices

An example of a certification from a nationally recognized organization includes the Certified Practice in Assistive Technology credential from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or the Assistive Technology Certificate Program from the Center on Disabilities Another example of a certification from a nationally recognized
organization includes the Certified Assistive Technology Instructional Specialist for People with Visual Impairments (CATIS), [https://www.acvrep.org/certifications/catis](https://www.acvrep.org/certifications/catis)

NYSCB reserves the right to review each certification/degree program individually to determine if it meets the standards stated above.

Additionally, five (5) years of experience in AT instruction may be substituted for the above certification requirement if the staff member can demonstrate that during those five years, they performed all the above functions.

All other staff employed by the ATC and performing services under this contract must have the following:

1. Teaching experience relevant to the instruction of legally blind individuals
2. Knowledge of computers and operating systems as outlined in this document
3. Familiarity with assistive technology as outlined in this document
4. Knowledge of Grade I and Grade II Braille or ready access to a vendor staff member knowledgeable of Grade I and Grade II Braille (i.e., Teacher of the Visually Impaired or Rehabilitation teacher or other qualified person).
5. Ability to install hardware and software on both PC and MacIntosh systems.

2. **NYSCB Interviews**

All individuals who will fill the position of instructor may be interviewed as part of the approval process by NYSCB. The vendor agrees to refer all such individuals to NYSCB for approval prior to that individual’s provision of any service in the center. If a face-to-face interview is required, NYSCB will cover the expenses of such interview.

3. **Conditional Approval**

Prospective instructors who do not meet the above qualifications may be conditionally approved provided that at the time of referral for approval the vendor submits a plan with time frames, subject to the approval of the associate commissioner of NYSCB or their designee, for that individual to attain the requisite skills. Failure to complete the plan may constitute justification for NYSCB to withhold referrals and payments or require the vendor to withdraw the staff member from providing services at the center. The teaching experience requirement may not be attained in this manner.

4. **Other Conditions**

Additional conditions and duties for staff can be found in the “ATC Contract Providers Requirements and Information” section of this document.

1.11.02. **Fee for Services**

These fee for services must be provided by individuals who possess the following qualifications:
• Knowledge of computers and operating systems as outlined in this guideline in the "Fee for Services" section
• Familiarity with assistive technology as outlined in this guideline
• Ability to install hardware and software in both PC and Macintosh systems.

ATC instructor staff must be current and competent in their knowledge of, and ability to train on, most of the following assistive technology devices and applications:

1. Operating Systems
   a. Latest three versions of Windows
   b. Macintosh System

2. Application Software
   a. MS Office Home and Business or Student
   b. MS Word
   c. MS Excel
   d. Internet Access and Email
   e. Antivirus Software

3. Hardware
   a. Printers

4. Assistive Devices
   a. Large Print
      i. ZoomText Extra Level 2 for Windows Version 10
      ii. Magic Level 2
      iii. Super Nova
   b. Voice Recognition
      i. Dragon Dictate Naturally Speaking Professional
      ii. Jay Say Interface
   c. Voice Recognition
      i. Dragon Dictate Naturally Speaking Professional
      ii. Jay Say Interface
   d. Scanning
      i. Open Book
      ii. Kurzweil 1000
   e. Refreshable Braille
      i. Focus 40 Cell
      ii. Braille Ex 40
   f. Note Takers
      i. Voice Note / Braille Note
      ii. Pac Mate
   g. CCTV's
      i. Clear View family
      ii. Merlin Family
      iii. Portables like Pebble, Rudy, Versa
   h. Braille Embossers
      i. Juliet
ii. Romeo

All individuals may be interviewed as part of the approval process by NYSCB. If a face-to-face interview is required, NYSCB will cover the expenses of such interview.

1.12. Payments/Reimbursements

1.12.01. Outcome Payments

Quarterly Payments

At the end of each quarter, NYSCB will run a reconciliation report and pay for all successful ATC outcomes completed within that quarter per NYSCB case management system. This will be done for all quarters resulting in four quarterly payments.

5th Quarter Payment/Final Reconciliation Payment

Within 90 days after the end of the calendar year, NYSCB will receive a list from the vendor of all successful outcome services they completed within the prior calendar year. NYSCB will compare that list versus NYSCB’s case management system. As needed, NYSCB will make adjustments to reconcile the two lists. Once the reconciliation is complete and NYSCB and the vendor agree on the status of all outcomes, NYSCB will issue a final 5th quarter payment if needed. If a refund is required, the refund will take the form of a future quarterly payment adjustment. If no future quarterly payments are owed to the vendor, NYSCB will require a physical check from the vendor.

Vendors may choose to forgo 5th quarter reconciliation payment and rely on the reports generated by NYSCB’s case management system.

1.12.02. Fee for Services Payments

Fee for services may only be provided by the vendor upon receipt of an authorization for service from an NYSCB district office.

The vendor will be reimbursed for all NYSCB-authorized fee for services provided upon receipt and approval by an NYSCB district office of a properly completed authorization and the appropriate fee for service report outlining the completed work.

The vendor may not request nor accept payments from any NYSCB participant for any services described in these guidelines.

1.13. Remote Services

NYSCB’s expectation is that ATC services are provided in-person. In certain circumstances, remote provision of an ATC service may be deemed appropriate.

Senior counselor and/or district manager agreement and approval is required to provide ATC services remotely. The selected ATC vendor must also be in agreement. Prior to providing ATC services
remotely, the agreement between the counselor, vendor, and participant as well as justification for remote participation in ATC services must be documented in the participant’s case record.

Remote services can only be provided when the following are met:

1. The participant demonstrates that there is not a need for in-person training to participate in services remotely.
2. The participant does not require technical assistance or training to access and effectively engage in remote platforms to participate in services.
3. The participant and counselor together identify how providing ATC services remotely would allow them to participate as effectively as in-person training and identify the barriers that would be overcome as a result of participating remotely.
4. A decision by NYSCB that a current public health emergency would prevent in person training.

2. **Outcome Services**

Outcome services can only be performed by an ATC contracted agency. Non-ATC-contracted agencies are limited to fee for service. Contracted agencies have additional requirements located in “ATC Contract Providers Requirements and Information” section of this guidelines.

The outcome services are:

1. ATC Readiness Evaluation
2. ATC Assessment
3. ATC Training

2.01. **ATC Readiness Evaluation**

The purpose of the ATC Readiness Evaluation is to determine that the participant has the prerequisite skills to successfully complete ATC Assessment and ATC Training.

The NYSCB counselor will thoroughly explain the ATC Readiness Evaluation process and testing requirements prior to referring a participant for this outcome. This will include talking about accommodation requirements and formatting preferences. This will also include the introduction to the assistive technology readiness evaluation found in the beginning to Appendix B to the student.

The ATC Readiness Evaluation is a required outcome service that precedes referral for ATC Assessment and ATC Training. All students will be referred for this service unless clear documentation (certification, degree, transcript, course completion, etc.) is provided showing the student has previously acquired and is able to demonstrate the readiness skills covered by the individual component sought to be waived. Further, the district manager or senior counselor must approve any individual components of the Readiness Evaluation that are waived.
If four (4) or five (5) Readiness Evaluation components are waived, the vendor will be paid the fee for service rate conducted by appropriate personnel who meet the standards.

2.01.01. **Minimum Hours and Time Frame for the ATC Readiness Evaluation**

a) **Minimum Hours**

The outcome should be completed in five (5) hours or less, spread over no more than five (5) consecutive days. Additionally, the vendor must complete a report that will take around an hour.

Readiness Evaluations that take more than six (6) hours (including up to one hour of report writing) may be eligible for an additional ATC hourly fee for service payments. This additional hour should only be allowed in very rare, documented situations. A senior counselor must approve these situations in advance, and a case note must be entered into the case history documenting why additional time and payment is justified.

Readiness Evaluation that takes less than two (2) hours with the participant should not be paid as a Readiness Evaluation outcome but should be converted to an hourly ATC fee for service rate. The agency may bill up to 30 additional minutes for time to write the report.

b) **Time Frames for Completion**

Within 30 days of the receipt of a referral for readiness evaluation, the service provider must accept the referral in CIS and provide a start date that is no longer than 45 days from the date the referral was received by the service provider.

NYSCB counselors may authorize a 14-day extension to this time frame if the delay is necessitated by reasons beyond the vendor's control. In addition, the NYSCB district manager may authorize an additional 14-day extension if the participant's circumstances warrant. Requests for extensions can be made verbally or in writing. The reason for the request and the NYSCB staff authorizing the request must be documented in the participant's case record.

c) **Remote services**

An ATC Readiness Evaluation is required to be provided in person. Direct observation provides the evaluator with valuable information that cannot be obtained remotely, e.g., hand location on a keyboard and a general understanding of computers.

Exceptions to this requirement must be approved by the senior counselor and/or district manager and must meet the allowance criteria detailed in section 1.13, Remote Services.

If a participant cannot attend the ATC Readiness Evaluation in person, the outcome standards will not be met and only ATC hourly services should be provided.

2.01.02. **Readiness Evaluation Outcome**

1. The participant fully understood the ATC Readiness Evaluation process.
2. A clear and accurate assessment, using the specified instruments, was made of the participant’s readiness for assistive technology assessment. Deficits were identified and remediation recommended.

2.02. ATC Assessment

An ATC Assessment is used to determine the participant’s present level of functioning, the training needs, and estimated time to complete training. During the assessment, the participant must be exposed to the widest possible array of equipment that will allow them to function optimally in their work or educational environment, e.g., if the participant is using a screen reader, the participant should be exposed to several types of screen readers.

Only participants referred by a NYSCB counselor may participate in an Assistive Technology Assessment.

The ATC Assessment must be conducted only by personnel who meet the standards set forth in the contract.

2.02.01. Minimum Hours and Time Frame for an ATC Assessment

a)  Minimum Hours

The outcome should be completed within eight (8) hours over no more than two (2) calendar weeks. If circumstances arise that prevent completion of the assessment within this time frame, a request for an extension can be made verbally or in writing and documented in the final report. Additionally, most assessments may take up to one additional hour to write the report.

Outcomes that take more than nine (9) hours (including up to one hour of report writing) may be eligible for an additional ATC hourly fee for service payments. This additional hour(s) should only be allowed in very rare, documented situations. A senior counselor must approve these situations in advance, and a case note must be entered into the case history documenting why additional time and payment is justified.

Outcomes that take less than four (4) hours with the participant should not be paid as an outcome but should be converted to an hourly ATC fee for service rate on a new authorization with the initial authorization canceled.

b)  Time Frames for Completion

Within 30 days of the receipt of a referral for an assistive technology assessment, the service provider must accept the referral in CIS and provide a start date within 45 days from the date the referral was received by the service provider.

NYSCB counselors may authorize a 14-day extension to this time frame if the delay is necessitated by reasons beyond the vendor's control. In addition, the NYSCB district manager may authorize an additional 14-day extension if the participant's circumstances warrant. Requests for extensions can be made verbally or in writing. The reason for the request and the NYSCB staff authorizing the request must be documented in the participant's case record.
C) **Remote Services**

Assessments must be provided in person. Exceptions to this requirement must be approved by a senior counselor and/or district manager and must meet the allowance criteria detailed in section 1.13, Remote Services.

If a participant cannot attend the ATC Assessment in person, the outcome standards will not be met and only ATC hourly services should be provided.

**2.02.02. ATC Outcome**

1. The participant fully understood and had input into the assessment process.

2. A clear and accurate assessment, using the specified instruments, was made of the participant’s current knowledge of and capacity for learning assistive technology. Deficits were identified and remediation recommended.

   The vendor made an assistive equipment recommendation that contained the optimal combination of products for enabling the participant to meet their job or educational requirements.

The assessment resulted in the vendor, counselor and participant determining that the participant has the skills needed and will benefit from training and an estimate of hours needed for that training.

*Note:* Optimal combination means that the recommended equipment meets the participant’s functional requirements utilizing the most cost-effective array of appropriate products.

**2.02.03. ATC Assessment Standards**

The vendor must address all assessment standards for all participants referred by NYSCB for this service. The vendor will provide any and all written materials at the participant’s request.

1. The vendor has read to the “Introduction to the Assistive Technology Assessment” (*see Appendix C*).

2. The vendor has reviewed all referral materials and discussed with the participant the participant’s

   a) previous knowledge of computers or other technology, and
   b) employment or training goals and technology’s contribution to the attainment of the goal.

3. If the ATC Readiness Evaluation was waived, the vendor has evaluated the note-taking skills of the participant using Note-Taking Exercise 2 from the Readiness documents.

4. The vendor has administered and scored the Computer Concepts Tool and the Functional Computer Evaluation Tool and determined training needs based on the results. The vendor and the participant have discussed the results.
5. The vendor has provided the participant with an opportunity to view and sample a wide array of assistive equipment.

6. The vendor has recommended the optimal assistive equipment configuration to meet the participant's education or employment needs and the specific technical requirements of the identified job/education site or vocational goal.

7. The vendor has reviewed the equipment recommendation with the participant and the counselor, and adjustments have been noted as a result.

8. The participant has produced a work sample in the form of a letter to the counselor.

9. The vendor has submitted an assessment report package to the NYSCB counselor within 10 working days of the completion of the assessment according to the defined format in CIS.

Assessment Components

1. Note-Taking Exercise
2. Computer Concepts Pre- and Post-Test
3. Functional Computer Evaluation Tool
4. Equipment Demonstration and Selection
5. Participant Work Sample

For additional information, see Appendix B for the note-taking exercise and Appendix C for all others.

NYSCB reserves the right to update or change the assessment instruments at any time following an update to these guidelines.

2.02.04. Assisting Equipment Configuration Evaluation

The assistive equipment configuration must address the participant's specific job/education requirements and include a justification for how products would support the skills that are needed to accomplish specific job/education related tasks. During the evaluation, the participant must view and sample all options available at the assistive technology center that may meet the participant's needs. The participant should review and select from these options. The participant may request equipment with which the participant is familiar even if this equipment is not currently available for demonstration. A list of the options selected must be presented to the participant at the end of the assessment so that the participant has an opportunity to review and suggest substitutions prior to its submission to the counselor. The options list must be attached to the final report, and the items selected by the participant and instructor must be indicated. The instructor should sign the list and the participant should indicate on the work sample letter their agreement with the selections.

If the participant is employed, the vocational rehabilitation counselor (VRC) and participant will make any needed arrangements for the instructor to contact the employment site (including any IT or supervisor that should be involved). The instructor must document how the employer was contacted and how the equipment recommended is compatible with the participant's job tasks.
If the participant is seeking employment, it is the responsibility of the NYSCB district office to have an instructor review the equipment configuration recommendation at the time a job setting is identified and to make whatever adjustments are necessary so that the configuration meets the requirements of the participant's job description and tasks.

A participant's hardware and software configuration should be specific to the education or training setting and the participant’s major areas of study (science, math, design, technology, etc.). For a participant's equipment recommendation:

If the academic site has been identified, the VRC and participant will make any needed arrangements for the instructor to contact the academic site. The instructor will document their contact and how the equipment recommended meets the requirements of the student's program and course of study.

If the academic setting is not identified, it is the responsibility of the NYSCB office to revisit the equipment configuration at the time an academic setting is identified and to make whatever adjustments to the equipment are necessary to meet the requirements of the participant's program and course of study.

If an employment, education, or training setting is identified, the instructor must document contact information for the site and how the recommended equipment meets the participant’s needs.

2.02.05. Participant Work Sample

At the conclusion of the assessment, the participant must create a sample document using the assistive equipment. The document should be a simple block letter written to the counselor that consists of three text paragraphs: paragraph one will describe how the participant would use their equipment in their job or educational setting; paragraph two will describe some of the equipment the participant was exposed to during the assessment; and in paragraph three, the participant will indicate their agreement with the goals set for training and equipment selection. Any draft documents and the final document should be attached to the final report.

2.02.06. Final Report and Recommendations

The final assessment report and recommendations will include all assessment test scores and observational narratives.

The last portion of the final report will be a recommendation for assistive equipment. If a site evaluation has been completed for this participant, the equipment configuration must be compatible with the job or education requirements and the technical specifications of the participant's vocational goal and circumstances.

The service provider is required to complete the final report form in the NYSCB case management system.

The final report must include the following:

1. Information that the participant fully understood and had input into the assessment process
2. A clear and accurate assessment (using the required assessment tools) of the participant’s ability to successfully complete ATC Training. Scores must be included in the final report.

3. Training goals and an estimated time frame to complete the goals as agreed to by the provider, participant, and counselor.

4. A list of all the various assistive technologies the participant was exposed to during the assessment with the items chosen indicated, signed by participant and vendor.

5. An assistive equipment recommendation that contains the optimal combination of products for enabling the participant to meet their job or educational requirements. If the final assessment report recommends assistive equipment training and includes a specific equipment configuration, it must be directly related to and based in part upon this assistive equipment summary description.

6. A brief narrative describing any specific concerns, results, observations, or restrictions related to the participant's use of these assistive technologies.

7. A copy of the participant’s work sample produced during the assessment process.

If the participant will not be accepted for training, the service provider must document the reason for not accepting the referral, including a recommendation for remediation or alternative approaches.

2.02.07. **Equipment Configuration Recommendation**

For each item recommended, document the specific relationship of the equipment, device, or software to the participant's vocational goal. The equipment recommendation MUST be attached to either an ATC Assessment Report or an Assistive Technology Job/Education Site Evaluation Authorization. Please list all components required to make the system functional, including assistive devices, cables, software, etc. Enter item number, quantity, and price per New York State contract specifications, if known. If the item is not on New York State contract, recommend a vendor who will accept New York State purchase orders. Do not abbreviate item names or descriptions. Group similar items together (i.e., hardware, assistive devices, software, etc.). Specific installation instructions must accompany any equipment recommendation and will be forwarded to the equipment configuration vendor. These instructions may also affect the equipment that is ordered for the participant. This list should be completed electronically.

2.03. **ATC Training**

If a person is requesting general technology training, a full ATC Readiness Evaluation and ATC Assessment should be completed before any hourly service is provided. This ensures participants will receive training on all required areas and not just self-identify areas. All students going to college should have an assessment and readiness evaluation.

Participants that have very defined or specific trainings needs may have this service authorized without an assessment and readiness evaluation.

2.03.01. **Minimum Hours and Time Frame for an ATC Assessment**
a) **Minimum Hours**

Outcomes should be completed within 40 hours. Additionally, most trainings may take up to one additional hour to write the report.

Outcomes that take more than 41 hours but less than 51 hours (including up to one hour of report writing) may be eligible for up to 10 additional ATC hourly fee for service payments. The additional hours should only be allowed in very rare, documented situations. A senior counselor must approve these situations in advance, and a case note must be entered into the case history documenting why additional time and payment is justified.

Outcomes that take more than 51 hours (including up to one hour of report writing) may be eligible for a second ATC Training outcome payment. The additional hours will only be allowed in very rare, documented situations. A district manager must approve these situations in advance, and a case note must be entered into the case history documenting why an additional outcome is justified.

Outcomes that take less than 21 hours with the participant should not be paid as an outcome but should be converted to an hourly ATC fee for service rate on a new authorization with the initial authorization canceled.

b) **Time Frames for Completion**

Within 30 days of the receipt of a referral for ATC Training, the service provider must accept the referral in CIS and provide a start date within 45 days from the date the referral was received by the service provider.

Training should be completed in a maximum of four to six consecutive weeks. If the training period must extend beyond six weeks, the vendor must discuss the reason for the request with the participant’s NYSCB counselor and receive approval for the extension. Requests for extensions can be made verbally or in writing. The reason for the request and the NYSCB staff authorizing the request must be documented in the participant's case record.

c) **Remote Services**

ATC Training must be provided in person. Exceptions to this requirement must be approved by the senior counselor and/or district manager and must meet the allowance criteria detailed in section 1.13, Remote Services.

If a participant cannot attend the ATC Training in person, the outcome standards will not be met and only ATC hourly services should be provided.

2.03.02. **Scope of ATC Training**

ATC Trainings cover the full needs of an individual, from assembling a computer and setting up a printer to using Word and Excel. Based upon the needs of the individual, someone could receive all training outlined in this section or only a subset of this section.

a) **ATC Training Standards**
Based upon the participants VR goals and their assessment, training may achieve proficiency for employment/training or educational purposes in the following areas:

1. Function and use of the assistive device
2. Function and use of the assistive software
3. Function and operation of the computer
4. Routine maintenance
5. Utilization of technical documentation
6. Use of the computer operating system
7. Use of email
8. Use of internet browsers
9. Use of cloud or collaborative systems
10. Word processing
11. Spreadsheet
12. Presentations

For participants that require a broad, overview, ATC instructors may be required at the counselor’s discretion to use the “ATC TRAINING FINAL REPORT.”

This test will demonstrate the proficiencies gained from the training, providing that this test is also a good way to evaluate if a participant has received sufficient ATC services.

Proficiency is defined as the ability to successfully demonstrate the skills required by the Functional Computer Evaluation at the following levels:

2. Desktop Navigation – (16/16)
3. Function and Use of the Assistive Device
   a. Screen reader – (19/19)
   b. Screen magnifier – (12/12)
   c. Note-taking device – (10/10)
   d. Braille display – (8/8)
4. Scanner/OCR – (7/7)
5. Operating System Software – (18/22)
7. Email – (17/19)
8. Internet – (12/14)
10. Spreadsheet Software – (22/28)
11. Presentation Software – (11/14)
12. Database Software – (7/9)
13. Other Software (job or education specific) – 100% as determined through curriculum and evaluation developed by the trainer

Proficiency can also be measured through the development of a portfolio of work products demonstrating the skills learned.

3. **Fee for Service**
Fee for services is available to ATC contracted and non-contracted entities. ATC-contracted entities should be utilized first.

1. ATC Training (Hourly)
2. ATC On-Site Evaluation
3. ATC On-Site Installation
4. ATC Technical Job Coach Development
5. ATC On-the-Job Technical Support
6. ATC Technical Support for Placement Staff
7. ATC Refresher Training
8. ATC Remote Technical Assistance

ATC Training (hourly) services reports will be written freehand with no prescribed format. Other fee for services reports may follow their corresponding report found in Appendix E: “Fee for service Reports.”

In addition to the general service of ATC hourly to continue training after an outcome service, the services detailed in sections 3.01.01 through 3.07.02 below are hourly services that can be provided in specific circumstances, depending upon a participant’s skill, needs, and employment setting or situation.

3.01. ATC Training (Hourly)

ATC hourly services are typically used to provide ATC Training in addition to the provision of ATC outcome services. ATC hourly services can be provided after an ATC Training outcome or instead of an ATC outcome.

ATC hourly services can have a broad range of use depending upon the participant’s needs and skills. This service can be used for short-term training on specific devices that do not require an ATC outcome service.

ATC hourly services should generally be no more than 20 hours in duration, and the use of ATC outcome services should be considered when more than 20 hours are necessary.

3.01.01. ATC Training (Hourly) Final Report

An ATC hourly report can be in any format acceptable to the vendor and the counselor. Generally, the report takes the form of a detailed memo or letter. At a minimum, the information required are the dates and number of hours worked along with a description of what they worked on.

3.02. ATC On-Site Evaluation

Used to evaluate the need for assistive equipment and software to create an effective interface between the participant’s assistive needs and their job site.

3.02.01. ATC On-Site Evaluation Standards

Note: The on-site evaluation may be conducted, upon request of the NYSCB counselor, either before or after an ATC Assessment.
1. The vendor, in the company of the NYSCB counselor, has visited the participant's job or education site and met with a representative to evaluate the need for assistive equipment and software to create an effective interface between the participant's assistive needs and their job site.

2. The vendor has determined the potential to establish a technical liaison at the participant's job or education site who would be willing to develop familiarity with the participant's assistive devices and to independently support the functions of the assistive equipment. If it is not possible to develop such a technical liaison, this should be explained in the final report to the NYSCB district office.

3. If the participant has completed an assessment at an assistive technology center (or) If the participant presently has and uses equipment (or) If the participant presently has a valid equipment recommendation in progress (or) If the participant only requires low tech equipment,

and the vendor, in conducting the site evaluation, determines that additional items of technology-based equipment are required for assistive purposes, the vendor has recommended additional items of equipment specific to the participant's performance at the job/education site.

3.02.02. ATC On-Site Evaluation Final Report

FINAL REPORT: A final on-site evaluation report containing a written technical profile of the participant’s job or education site must be submitted within 10 working days of the completion of the service.

EQUIPMENT RECOMMENDATIONS: Equipment recommendations should be submitted electronically. For each item recommended, document the specific relationship of the equipment, device, or software to the participant's vocational goal. List all components required to make the system functional, including assistive devices, cables, software, etc. Enter item number, quantity, and price per New York State contract specifications, if known. If the item is not on New York State contract, recommend a vendor who will accept New York State purchase orders. Do not abbreviate item names or descriptions. Group similar items together (i.e., hardware, assistive devices, software, etc.). Specific installation instructions, if they apply, must accompany any equipment recommendation. If provided, they will be forwarded to the equipment configuration vendor. These instructions may also affect the equipment ordered for the participant.

Any equipment recommended must directly relate to the job or education requirements and the technical specifications of the participant's vocational goal and circumstances

3.03. ATC On-Site Installation

The participant's recommended assistive equipment configuration interfaces to create an effective interface between the participant's assistive needs and their job site.

3.03.01. ATC On-Site Installation Standards
1. The vendor has taken all necessary steps to ensure that the participant’s assistive equipment configuration interacts effectively between the participant's assistive needs and their job site. If the equipment, as installed, does not function properly, the vendor has continued to work with the installation until it is successfully functioning.

2. The vendor has established a technical liaison at the participant's job/education site who is willing to develop familiarity with the participant's assistive equipment and to independently support the function of this equipment. If it is not possible to develop such a technical liaison, this should be reported according to a format acceptable to NYSCB.

3. The contractor has met with the participant and the technical liaison (if established) at the participant's job/education site two weeks from the date the successful installation was completed to ensure the functioning of the assistive equipment configuration.

3.03.02. ATC On-Site Installation Final Report

A final on-site installation report summarizing the installation activities, the establishment of a technical liaison, and the second week job/education site meeting is to be submitted within 10 days of completion of this service.

3.04. ATC Technical Job Coaching Development

Job coaches referred by NYSCB will be trained on the specific assistive platform within the application environment required by the participant’s job to the level necessary to support the participant in the performance of their specific job tasks.

Participants will have on-the-job resources and supports necessary to perform their specific job tasks.

3.04.01. ATC Technical Job Coaching Development Standards

The vendor must, upon referral from NYSCB, provide technical training to job coaches to allow the job coach to identify and troubleshoot problems the employee encounters in using assistive technology in completing job tasks.

3.04.02. ATC Technical Job Coaching Development Final Report

A final technical job coach development report is to be submitted within ten (10) working days of the completion of the service.

3.05. ATC On-the-Job Technical Support Development

Employer technical support staff will be trained on the specific assistive platform within the application environment required by the participant's job to the level necessary to support the participant in the performance of their specific job tasks. Participants will have on-the-job resources and supports necessary to perform their specific job tasks.

3.05.01. ATC On-the-Job Technical Support Standards
Training at the ATC is only one preparation step that is necessary for the participant to make a successful transition to a work setting. For many participants it is critical to have additional supports in place both when the initial job placement occurs and perhaps for some transition period thereafter. The support process begins with identifying the participant’s needs from the time the initial job placement activities occur. In this way the entire team involved with the participant's training, job seeking, and transition to work are working toward common goals and developing strategies, such as on-the-job training supports, to maximize the participant's successful move to the work setting.

In a traditional model, job coaches would be sought to fulfill the need for the on-the-job supports and begin their involvement at the time the placement begins. NYSCB proposes examining the technical knowledge of the entire team of staff members who play significant roles throughout the participant's period of involvement in the ATC services. The personnel necessary to support the participant on the job who require training or additional technical skills may include such resources as job coaches, fellow co-workers, work site instructors, etc.

Providing on-the-job technical support is a service that will be specific to each participant's individual case, but may include the following components:

1. Assisting the employer’s technical staff in gaining the requisite skills needed to support and upgrade a participant’s equipment configuration.
2. Assisting instructors at the job site to provide training to blind or visually impaired employees.

3.05.02. ATC On-the-Job Technical Support Final Report

A final On-The-Job Technical Support report is to be submitted within ten (10) working days of the completion of the service (see Appendix D).

3.06. ATC Technical Support for Placement Staff

Placement staff need access to the technical resources, technical training, and technical supports necessary to successfully develop employment opportunities for NYSCB participants.

The process of successfully developing employment opportunities for NYSCB participants often involves the placement efforts of NYSCB counselors, private agency placement staff, and private contractor placement resources. Accommodating the participant in the workplace with assistive technology requires knowledge of equipment configurations used by the participants and how these might be integrated with the differing computer technologies in use at the worksite. This task may be especially complex when the employer uses proprietary systems. Placement staff who are unable to effectively evaluate the need for technical support or who do not understand the limitations and possibilities of assistive technologies and workplace accommodations are likely to undermine successful placement outcomes. The negative consequences for the individual participant may be loss of employment. The employer may be less open to hiring disabled applicants in the future.

Placement staff and ATC staff need to communicate early and effectively in the placement process. The opportunity and incentive to share assistive technology resources and expertise must exist early and throughout the placement process to foster successful placement outcomes for NYSCB participants.
This service should emphasize how technology applies to the workplace and specific or general office work within a multitasking environment, based upon a standard level of technical knowledge a job placement staff would need to have to be able to provide quality job development services to NYSCB participants. Define how this level will be achieved and measured.

### 3.06.01. ATC Technical Support for Placement Staff Standards

The vendor must, upon referral from NYSCB, provide technical support to referred placement staff to allow the placement staff to discuss appropriate assistive technology with employers and to perform an effective job site analysis.
3.06.02. ATC Technical Support for Placement Staff Final Report

A final Technical Support for Placement report is to be submitted within ten (10) working days of the completion of the service.

3.07. ATC Refresher Training

The purpose of this service is to provide retraining on software or hardware on which the participant previously received training, and which is essential to the participant’s current employment or education setting.

The participant will regain or refine skills that will allow the participant to use computer software or hardware in the employment or educational setting in a way that resolves, or overcomes, the problem(s) identified in the NYSCB referral materials.

3.07.01. ATC Refresher Training Standards

The vendor must, upon referral from NYSCB, provide Refresher Training to participants who have successfully completed ATC Training.

3.07.02. ATC Refresher Training Final Report

A final Refresher Training report must be submitted within 10 working days of the completion of the service. ATC Refresher Training has no official report format.

3.08. ATC Remote Technical Assistance

Remote Technical Assistance allows for the provision of technical intervention services using the participant’s computer and screen reader software off-site when a there is a malfunction or computer use issue that requires the intervention of the vendor. If remote access is not available via the computer, the vendor can troubleshoot the computer issue via telephone. Telephone troubleshooting will only be used as an alternative solution.

3.08.01. ATC Remote Technical Assistance Standards

Remote technical intervention has resulted in successful resolution of the malfunction or issue which generated the request for assistance.

The vendor must, upon referral from NYSCB, provide Remote Technical Assistance to resolve hardware or software issues to active NYSCB participants who have successfully completed ATC Training and are currently engaged in educational or employment activities.
3.08.02. Remote Technical Assistance Final Report

A final Remote Technical Assistance report detailing the problem addressed and resolution of the presenting issues must be submitted within 10 days of completion of the service. Remote Technical Assistance has no official report format.
4. Appendixes

4.01. Appendix A: NYSCB Assistive Technology Center (ATC) Services

4.01.01. Information for Participants

Introduction: You and your NYSCB counselor have determined that your education, training, or employment may be enhanced by the provision of assistive technology services.

This handout describes the types of services for which you may be referred, including: Readiness Evaluation, Assistive Technology (AT) Assessment and Training, and On-Site Services. After reading this handout, you will understand what is expected of you and what you can expect. If you have additional questions, contact your NYSCB counselor.

What Is Expected of You: You must adhere to the schedule to which you agreed and be punctual for all assessment and training appointments. If you need to cancel an appointment, you must notify the center at least 24 hours in advance unless there is an emergency. When you cannot give 24-hour notice, you must call as soon as possible.

You must also bring your note-taking equipment and low-vision aids, if any, as this will allow you to be as successful as possible during the evaluation.

What You Can Expect:
ATC personnel will make a reasonable effort to schedule your assessments and trainings at hours that work for you. Evenings and weekends are not generally available. If you need help with travel or lodging arrangements the ATC staff can assist you.

When you arrive at the AT center, the staff will orient you to the building and to the center to make sure you are comfortable as you begin your services. During your services, AT staff will answer any questions you may have. You and/or the AT staff may also be in touch with your counselor at any time.

Readiness Evaluation: Unless you have provided your counselor with information that you already have the skills needed to benefit from AT services, you will be referred for a Readiness Evaluation. If you already possess the skills, the Readiness Evaluation may be waived by the senior counselor or district manager. During this evaluation you will go through exercises in reading comprehension, spelling, keyboarding, note-taking, and logical sequencing. An administrator will contact you to set up an appointment for the Readiness Evaluation and will be present throughout to answer questions and provide hands-on guidance. The Readiness Evaluation may take up to 5 hours and should be completed within 5 business days.

Following the Readiness Evaluation: The administrator will submit a report to your NYSCB counselor within 10 working days of completion of your evaluation. This report will summarize all the information gathered. You, the test administrator, and your counselor will meet to discuss the results. If the results indicate that you have the necessary skills, you will be referred for an AT Assessment. If you need to develop skills to successfully complete the Readiness Evaluation, you and your counselor will plan the next steps.
**Assistive Technology Assessment:** After your NYSCB counselor refers you, an ATC staff person will contact you to schedule your assessment.

During the assessment, you will take a test to determine your current level of skill, your primary and secondary access modes and reading speed in those modes (Braille, large print or speech), and what training you will need. In addition, you will have an opportunity to try out and select from a variety of assistive technology equipment and software applications.

The equipment recommendations will be shared with you so that you can discuss the recommendation and suggest changes if you feel that a different equipment configuration will work better for you.

Toward the end of the assessment, you will be asked to produce a letter to your counselor. You will complete the assessment in 10 hours or less, spread over no more than two (2) consecutive calendar weeks. An instructor will be available throughout the assessment to provide hands-on instruction and to answer questions.

**Following Your AT Assessment:** Within 10 working days, the instructor will submit a report to your NYSCB counselor that summarizes the information gathered during the assessment and lists recommendations for your AT configuration. The instructor will also arrange a meeting with you and your counselor to discuss the report and the training and equipment recommendations.

If assistive equipment is recommended, your counselor will review the recommendation and may authorize the equipment purchase if you are enrolled in an education or training program, if you are soon to begin a new job, or if you need equipment to keep your job and your counselor has determined that your employer is unable to provide the equipment and you meet equipment eligibility requirements.

**Training:** Following the assessment, you may be referred for training to an ATC or another vendor if an ATC is unable to provide your services.

The ATC will schedule your training and set up and test equipment that meets your specific requirements before you arrive. If equipment has been purchased for you, your training may take place on that equipment. Your training should be completed in 100 hours or less within four to six consecutive calendar weeks.

If you are working or have received a job offer, training will focus as much as possible on using AT to meet the requirements of your job.

**What You Will Learn During Training:**

1) The various components and features of your equipment
2) How to perform routine maintenance
3) How to do minor troubleshooting
4) How to assemble/disassemble your system
5) How to use the selected assistive technology
6) How to use the operating system and software applications to be successful in your employment and or education/training program
7) How to use any other recommended equipment

You will learn the software applications you need for school or work (at least four):
1) Email
2) Internet
3) Word Processor
4) Spreadsheet
5) Presentations (slide shows)

You may also learn software applications unique to your employment or education/training program.

At the end of training, you should be able to use the basic functions, features, and commands of the software you will use on the job or in education/training. It is not intended that you learn everything there is to know about the software applications within this limited time frame. If you need to use an advanced feature or function of a recommended software package, the feature or function may be taught to you as an extension of the basic software training provided by the ATC. Advanced software training may be provided to you from a variety of sources.

During training, you will develop a portfolio of finished work products to submit to your counselor. You can also use the products in your portfolio to demonstrate your skills to a potential employer.

**Completion of Training:** At the end of training, you will be tested again to determine your progress. Within 10 working days after training is complete, the instructor will send a final report to your NYSCB counselor. This report will include the results of your test along with recommendations for additional training, if needed. If you were trained on equipment that was purchased for you, the equipment will be disassembled, boxed, and readied for transport to your job/education site.

Within 21 days after your training is complete, you, your instructor, and your counselor will meet to discuss the outcome of your training and plan how you will practice your AT skills.

**On-Site Services:** When needed, NYSCB may authorize a technical evaluation of your job/education site, installation of assistive equipment at the job/education site, or additional on-site support services. You will be fully involved in planning for onsite services at your job.

**Equipment Use and Care:** All equipment provided to you, whether purchased or loaned, remains the property of NYSCB until you have successfully completed your program and are employed.

So long as the equipment remains the property of NYSCB, you must comply with the terms and conditions relating to its use and care as outlined in the NYSCB Computer Use Handout section, which you will be required to sign.

If you do not comply with the requirements in the Computer Use Handout section, NYSCB may recover the equipment and you will no longer be eligible to receive equipment from NYSCB.

If your education or employment requires you to download software, you must consult with your counselor or the AT center before doing so or risk voiding the equipment warranties.

Once you complete 90 days of employment and your case is closed, ownership of the equipment is transferred to you, and the equipment, insurance, and maintenance will be your responsibility. (NYSCB is responsible only for initial purchase and installation of software.) If you are working and your employer
is unwilling to support software upgrades and maintenance, then continued software support and equipment maintenance becomes your responsibility.

If you receive equipment from NYSCB and leave the program before completing 90 days of employment, NYSCB will contact you and arrange to recover the equipment.
4.01.02. NYSCB Assistive Technology Referral

Date of Referral: Counselor:

Purpose of Referral:
☐ ATC Readiness Evaluation ☐ Remote Technical Support
☐ ATC Assessment ☐ On-Site Evaluation
☐ ATC Training ☐ On-Site Installation
☐ Refresher Training ☐ On-Site Technical Support

Participant Name:

Phone: Alternate Phone:

Home Address:

School/Work Information:

Job Save? Y or N Date Work/School Begins:

Employer/School Contact and Phone:

Vocational/Educational Goal:

Print Access Modality:

Participant’s Self-Reported Current Computer Familiarity, Knowledge, or Level of Expertise:

Technology Currently Used by Participant (owned/exclusive use, age, operating system, adaptive software):

Narrative (information on additional factors that may impact ability to use technology):

Referral includes:
☐ Most recent Confidential Health Assessment
☐ Most recent Eye Report and Low Vision Evaluation Report (if applicable) **
☐ Most recent Audiology Report, if applicable
☐ Readiness Evaluation Report
☐ Other AT reports (from another provider)
☐ Diagnostic Vocational Evaluation or other diagnostic reports
☐ Job or education tasks analysis and productivity requirements
☐ Other information specific to this participant that will assist in assessment and training

**Low vision reports should include specifications for ease of reading monitors
4.01.03. NYSCB Computer Use Handout for Participants

The New York State Commission for the Blind (NYSCB) will be supplying equipment for you in accordance with your Individualized Plan for Employment (IPE). You must sign this handout before you receive this equipment. A list of equipment supplied will be sent to you along with your copy of this handout prior to delivery of the equipment. NYSCB reserves the right to reclaim the equipment if you do not comply with the terms of this handout.

This equipment remains the property of NYSCB unless and until ownership is transferred to you. As stated in your IPE, you are responsible for the use and care of this equipment. The following are terms and conditions governing the care of and use of this equipment.

1. I understand that this equipment was provided as part of my vocational rehabilitation program. I will only use this equipment for the purposes for which it was provided as specified in my IPE.

2. I understand that NYSCB is not responsible for use of this equipment other than for purposes related to my vocational rehabilitation program as specified in my IPE, and that NYSCB is not responsible for repair of the equipment if it is used for purposes other than those related to my vocational rehabilitation program.

3. I will take reasonable measures to protect this equipment, including making use of authorized security and antivirus updates.

4. If this equipment needs to be repaired, I will contact my NYSCB vocational rehabilitation counselor who will arrange for appropriate repairs. I will not attempt to repair the equipment myself or have anyone else attempt to repair the equipment.

5. I will not download or allow anyone else to download any software onto this equipment that is not specifically related to my vocational rehabilitation program.

6. I will not delete or allow anyone else to delete any software, including virus protection software, installed by or on behalf of NYSCB.

7. I will not alter or allow anyone else to alter the hardware configuration or operating system of this equipment unless directed to in writing by NYSCB staff.

8. I understand that when the equipment is repaired or otherwise reconfigured by or on behalf of NYSCB, unauthorized software may be deleted without first notifying me or reimbursing me for the software.

9. I understand that I have no legitimate expectation of privacy in the contents of the computer equipment and that the contents may be viewed by NYSCB staff or a NYSCB designated repair person in the event that the computer is returned or in need of repair.

10. I understand that unauthorized use of this equipment (including but not limited to downloading illegal software or other materials) may constitute grounds for referral of the matter to the Inspector General's Office and/or law enforcement.
11. I will make every effort to keep the original shipping container and packing material to be used in the event the equipment is sent out for repair. If I do not have sufficient storage space for the original shipping container and do need to send the equipment for repair, I will package the computer in a way that it can be transported safely.

12. I understand that this equipment remains the property of NYSCB, and I agree to return it promptly if asked to do so.

13. I understand that if the equipment is necessary for my employment, ownership of the equipment may be transferred to me when I reach my employment goal and my case with NYSCB is closed. At that time, NYSCB will no longer be responsible for any maintenance and repair costs for this equipment. If I do not reach my employment goal, NYSCB may request that the equipment be returned. I agree to return the equipment promptly if asked to do so.

14. Your signature on this handout indicates that these terms and conditions have been discussed with you, that you understand them and agree to abide by them.

NYSCB COMPUTER USE HANDOUT FOR PARTICIPANTS
(This signature page is to be copied and placed in the participant’s file.)

My NYSCB counselor and I reviewed this information on:

Participant Signature ____________________________________________ Date:
Counselor Signature ____________________________________________ Date:
INTRODUCTION TO THE ASSISTIVE TECHNOLOGY READINESS EVALUATION

To the Evaluator

The introduction and all non-waived sections are required to be read to the participant prior to starting the evaluation.

Additionally, repeat the explanation for each component to the participant before beginning the component.

Introduction

“You have been referred for an assistive technology readiness evaluation by your NYSCB counselor to determine whether you can benefit from and make use of this service. There are five (5) Components that you and I will use to help us with these decisions. Each exercise touches on a skill that you will need to use a computer effectively.”

Component 1:

You will take a keyboarding test. To be able to use a computer efficiently and to be successful at work, in school, or in a training program, in most cases you need to be able to touch type at or above 20 words per minute. You may have received keyboarding training in school or from a vision rehabilitation teacher to prepare you to take this test.

Component 2:

There will be a spelling test. A computer will only do what you tell it to, so you have to spell correctly when you enter information.

Component 3:

Much of what you will learn is written in computer and software manuals. Later you may need to look something up you have forgotten, or there may be an additional feature that you want to learn. You need to be able to understand this information. Therefore, you will be given a reading comprehension test to let us know how you use written information.

Component 4:

You will need to take notes while you are in technology training. You will be given a note-taking exercise to be sure you have a way of referring back to technical material.

Component 5:

You will be asked to answer questions that test your ability to think in a logical, analytical fashion. You will need to use these skills to troubleshoot simple computer problems.
While you are doing these components, the evaluator will also be observing you and gathering information about your general work habits and manner, and your ability to remember information, improve with practice, and tolerate work at a keyboard.

When you have completed the Readiness Evaluation, the evaluator will compile the information from all these components and make recommendations to your NYSCB counselor. The evaluator and your counselor will then discuss these recommendations with you in relation to your vocational goal.

Component 1: Keyboarding Evaluation

To pass this standard, the participant should generally be able to type 20 words per minute (wpm). ATC can use any commercially available typing software to evaluate the participant assuming the software meets the visual requirements of the participant. If an ATC does not have an appropriate typing software, then they can evaluate the participant by the following method:

Ask the participant to type this sentence: “The quick red fox jumped over the lazy brown dog” as many times within one minute as possible. For the purpose of this typing test, five keystrokes of any kind (i.e., characters, spaces, punctuation, etc.) are considered a word.

Therefore, this sentence contains ten words. Deduct two (2) points for each mistake. Allow for practice typing of this sentence first and then check to make sure the spelling is correct. Take four discrete timings and average them. Include the result on the summary readiness evaluation report. Minimum mandatory standards for typing are 20 wpm, corrected for errors.

In addition to typing a sentence, the participant must demonstrate other knowledge of a computer keyboard, such as the location of the function keys, number keys, ENTER key, number pad, number lock (Num Lock), capitalization lock (Caps Lock).

Include the results in the final ATC Readiness Evaluation report.

Component 2: Spelling Evaluation

The vendor must procure individual copies of the WRAT3 Spelling Test for each participant referred for a readiness evaluation. The test should be administered and graded according to WRAT instructions. (Psychological Assessment Resources, Inc. / 16204 N. Florida Ave., Lutz, Florida, 33549. Tel. 1-800-331-TEST / 1-800-331-8378.) Report the results in the final readiness evaluation report.

Minimum mandatory standard for spelling is ability to spell at the 8th grade level.

Component 3: Reading Comprehension Evaluation

The vendor must procure individual copies of the TABE (Test of Adult Basic Education) for each participant referred for a readiness evaluation. The TABE Locator Exam and the TABE Reading Comprehension Test should be administered and graded according to TABE instructions. (CTB/McGraw-Hill, Attn. Customer Service, 20 Ryan Ranch Road, Monterey, California, 93940. Tel. 1-800-538-9547). Report the results in the final readiness evaluation report.

Minimum mandatory standard for reading is ability to read at the 8th grade level.
Component 4: Note-Taking Evaluation

The ability to record and retrieve information is a critical skill that the participant will need to succeed during technology training.

In the note-taking readiness evaluation, the participant is presented with some information and directed to record key information as accurately as possible, using their preferred format. This is not a dictation; the evaluator should pause at regular intervals, but not repeat information.

Minimum mandatory standard for note taking is the ability to answer eight (8) of ten (10) follow-up questions correctly.

Administer one (1) of the following two (2) sample exercises to evaluate note-taking readiness:

**Note-Taking Exercise - Sample #1**

Let’s Make a Pizza!

Pizza appears on many people’s list of favorite foods, and all cities have plenty of sources to satisfy pizza lovers. But terrific pizza can also be made at home. With a little practice and some tips from the pros, you can enjoy all your favorites prepared at home for less than half the cost of “pizzeria” pizza.

**Pizza Pans:** For the very best results, use a baking stone. These are made of a natural kiln-fired clay, which is absorbent and yields results like in professional pizzerias. Another good choice is a perforated metal pizza pan. The holes in the pan help moisture escape, thus avoiding a soggy bottom crust. Regular solid pizza pans or cookie sheets can also be used.

Prepare the metal pans with a light coating of oil (if you put too much on the pan, wipe with a paper towel). Baking stones require a very light amount of oil only when they are new. The stones will darken and season with use and then require no oil. Sprinkle a little cornmeal on all pans, if desired.

**Dough:** One-pound balls of prepared dough are sold (often frozen) in many supermarkets. Other sources to consider are gourmet shops, or Italian specialty stores.

Dough is easiest to work with when it is room temperature, so if frozen, take it out several hours before use. If refrigerated, remove about an hour before use. Open the plastic bag and remove the air and gasses from the dough by gently rolling or pressing the dough toward the opening of the bag. Remove dough from the bag.

The dough can now be placed on the pan. Gently pull and stretch the dough to gradually fit it to the pan. In all cases, handle the dough as gently as possible, and “work” it as little as possible to avoid tough crust. If the dough shrinks back and is resistive to holding the shape of the pan, here’s a useful tip: transfer the dough to a lightly flour dusted board or countertop. Gently stretch the dough to the size and shape of the pan, pressing the edges to the board to stick. Let the dough rest in that position for several minutes, then carefully lift it and transfer to the pan.

Bake the dough in a pre-heated 425-degree oven for three minutes. (This step is optional, based on personal preference). Remove from oven.
Sauce and toppings: Prepared pizza sauce is available in most stores or use some leftover spaghetti sauce if it is thick. Spread about ½ cup (8 ounces) of shredded mozzarella evenly over the sauce. Now add toppings. In addition to all the usual choices, other delicious ideas include fresh spinach and basil leaves, thin sliced plum tomatoes, or a combination of chopped ham and pineapple bits.

Bake: Place pizza in a pre-heated 425-degree oven. Bake for about eight to 12 minutes, depending on if the crust was pre-baked before adding toppings. Remove when the crust edges are just starting to turn golden or to doneness preferred.

Cool pizza a few minutes before cutting. Now share with others and collect compliments!

Pizza Making Note-Taking Exercise Questions

1. What is a baking stone made of?

2. How much mozzarella should you use on the pizza?

3. When is dough easiest to work with?

4. At what temperature should you bake the dough?

5. How long should you bake the pizza?

6. For best results, what should you use to make your pizza?

7. If you use a metal pan, what should you do?

8. Where can you usually purchase dough?

9. How long before use should dough be removed from the refrigerator?

10. How should you fit the dough into the pan?
Computer Memory and Storage

When using a computer to record information in a file or document, saving the file or document in order to move it permanently from the computer’s memory to a storage device, most normally a USB drive is required. Memory is the temporary workspace of the computer available for immediate recall. RAM (random access memory) is primary memory and comes in the form of chips that plug into the computer. Memory size is usually quoted in bytes. A byte is equivalent to one character such as a letter or number. RAM is usually measured in gigabytes. One gigabyte is equivalent to one billion (1,000,000,000) bytes. The more RAM a computer has, the more powerful and versatile the computer is. Memory management consists of moving information from permanent storage to memory and back continuously and efficiently. Other possible types of memory are virtual, cache, and ROM. Virtual memory normally uses part of the system’s hard drive to function as memory. Cache memory comes in the form of a faster chip and stores the computer’s most frequently used commands. ROM (read only memory) is permanent and commonly holds the instructions that start up the computer. If information is not saved from memory to permanent storage, it will be lost when the computer power is turned off. Storage is a permanent place where information is held to be recalled for future use, normally larger in volume and less expensive than memory. Storage devices interact with memory through the computer’s operating system. Storage is also expressed in bytes. Most computers today store information on a hard drive. A hard drive is an internal mechanical device that commonly holds from 250 gigabytes to more than 1 terabyte of information. The hard drive is a series of platters that spin while the computer is turned on, similar to a stack of old-fashioned records on a turntable. A device called a read/write head magnetizes and also reads magnetized bits of the hard drive in circles called tracks, which are cut into pie-shaped pieces called sectors. A file allocation table on each disk tracks the location/address of all files stored on the disks. Access to stored information is quick but power usage is high.

To ensure information is not lost, backup copies of files should be made in case the hard drive malfunctions. Backups are most commonly made onto network drives, storage cards, or flash drives.

DVD-ROM (read only memory) disks are the media on which most software programs are distributed now and hold much larger amounts of information. DVD-ROM's can only be read and not written on unless you have a specific type of drive called P-ROM, which can both program to and read from DVD disks. The cost of programming DVD-ROMs was traditionally prohibitive, but now has become inexpensive enough to be available to the average computer user.

A flash or ‘thumb’ drive is a storage device that may be the size of a human thumb. Typically, flash drives hold in excess of 32 gigabytes of information. Since a flash drive is an electronic storage device, access is quick and power usage is minimal.

Regardless of how information is stored on a computer, the daily motto of work should be to always have a secondary backup of commonly accessed files or critical data available in case a power or mechanical failure results in lost or corrupted information.
Computer Memory and Storage Note-Taking Exercise Questions

1. What is the temporary workspace of the computer that is available for immediate recall?
2. What does memory management consist of?
3. What does RAM stand for?
4. What is a byte equivalent to?
5. Besides RAM, what are the other possible types of memory?
6. What is primary memory?
7. What does Cache memory store?
8. One gigabyte is equivalent to?
9. What does ROM stand for and what does it hold?
10. What is a hard drive?

Component 5: Logical Sequencing Evaluation

It is generally agreed that an ability to think and act sequentially, following or continuing a line of thought, is another important prerequisite for the efficient use of computers and computer programs. Participants should be given either the numeric version or the word version?

Option 1 Numbers

Following are seven sample questions that can be used to evaluate the participant's logical sequencing abilities:

1. In the sequence 1, 3, 5, 9, 13, 19, what number should come next?
   a) 23   b) 51   c) 27   d) 25

2. In the sequence 37, 30, 24, 19, 15, what number should come next?
   a) 9   b) 11   c) 8   d) 12

3. In the sequence 10, 15, 19, 24, what number should come next?
   a) 29   b) 20   c) 30   d) 28

4. In the sequence 25, 31, 38, 44, 51, what number should come next?
   a) 64   b) 58   c) 56   d) 57

5. In the sequence 5, 004, 4, 997, 4, 990, 4, 983, what should come next?
   a) 4, 980   b) 4, 975   c) 4, 976   d) 4, 981

6. In the sequence 19AC, 15BD, 11EG, 7FH, what should come next?
   a) 3IJ   b) 4JKI   c) 3IK   d) 4IJ
7. In the sequence 4, 6, 10, 16 what number should come next?
   a) 12  b) 17  c) 24  d) 30

Option 2 – Word Logic

In this type of reasoning problems, few words are given. The candidate is required to arrange these words in a meaningful or logical sequence, e.g., the sequence of occurrence of events, the sequence of increasing or decreasing the value, size, or intensity, etc.

1) Arrange the following words in a meaningful sequence.

1. Infection
2. Consultation
3. Doctor
4. Treatment
5. Recovery

   A. 1, 3, 4, 5, 2
   B. 1, 3, 2, 4, 5
   C. 1, 2, 3, 4, 5
   D. 2, 3, 5, 1, 4

2) Arrange the following words in a meaningful sequence.

1. Marriage
2. Birth
3. Death
4. Education
5. Job

   A. 1, 2, 4, 5, 3
   B. 2, 4, 5, 3, 1
   C. 2, 4, 5, 1, 3
   D. 4, 5, 1, 2, 3

3) Arrange the following words in a meaningful sequence.

1. Cow
2. Grass
3. Milk
4. Curd
5. Butter
4) Arrange the following words in a meaningful sequence.

1. Arrest
2. Punishment
3. Prison
4. Crime
5. Judgment

A. 4, 1, 5, 2, 3
B. 4, 1, 5, 3, 2
C. 4, 5, 2, 1, 3
D. 4, 5, 2, 3, 1

5) Arrange the following words in a meaningful sequence.

1. Dish
2. Market
3. Cooking
4. Cutting
5. Vegetable

A. 5, 3, 1, 2, 4
B. 2, 5, 4, 3, 1
C. 2, 5, 4, 1, 3
D. 2, 5, 3, 4, 1

6) Arrange the following words in a meaningful sequence.

1. Cotton
2. Plant
3. Yarn
4. Cloth
5. Shirt

A. 2, 1, 3, 4, 5
B. 2, 1, 3, 5, 4
7) Arrange the following words in a meaningful sequence.

1. Lock
2. Key
3. Door
4. Entry
5. Switch on

A. 2, 1, 3, 5, 4
B. 3, 2, 1, 4, 5
C. 2, 1, 3, 4, 5
D. 4, 5, 1, 3, 2

8) Arrange the following words in a logical sequence.

1. Iron
2. Copper
3. Gold
4. Silver
5. Aluminum

A. 2, 1, 4, 3, 5
B. 2, 1, 3, 4, 5
C. 1, 2, 5, 4, 3
D. 1, 5, 2, 4, 3

9) Arrange the following words in a logical sequence.

1. Chair
2. Wood
3. Seed
4. Plant
5. Tree

A. 3, 4, 5, 2, 1
B. 3, 5, 4, 2, 1
C. 3, 4, 5, 1, 2
D. 4, 3, 5, 2, 1
10) Arrange the following words in a logical sequence.

1. Frog
2. Grass
3. Grasshopper
4. Eagle
5. Snake

A. 1, 2, 3, 5, 4
B. 2, 3, 1, 5, 4
C. 2, 3, 1, 4, 5
D. 2, 1, 3, 5, 4

Note-Taking Answer Keys

MAKE A PIZZA

1. A baking stone is made of a natural kiln-fired clay, which is slightly absorbent.
2. About 8 ounces
3. At room temperature
4. 425 degrees
5. 8 to 12 minutes
6. A baking stone
7. Prepare them with a light coating of oil
8. Supermarkets, gourmet shops, or Italian specialty stores
9. About an hour
10. Gently pull and stretch the dough to gradually fit it to the pan

COMPUTER MEMORY

1. Memory
2. Moving information from permanent storage to memory and back continuously and efficiently
3. Random Access Memory
4. One character, such as a letter or number
5. Virtual, cache and ROM.
6. RAM
7. The computer's most frequently used commands
8. One billion (1,000,000,000) bytes
9. Read only Memory. ROM commonly holds the instructions that start up the computer.

10. A hard drive is an internal mechanical device that commonly holds from 250 gigabytes to more than 1 terabyte of information.

LOGICAL SEQUENCING:

Option 1

1. D
2. D
3. D
4. D
5. C
6. C
7. C
Option 2

1. B - Infection occurs first, then one visits a doctor, and after consultation, the doctor starts the treatment which is followed by recovery.

2. C - After birth, education starts; after completing education, we look for a job and after getting a job we plan to get married; death comes later.

3. D - A cow feeds on grass then gives milk. The curd is produced from milk, and butter is produced from curd.

4. A - Crime happens first, then the criminal is arrested, and then comes the judgment; after the punishment is announced, the criminal is sent to prison.

5. B - We go to the market to buy vegetables, then we cut the vegetable before cooking. After cooking is done, the dish is ready.

6. C - The plant provides cotton, and cotton provides yarn. The cloth is produced from yarn and shirts are made from cloth.

7. C – A key opens the lock. Then we open the door to enter the room, and then we switch on the light.

8. D - Iron is cheaper than aluminum, and aluminum is cheaper than copper. Copper is cheaper than silver, and silver is cheaper than gold.

9. A - The seed produces a plant that becomes a tree as it grows. Wood is obtained from trees, and wood is used to make chairs.


Evaluation

Component 1: Keyboarding Evaluation

The following is general guidance on how to interpret keyboarding evaluation. Participant career goals can greatly affect the suggested ranges, and ranges are provided only for general reference.

1. **20 WPM or Less** – Participants need more practice or keyboarding lessons before receiving an assistive technology assessment. This is because the assessment and future training may be hampered by their current keyboarding skills. **Non-ATC Referrals for typing and/or keyboarding may be appropriate for the participant in need of remediation.**

2. **20 – 35 WPM** – Participants keyboarding skills are sufficient for assessment and trainings. However, this level is below most industry standards, and participants should be encouraged to practice their skills as keyboarding skills in this range may impede future professional and career development.

3. **35 WPM or greater** – Participants keyboarding skills are sufficient for most careers.
NYSCB Assistive Technology Center

READINESS EVALUATION FINAL REPORT

Participant’s Name:

Case Number:
NYSCB Counselor:
District Office
Vocational Goal:
VR Authorization:

The “Introduction to the Assistive Technology Readiness Evaluation” was read to the participant (Y or N):

Keyboarding Results:

The participant passed the keyboarding evaluation (Y or N)

The participant was able to type __________ wpm.

The participant was able to locate the function keys, number keys, ENTER key, number pad, number lock, caps lock.

Note-Taking:

The participant scored __/10 on the note-taking evaluation.

The participant passed the note-taking evaluation (Y or N)

Note-Taking Modality: __________________________________________________

Spelling:

The participant passed the Spelling evaluation (Y or N)

Based on the WRAT3 (or equivalent), this participant can spell at the ______ grade level.

Reading Results: Locator: _________ Reading Comprehension: _____________

The participant passed the Reading evaluation (Y or N)

The participant can utilize the following to access print information:

☐ Tape recordings  ☐ Low-vision devices
☐ CCTV  ☐ Reader
☐ Braille, grade I  ☐ Braille, grade II
☐ Computer Braille  ☐ CD
☐ Does not have print access
The primary reading mode is: __________________________________
The secondary reading mode is: __________________________________
Participant can read for _________ (minutes/hours) without fatigue.

Logical Sequencing:

The participant passed the Logical Sequencing evaluation (Y or N)
The participant scored ___/7 on the logical sequencing evaluation.

Additional Comments:
Include evaluator observations on the following: ability to retain information; ability to improve with practice; ability to work at a terminal for a period of no less than 20 minutes; general work habits; communication skills. __________________________________________

Participant is recommended for ATC Assessment (Y or N)

Dates of Service (List each date): \hspace{1cm} Total Hours:

Total Service Period (Date range start to completion):

OUTCOME:

No Service Rendered ____
Outcome Successful ____
Outcome Not Successful _____

Evaluator's Signature: ___________________________ Date: __________

NYSCB Verification: The outcome has been discussed with the participant and vendor and determined to be accurate.

Counselor Signature: ___________________________ Date: __________
4.03. Appendix C: ATC Assessment Forms and Reports

4.03.01. Introduction to the Assistive Technology Assessment

Read the following introduction to the participant. Explanations should be repeated at the beginning of each individual exercise:

Your NYSCB counselor has referred you for an assistive technology assessment. The purpose of the assessment is to gather information about your ability to remember information, improve with practice, tolerate working at a computer terminal, and to observe your general work habits. During the assessment you will complete several exercises to determine your knowledge of technology. Your scores will guide your instructor in creating customized training, according to your needs. You will also use computers and related equipment. There are four exercises that we will complete together to help make the right decisions. Each exercise touches on a required skill you will need to operate adaptive equipment effectively.

1) Note-Taking Exercise (if you did not have a Readiness Evaluation): In this first assessment, you will take notes on a passage of technical content. The purpose of the exercise is to help us determine your current comfort level referencing technical materials.

2) Computer Concepts Pre- and Post-Test: In our second exercise, I will ask questions to determine what you may already know about computers. At the end of the assessment, we will repeat and review the multiple-choice questions and answers to see what you have learned.

3) Functional Computer Evaluation Tool: Next, we will review your current computer skills. This helps me determine what skills I may need to show you, and also helps me estimate the length of our training. After we complete all training, I will use this tool again to make sure you have learned the skills you need or to recommend more training. If you have had keyboarding training but have no other computer experience, you will only do the keyboarding portion of this evaluation before you begin training.

4) After the computer skills evaluation, you will have a chance to try the assistive devices here at the center. Together, we will decide what works best for you. We will also determine your primary and secondary communication preferences (Braille, large print, synthesized speech). I also will evaluate your reading speed and overall level of comfort with each preferred option.

5) In our final exercise, you will use assistive equipment to create a sample letter to your counselor.

At the end of training, we will discuss the results, and I will deliver an evaluation and recommendations report to your counselor. After your counselor receives the report, the three of us will schedule a meeting to identify whether you will require any additional training. We will also identify what technology you need to help you reach your overall training goals.

Note-taking evaluation (if not administered during the Readiness Evaluation and the Instructor needs to evaluate note-taking skills)

Use Note-Taking Exercise 2 (Computer Memory) found in the Readiness Evaluation.
4.03.02. Computer Concepts Tool

This tool is to be used with participants who have little experience with computers. Provide instruction about general computer concepts so the participant can answer the questions below. Ask the participant to take notes. After your introduction, read the following questions and review any incorrect answers. A score of 90 or 100 is considered passing. Participants who do not achieve a passing grade should be given time to review their notes before retesting. Final scores and observations must be submitted in the final report.

All referred ATC Training participants should have received keyboarding training during Vision Rehabilitation Teaching Level III; therefore, participants who have little computer experience should also be evaluated on their Keyboarding Skills using the Functional Computer Evaluation tool.

Participant Name:  
Assessment Date:  
Administered By:

Multiple Choice Test (Each correct answer = 10 points)

1. The indicator on the screen that shows where the next character will be typed is called:
   A. a cursor  
   B. a list box  
   C. a button  
   D. a title bar

2. A standard input device for most computers is
   A. a keyboard  
   B. a disk  
   C. a monitor  
   D. a modem

3. A standard output device for most computers is
   A. a keyboard  
   B. a charging cable  
   C. a monitor  
   D. a mouse

4. Which of the following is an example of an operating system?
   A. Windows  
   B. Apple OSX  
   C. Microsoft Office  
   D. Both choices A and B are correct

1. The graphical desktop element that can be clicked on with a mouse or highlighted from the keyboard to launch an application or open a file is called:
   A. an icon  
   B. a command line  
   C. a desktop  
   D. an edit field
6. In computer software, a menu is:
   A. an icon
   B. a list of available choices
   C. an insertion pointer
   D. none of the above

7. You can both read data from and record data to:
   A. printers
   B. monitors
   C. keyboards
   D. hard drives

8. The part of the computer that is responsible for executing code and allocating system resources is called:
   A. modem
   B. Central Processing Unit
   C. ROM
   D. none of the above

9. A device that allows communication between computers and the internet through physical cables or wirelessly is a(n):
   A. modem
   B. Gmail
   C. router
   D. AirDrop

10. Which of the following represents a serious security concern for computers that are connected to the internet?
    A. Unauthorized access to the computer by remote users
    B. Computer viruses
    C. Spyware
    D. All of the above

ANSWER KEY

1. A
2. A
3. C
4. D
5. A
6. B
7. D
8. B
9. A
10. D
4.03.03. **Functional Computer Evaluation**

This tool should be used for all participants. It should be administered twice: once during the ATC Assessment and again at the end of ATC Training.

Participants should be assessed in all appropriate skill areas up to and including word processing. Participants should also be evaluated for their skills with either spreadsheets or presentation software as preferred. Participants who have no computer experience but have had computer keyboarding training during vision rehabilitation teaching should attempt the keyboard navigation section.

The functional computer evaluation should provide the participant, the instructor, and the counselor information needed to determine the participant’s existing level of computer skills and the length of instruction required to resolve skills gaps. During administration, the instructor will also be able to observe the participant’s learning style and how this affects the amount of time the participant requires to attain needed skills.

For participants who are currently employed, the tool may be used at a worksite or in the classroom.

The functional computer evaluation is to be administered again at the completion of training to evaluate and document skills learned.

The functional assessment evaluation lists each task and has five columns related to each task. Columns 1, 2, and 3 should be completed at assessment, and columns 4 and 5 should be completed after training.
**Keyboard Navigation**
The participant requires full instruction in keyboard navigation. ☐
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spacebar</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Enter key</td>
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<td>□</td>
</tr>
<tr>
<td>Home row</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Shift keys</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Escape key</td>
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<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>Arrow keys</td>
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<tr>
<td>Tab key</td>
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<tr>
<td>Insert key</td>
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</tr>
<tr>
<td>Delete key</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Home key</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>End key</td>
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<tr>
<td>Page up and Page down keys</td>
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<td>Function keys</td>
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<tr>
<td>Alt + Tab</td>
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<tr>
<td>Control + Alt + Delete</td>
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<tr>
<td>Alt + Spacebar</td>
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<td>Insert + T</td>
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<tr>
<td>Shift + Tab</td>
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<tr>
<td>Insert + F</td>
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<tr>
<td>Control + Enter</td>
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<tr>
<td>Control + right arrow</td>
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</tr>
<tr>
<td>Control + left arrow</td>
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</tr>
<tr>
<td>Control + Home</td>
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</tr>
</tbody>
</table>
**Desktop Navigation**
The participant requires full instruction in desktop navigation. □
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Load screen reader or screen magnifier</td>
<td></td>
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<tr>
<td>Open the internet browser</td>
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<tr>
<td>Open and close emails</td>
<td></td>
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<tr>
<td>Open Notepad</td>
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<td></td>
</tr>
<tr>
<td>Minimize open applications</td>
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<tr>
<td>Restore open applications</td>
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</tr>
<tr>
<td>Maximize open applications</td>
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</tr>
<tr>
<td>Move between open applications</td>
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<tr>
<td>Close opens applications</td>
<td></td>
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<tr>
<td>Open My Documents</td>
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<tr>
<td>Open a file in My Documents</td>
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<tr>
<td>Close a file in My Documents</td>
<td></td>
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<tr>
<td>Delete a file from My Documents</td>
<td></td>
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</tr>
<tr>
<td>Open Recycle Bin and restore the document</td>
<td></td>
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</tr>
<tr>
<td>Use the task bar to locate open applications</td>
<td></td>
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</tr>
<tr>
<td>Move to the system tray</td>
<td></td>
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</tr>
</tbody>
</table>
**Screen Readers**
The participant requires full instruction in use of screen reader software. ☐ OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Load and unload screen reader</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Stop and interrupt speech</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Adjust speed, pitch, voice, and volume</td>
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<tr>
<td>Use all cursors</td>
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</tr>
<tr>
<td>Locate the cursor</td>
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</tr>
<tr>
<td>Read the title bar</td>
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</tr>
<tr>
<td>Maximize and minimize applications</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Move around the screen by line, word, sentence, paragraph, and to the top and bottom of document</td>
<td></td>
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</tr>
<tr>
<td>Read screen information by character, word, line, sentence, paragraph, and document</td>
<td></td>
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<tr>
<td>Navigate through relevant applications</td>
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<tr>
<td>Use keystrokes relevant to all applications</td>
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<tr>
<td>Use all keyboard commands</td>
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</tr>
<tr>
<td>Change and save screen reader settings</td>
<td></td>
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<td></td>
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<tr>
<td>Use start menu</td>
<td></td>
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</tr>
<tr>
<td>Navigate using arrow and accelerator keys</td>
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<tr>
<td>Locate information within each level of help</td>
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<tr>
<td>Use the menu system within each application</td>
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</tr>
<tr>
<td>Function</td>
<td>No Training Needed</td>
<td>Currently Proficient</td>
<td>Training Needed Goal Set</td>
<td>Goal Met (MM/DD/YY)</td>
<td>Goal Not Met</td>
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<tr>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>Use the configuration and dictionary manager</td>
<td></td>
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<tr>
<td>Use labeling graphics in relevant applications</td>
<td></td>
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</tr>
</tbody>
</table>
**Screen Magnification**
The participant requires full instruction in use of screen magnifier. □
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/Y)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activate and deactivate magnification</td>
<td></td>
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<tr>
<td>Adjust level of magnification</td>
<td></td>
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<tr>
<td>Use help menus</td>
<td></td>
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</tr>
<tr>
<td>Locate and use the mouse pointer, cursor, highlight</td>
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<tr>
<td>Select objects to be tracked</td>
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<tr>
<td>Determine magnified area in relation to screen</td>
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<tr>
<td>Select and use reverse video, alternate colors, alternate presentation modes</td>
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</tr>
<tr>
<td>Navigate the screen by line, word, sentence, paragraph, and to the top and bottom of document</td>
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<tr>
<td>Use scrolling features</td>
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</tr>
<tr>
<td>Reset/reinitialize magnification software</td>
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<tr>
<td>Set magnification defaults</td>
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<tr>
<td>Use speech functions of magnification software</td>
<td></td>
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</tr>
</tbody>
</table>
**Braille Display Systems**

The participant requires full instruction in use of Braille display. □

OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/Y)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link and unlink Braille display to PC cursor</td>
<td></td>
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</tr>
<tr>
<td>Route the Braille cursor to the PC cursor</td>
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<tr>
<td>Locate positions of application cursor and Braille display</td>
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<tr>
<td>Distinguish character attributes</td>
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<tr>
<td>Switch between Braille, PC, and invisible cursors</td>
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<tr>
<td>Switch between six and eight dot Braille</td>
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<tr>
<td>Change grade levels of Braille</td>
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<tr>
<td>Track highlights</td>
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</tr>
</tbody>
</table>
**Scanner/OCR Systems**
The participant requires full instruction in use of Scanner/OCR.  □
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/Y)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scan a document</td>
<td></td>
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<tr>
<td>Save a scanned document as a file and as another file type</td>
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<tr>
<td>Use commands to start and stop reading</td>
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<tr>
<td>Edit a scanned document</td>
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<tr>
<td>Spellcheck scanned document</td>
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</tr>
<tr>
<td>Navigate OCR settings</td>
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<tr>
<td>Scan PDF documents and convert to text</td>
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</tr>
</tbody>
</table>
**Note-Taking Devices**
The participant requires full instruction in use of their note taking device. ☐
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open and create a file</td>
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<tr>
<td>Edit and save the file</td>
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<tr>
<td>Open a saved file</td>
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<tr>
<td>Copy and move text</td>
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<tr>
<td>Spellcheck document</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Use the thesaurus</td>
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<tr>
<td>Navigate the device’s menu system</td>
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<tr>
<td>Copy file to a storage medium</td>
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</tr>
<tr>
<td>Create and search for appointments</td>
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</tr>
<tr>
<td>Synchronize the notetaker with other devices</td>
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</tbody>
</table>
**Operating Systems**
The participant requires full instruction in operating systems. □
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explains purpose of operating system</td>
<td></td>
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</tr>
<tr>
<td>Explains term file and file naming rules</td>
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</tr>
<tr>
<td>Boots up computer</td>
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</tr>
<tr>
<td>Creates username and password</td>
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<tr>
<td>Shuts down computer in proper order</td>
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<td></td>
</tr>
<tr>
<td>Explains terms: program manager, task bar, icon, list box, button, radio button, check box, combo box, menu, submenu</td>
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<tr>
<td>Launches a program</td>
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<tr>
<td>Accesses and uses operating system “help”</td>
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</tr>
<tr>
<td>Creates and removes directories</td>
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</tr>
<tr>
<td>Creates and removes folders</td>
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<td></td>
</tr>
<tr>
<td>Navigates directories and folders</td>
<td></td>
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<tr>
<td>Displays the contents of directories and folders</td>
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</tr>
<tr>
<td>Uses operating system commands to move, copy, delete, rename, and undelete files</td>
<td></td>
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<tr>
<td>Manipulates multiple files via selection, drag and drop, other methods</td>
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<tr>
<td>Uses operating system commands to print text files</td>
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<tr>
<td>Controls print queues</td>
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<tr>
<td>Switches printers</td>
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</tr>
<tr>
<td>Function</td>
<td>No Training Needed</td>
<td>Currently Proficient</td>
<td>Training Needed Goal Set</td>
<td>Goal Met (MM/DD/YY)</td>
<td>Goal Not Met</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Uses operating system commands to duplicate storage media</td>
<td></td>
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</tr>
<tr>
<td>Scans for viruses and checks for errors</td>
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</tr>
<tr>
<td>Can define the following messages: storage medium unavailable/full, write protection, file not found, printing issues</td>
<td></td>
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</tr>
<tr>
<td>Demonstrates how to remedy boot problems</td>
<td></td>
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</tr>
</tbody>
</table>
**Computer Function, Maintenance and Use of Technical Documentation**

The participant requires full instruction in Computer Function and Operation. □

OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify all system components</td>
<td></td>
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</tr>
<tr>
<td>Backs up information to an appropriate device</td>
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</tr>
<tr>
<td>Assembles/disassembles/reassembles system components</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Operates peripherals and storage devices</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Troubleshoot system problems utilizing resources</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Updates antivirus software</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Explains policies related to ownership and use of NYSCB-provided equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locate a topic in technical documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locate resource for customer assistance in the documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Email**
The participant requires full instruction in using email. ☐
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open email</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type email address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create email message</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send email</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open an email message</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reply to an email message</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forward an email message</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attach a file to an email message</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print an email message</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delete email messages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate folders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delete items from the deleted items folder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delete items from the sent items folder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add a contact to the address book</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a folder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move email to the created folder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create an appointment in the calendar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send an appointment invitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close email</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The participant requires full instruction in using the internet. □ OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open internet browser</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate to the address bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type in a web page address and go to the page</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate through the page</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refresh the page</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locate a topic using the search engine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open two pages related to the topic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move between the open pages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move forward a page and back a page</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open a web page from favorites</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add a web page to favorites</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delete, move, and rename favorites</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate through headings and links</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate through frames</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Word Processor**
The participant requires full instruction in word processing. □
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed</th>
<th>Goal Not Met</th>
<th>Goal Met (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open the word processor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a new file and enter text</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Save the file</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open an existing file</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move cursor to beginning and end of document</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move cursor to beginning and end of line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move cursor word by word</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Move cursor line by line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select and delete text</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut and paste text to a different area</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use undo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate through menus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Find a word in the document</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underline and italicize the word</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select a paragraph and boldface it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center the paragraph on the page</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add a bullet to one sentence of the document</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change left and right margin settings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add a page break to the document</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Function</td>
<td>No Training Needed</td>
<td>Currently Proficient</td>
<td>Training Needed</td>
<td>Goal Set (MM/DD/YY)</td>
<td>Goal Met</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td>-----------------</td>
<td>----------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Spellcheck the document</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select a word and check it with the thesaurus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print document</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Save the document using Save As</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using Help, check how to Rename a document</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close Help using keystrokes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rename the document</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close Microsoft Word</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Spreadsheet
The participant is not referred for spreadsheet instruction. □
The participant requires full instruction in use of spreadsheets. □
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open an existing workbook</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify cells, rows, columns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate to column letter, row number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate to an identified cell</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a workbook</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create additional sheets in a workbook</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate between worksheets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate the spreadsheet menus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter data in a cell</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edit cell content</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjust column width</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert new cells, rows, columns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delete cells, rows, columns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy and move a worksheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rename a worksheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paste data from one worksheet to another</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bold and change font size of cells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change number format of cells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change date format of cells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Align cells left, right, center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Format cells as currency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total numbers in a column</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Function</td>
<td>No Training Needed</td>
<td>Currently Proficient</td>
<td>Training Needed Goal Set</td>
<td>Goal Met (MM/DD/YY)</td>
<td>Goal Not Met</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td>--------------------------</td>
<td>---------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Merge cells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name cells and ranges of cells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a formula and use it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use sort and filter commands in a worksheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify sheet printing options</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print a worksheet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Presentations
The participant is not referred for presentation instruction. □

The participant requires full instruction in use of presentation software. □
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open presentation software</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose a slide layout</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change the slide layout</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add text to the slide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change font size, style, and color</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create additional slides</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy and move text between slides</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change format of slides – headline, body</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert a table or graph from another application</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert a graphic image</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resize the graphic image</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Function</td>
<td>No Training Needed</td>
<td>Currently Proficient</td>
<td>Training Needed Goal Set</td>
<td>Goal Met (MM/DD/YY)</td>
<td>Goal Not Met</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td>--------------------------</td>
<td>---------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Move the graphic image</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use notes view</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use thumbnail view</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Databases
The participant is not referred for database instruction. ☐

The participant requires full instruction in use of database software. ☐
OR have the participant attempt the following to determine training needs.

<table>
<thead>
<tr>
<th>Function</th>
<th>No Training Needed</th>
<th>Currently Proficient</th>
<th>Training Needed Goal Set</th>
<th>Goal Met (MM/DD/YY)</th>
<th>Goal Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open an existing database</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edit data in the database</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter additional data in the database</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create a new field in the database</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sort the available records</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use queries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print a record from the database</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print the entire database</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use database “help”</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NYSCB Assistive Technology Services
ATC ASSESSMENT FINAL REPORT

Service Providers are to complete Parts I, II, and III. The final report is to be submitted within ten (10) days of service completion.

PART I. Complete this section using identifying information from Section I of the VR Authorization and the Referral Letter.

Participant Name:
Counselor:
NYSCB District Office:
Authorization Number:

PART II. ASSESSMENT SERVICE STANDARD: Enter Achieved or Not Achieved, or appropriate information for standards 1 through 7 which apply to all clients referred for assessment.

1. The vendor read the introduction to the ATC Assessment to the participant:

2. Note-Taking Results (if applicable): ___/10 (must score at least 8 to pass)

   Note-Taking Modality:

3. Computer Concepts Results
   b. Computer Concepts Posttest Score: ____/10

4. Functional Computer Evaluation (attach to this report):

5. Assistive Equipment Evaluation
   a. Primary assistive modality (large print, speech, braille):
      Reading Speed/wpm:
   b. Secondary assistive modality (large print, speech, braille):
6. The client was exposed to the following types of assistive equipment and/or devices during the assessment (attach list of device options and selections signed by participant and vendor):

7. Comments, concerns, or issues related to the client's introduction to the assistive equipment or devices:

8. The client has produced a satisfactory work sample (attach to report).

**PART III.** The following summary recommendations are made for this client (enter N/A if not applicable):

9. Further training is not recommended at this time for these reasons:

10. The following remediation is recommended at this time:

11. Will the participant be able to complete the required training within the allotted 100-hour maximum time? (Enter Yes / No / NA. If Yes or No is selected, please explain):

12. Anticipated number of hours needed to complete training:

**PART IV. Service Outcome**

No Service Provided:
Outcome Achieved:
Outcome Not Achieved:

Total Hours of Service:

Dates of Service (List all):

Total Service Period From: To:

Assistive Technology Evaluator Signature:

Date:

Participant Comments:

Participant Signature:
NYSCB Verification: The attainment of service objectives, as reported, has been verified with the participant and instructor and determined to be accurate.

NYSCB Counselor Signature:
Date:
FUNCTIONAL COMPUTER EVALUATION TOOL

Following training, columns three and four of the Functional Evaluation Tool are to be completed by the instructor for all training goals established at assessment. A copy of the completed Functional Evaluation Tool should be attached to the final report.

PARTICIPANT WORK PORTFOLIO

Each participant is required to create a portfolio of work that demonstrates the skills acquired during ATC Training. This portfolio should be assembled by the participant, e-mailed to the instructor, and attached to the final training report as outlined under “Reporting Training Outcomes” in the training section of this document.

Read the following to the participant:

You will create documents that demonstrate your mastery of the skills you learned in ATC Training. These will include a letter to your NYSCB counselor and a resume that demonstrates mastery of basic formatting skills. You are encouraged to create a resume that you can present to prospective employers or to a school or training program; however, the factual content is not important for this assignment. Do not spend a great deal of time fine-tuning the details of content. Later, if you wish, you can edit the saved document for factual accuracy and appeal. Your portfolio will also include examples that demonstrate your skills in creating an email document, retrieving information from the internet, and creating sample spreadsheets, presentations and databases, as specified by your counselor or agreed upon by you, your counselor, and the instructor during your post-assessment meeting.
COVER LETTER FOR WORK PORTFOLIO

You will generate a one-page letter to your NYSCB counselor.

1. Start the Word Processing Program. With a blank screen, set the top margin at 2 inches and the bottom margin at 1.5 inches. Set the left and right margins at 1.5 inches.

2. Type your return address at the left-hand margin. Double return and then insert the current date.

3. Double return and type the name and address of your NYSCB counselor. Double return and enter the salutation. Next, double return for the body of the letter. The body of the letter will be single-spaced, block style with double returns after each paragraph. Paragraphs will not be indented.

4. In paragraph one, describe the following to your counselor:
   a) How the training was conducted (i.e., direct instruction, tutorial materials, exercise materials).
   b) What you accomplished during training.
   c) How you will use what you learned in school or at work.
   d) Any additional comments or suggestions you have about the training process.

5. In paragraph two, describe to your counselor how you use adaptive devices to complete assignments and correct errors.

6. In paragraph three, notify your counselor that you are attaching your resume and a portfolio of work samples.

7. Double return and insert a closing.

8. Return four times and type your name.

9. Double return and type the word “attach” to indicate your resume and portfolio are attached.

10. Save your document. Read the document and check for errors. When you are satisfied that the document is error-free, attach your resume and portfolio, and email everything to your instructor.
NYSCB Assistive Technology Services
ATC TRAINING FINAL REPORT

Service providers are to complete Parts I, II, and III. The final report is to be submitted within ten (10) days of service completion.

PART I. Complete this section using identifying information from the VR Authorization.

Participant Name: 
Counselor: 
NYSCB District Office: 
Authorization Number: 

PART II. TRAINING SERVICE STANDARD:

Score achieved in the following goal areas identified on the Functional Computer Evaluation

Keyboard Navigation – ___/28
Desktop Navigation – ___/16
Function and Use of the Assistive Device –
   Screen readers -- ___/19
   Screen magnifiers -- ____/12
   Note-taking devices -- ____/10
   Braille display -- ____/8
   Scanner/OCR Systems -- ____/7
Operating System Software – ____/22
Maintenance and Technical Documentation -- ____/9
Email – ____/19
Internet – ____/14
Word Processing Software – ____/27
Spreadsheet Software – ____/28
Presentation Software – ____/14
Database Software – ____/9
Other Software (job or education specific) – 100% as determined through curriculum and evaluation developed by the trainer

A copy of the completed Functional Computer Evaluation Tool is attached to the report. (Y or N)
A copy of the participant's work portfolio is attached to this report. (Y or N)

The following post-training technology services/activities are recommended for this participant.

A list of resources for post-training services/activities and technical assistance is attached to this report. (Y or N)

PART III. The following summary contains observations about the participant's training and information that will assist other instructors and placement specialists in assisting this participant to reach their vocational goal.

PART IV. Service Outcome
No Service Provided:
Outcome Achieved:
Outcome Not Achieved:
Total Hours of Service:
Dates of Service (List all):
Total Service Period From: To:

Assistive Technology Instructor Signature:
Date:

Participant Comments:

Participant Signature:

NYSCB Verification: The attainment of service objectives, as reported, has been discussed with the participant and the instructor and determined to be accurate.

NYSCB Signature:
Date:
4.05. Appendix E: Fee for Service Reports

The below reports are examples of reports created by NYSCB to assist AT providers in their report completion. The counselor and AT provider can use alternative reports as desired.

4.05.01. On-Site Evaluation Report

**NYSCB Assistive Technology Services**

*Service providers are to complete Parts I, II, and III. The final report is to be submitted within ten (10) days of service completion.*

**PART I.** Complete this section using identifying information from Section I of the VR Authorization.

- Participant Name:
- Counselor:
- NYSCB District Office:
- Authorization Number:
- Work or education site information –
  - Name:
  - Address:
  - Contact (if identified):
  - Title:
  - Phone:
  - Email:

**PART II. On-Site Evaluation Service Standards**

A. **On-Site Technical Profile:** (List specific equipment and software by name or enter N/A if not applicable to this site.)

  - Computer(s) in use:
  - Computer software in use:
  - Site specific software in use:
Network hardware in use:
Network software in use:
Mainframe(s) in use:
Mainframe software in use:
Terminal emulation hardware and/or software in use:
Communications hardware in use:
Communications software in use:
Miscellaneous equipment in use (printers, fax machine, copiers, etc.):
B. **Summary – Task Analysis – Recommendations:** List tasks to be performed, indicate type(s) of solution(s) available, and recommend training. List assistive technology in Section C. (All possible solutions must be recorded for the participant – i.e., if low-tech, current equipment modification and assistive technology solutions exist for a specific task requirement, then ALL THREE SOLUTIONS must be provided below.)

1. Task:
   Solution (low-tech, equipment modification, and/or assistive technology):
   Recommendation:

2. Task:
   Solution (low-tech, equipment modification, and/or assistive technology):
   Recommendation:

3. Task:
   Solution (low-tech, equipment modification, and/or assistive technology):
   Recommendation:

4. Task:
   Solution (low-tech, equipment modification, or assistive technology):
   Recommendation:

5. Task:
   Solution (low-tech, equipment modification, or assistive technology):
   Recommendation:

C. **Assistive Equipment Recommendation (Yes or No):**
List Additional Equipment for those participants who previously had an ATC Assessment or who presently have equipment. This report should be attached to referral for participants who have not had an ATC Assessment.

D. **Recommendations were provided to site liaison (Yes or No):**

**PART III. Comments**

**PART IV. Service Outcome**
No Service Provided:
Outcome Achieved:
Outcome Not Achieved:
Total Hours of Service:
Dates of Service (List all):
Total Service Period From: To:
Rehabilitation Technician Signature:
Date:

ATC Manager:
Date:

**NYSCB Verification:** The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:
Date:
NYSCB Assistive Technology Services

4.05.02. On-Site Installation Report

*Service providers are to complete Parts I, II, and III. The final report is to be submitted within ten (10) days of service completion.*

PART I. Complete this section using identifying information from Section I of the VR Authorization.

Participant Name:
Counselor:
NYSCB District Office:
Authorization Number:

PART II. On-Site Service Standards – Equipment Installation

Job/Education Site Name:
Job/Education Site Address:

The participant’s assistive equipment was successfully integrated into the job/education site on:
(Dates)

List all equipment, hardware, software, and assistive device(s) installed at this job/education site for this participant:

If a technical liaison has been identified for this site, please provide the following information:

Technical Liaison:
Title:
Phone:
Email:

Software Support Liaison:
Title:
Phone:
Email:

The vendor has provided the technical liaison, the participant, and the employer (if applicable) with the following technical information (List all):

The vendor met with the participant and the technical liaison at the participant’s job/education site to ensure the effective functioning of the assistive equipment configuration on: (Dates)
PART III. Additional Comments

PART IV. Service Outcome
No Service Provided:
Outcome Achieved:
Outcome Not Achieved:
Total Hours of Service:
Dates of Service (List all):
Total Service Period From: To:

Rehabilitation Technician Signature:
Date:

ATC Manager:
Date:

NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:
Date:
NYSCB Assistive Technology Services

4.05.03. Technical Job Coach Development Report

Service providers are to complete Parts I, II, and III. The final report is to be submitted within ten (10) days of service completion.

PART I. Complete this section using identifying information from Section I of the VR Authorization.

Participant Name:
Counselor:
NYSCB District Office:
Authorization Number:
Job Coach Name:
Work or education site information –
   Name:
   Address:
   Contact (if identified):
   Title:
   Phone:
   Email:

PART II. Technical Job Coach Training – Services Rendered

1. Job coach(es) were trained on the following operating platform:

   Utilizing the following assistive technologies and applications:

   To assist in providing on-the-job resources and supports for the following position(s):
2. The job coach was provided with the following resources and supports necessary to assist the employee in performing their specific job tasks:

PART III. Additional Comments

PART IV. Service Outcome
No Service Provided:
Outcome Achieved:
Outcome Not Achieved:
Total Hours of Service:
Dates of Service (List all):
Total Service Period From: To:
Rehabilitation Technician Signature:
Date:

ATC Manager:
Date:

NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:
Date:
NYSCB Assistive Technology Services

4.05.04. On-the-Job Technical Support Report

Service providers are to complete Parts I, II, and III. The final report is to be submitted within ten (10) days of service completion.

PART I. Complete this section using identifying information from Section I of the VR Authorization.

Participant Name:
Counselor:
NYSCB District Office:
Authorization Number:
Work or education site information –
   Name:
   Address:
   Contact (if identified):
   Title:
   Phone:
   Email:

PART II. On-Site Technical Support Standards

1. Employer technical support staff were trained on the following operating platform:
   Utilizing the following assistive technologies and applications:
   to assist in providing on-the-job resources and supports for the following task(s):
   At the following location (list name and addresses of employer(s) or education site or circumstances):

2. The participant was provided with the following resources and supports necessary to perform their specific job tasks. List all:

PART III. Additional Comments

PART IV. Service Outcome

No Service Provided:
Outcome Achieved:
Outcome Not Achieved:
Total Hours of Service:
Dates of Service (List all):
Total Service Period From: To:

Rehabilitation Technician Signature:
Date:

ATC Manager:
Date:

**NYSCB Verification**: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:
Date:
NYSCB Assistive Technology Services

4.05.05. Technical Support for Placement Staff Report

*Service providers are to complete Parts I, II, and III. The final report is to be submitted within ten (10) days of service completion.*

PART I. Complete this section using identifying information from Section I of the VR Authorization.

Participant Name:
Counselor:
NYSCB District Office:
Authorization Number:
Names of staff receiving training:

PART II.

A. Service Provided

Placement staff were trained on the following:
utilizing the following assistive technologies and applications:
to assist in developing the following position(s):

B. Resources Provided

Placement staff were provided the following technical resources and supports necessary to successfully develop employment opportunities for NYSCB participants:

PART III. Comments

PART IV. Service Outcome

No Service Provided:
Outcome Achieved:
Outcome Not Achieved:
Total Hours of Service:
Dates of Service (List all):
Total Service Period From: To:

Rehabilitation Technician Signature:
Date:

ATC Manager:
Date:

**NYSCB Verification:** The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:
Date:
NYSCB Assistive Technology Services

4.05.06. Refresher Training Report

Service providers are to complete Parts I, II, and III. The final report is to be submitted within ten (10) days of service completion.

PART I. Complete this section using identifying information from Section I of the VR Authorization.

Participant Name:
Counselor:
NYSCB District Office:
Authorization Number:

PART II. Refresher Training Standards (Enter Achieved or Not Achieved at each numbered statement.)

1. The participant was retrained on use of the following software or hardware essential to their performance in the employment or education setting:

2. The retraining helped the participant resolve or overcome the following problems identified in the NYSCB referral:

PART III. Additional Comments

PART IV. Service Outcome

No Service Provided:
Outcome Achieved:
Outcome Not Achieved:
Total Hours of Service:
Dates of Service (List all):
Total Service Period From: To:

Rehabilitation Technician Signature:
Date:

ATC Manager:
Date:
NYSCB Verification: The attainment of service objectives, as reported, have been duly verified with the participant or otherwise determined to be accurate.

NYSCB Signature:
Date:

NYSCB Assistive Technology Services

REMOTE TECHNICAL ASSISTANCE FINAL REPORT

Service providers are to complete Parts I, II, and III. The final report is to be submitted within ten (10) days of service completion.

PART I. Complete this section using identifying information from Section I of the VR Authorization.

Participant Name:
Counselor:
NYSCB District Office:
Authorization Number:

PART II.

Reported problem:
Identified solution:
Service provided:

PART III. Additional Comments

PART IV. Service Outcome
No Service Provided:
Outcome Achieved:
Outcome Not Achieved:
Total Hours of Service:
Dates of Service (List all):
Total Service Period From: To:
4.06. Appendix F: Rates

4.06.01. Outcome Rates

The rates for outcome services are vendor and region specific and are competitiely bid. A provider should consult their New York State contract to find their specific rate for each service.

<table>
<thead>
<tr>
<th>Section</th>
<th>Parent Services</th>
<th>CIS Name</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.01</td>
<td>ATC On-Site Evaluation</td>
<td>ATC Readiness Evaluation - SV</td>
<td>Variable/Each</td>
</tr>
<tr>
<td>2.02</td>
<td>ATC Readiness Evaluation</td>
<td>ATC Assessment - SV</td>
<td>Variable/Each</td>
</tr>
<tr>
<td>2.03</td>
<td>ATC Technical Job Coach Development</td>
<td>ATC Training -SV</td>
<td>Variable /Each</td>
</tr>
</tbody>
</table>

* “Commission for the Blind Determination:” Signature and date will determine payment rate and contract period (if any) of an outcome (SV) payment.

* “Commission for the Blind Determination:” Signature and date will be the day the state makes a binding written commitment to obtain the work and will be used as the federal obligation date for federal period of performance measures per 2 C.F.R. §§ 200.71 and 200.77 for all outcome (SV) payments.
### 4.06.02. Fee for Service Rates

<table>
<thead>
<tr>
<th>Section</th>
<th>Parent Services</th>
<th>CIS Name</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.01</td>
<td>ATC Training</td>
<td>ATC - Training (Hourly) - F</td>
<td>100.00/Hour</td>
</tr>
<tr>
<td>3.02</td>
<td>ATC Training</td>
<td>ATC - On-Site Eval - F</td>
<td>100.00/Hour</td>
</tr>
<tr>
<td>3.03</td>
<td>ATC Training</td>
<td>ATC - On-Site Installation - F</td>
<td>100.00/Hour</td>
</tr>
<tr>
<td>3.04</td>
<td>ATC Training</td>
<td>ATC - Tech Job Coach Development - F</td>
<td>100.00/Hour</td>
</tr>
<tr>
<td>3.05</td>
<td>ATC Training</td>
<td>ATC - On-the-Job Tech Support - F</td>
<td>100.00/Hour</td>
</tr>
<tr>
<td>3.06</td>
<td>ATC Training</td>
<td>ATC - Tech Support for Placement Staff - F</td>
<td>100.00/Hour</td>
</tr>
<tr>
<td>3.07</td>
<td>ATC Training</td>
<td>ATC - Refresher Training - F</td>
<td>100.00/Hour</td>
</tr>
<tr>
<td>3.08</td>
<td>ATC Training</td>
<td>ATC - Remote Tech Assistance - F</td>
<td>100.00/Hour</td>
</tr>
</tbody>
</table>

Note: For any of the above services add $20 per hour for service providers who have American Sign Language certification when working with a deaf-blind participant and add $10 per hour for bilingual service providers when working with a participant who needs bilingual services.

*Private vendors receive $10.00 less an hour for all fee for service.

*Authorization Date (“Date” in CIS) will determine payment rate and contract period (if any) of a payment.

*Authorization Date (“Date” in CIS) will be the day the state makes a binding written commitment to obtain the work and will be used as the federal obligation date for federal period of performance measures per 2 C.F.R. §§ 200.71 and 200.77.

### 4.07. Appendix G: ATC Contract Providers Requirements and Information

These requirements are for ATC contract providers only. Only vendors who obtain an ATC contract need to follow the below criteria. Only contract vendors bidders may provide outcome services. Other vendors can provide services on a fee for service basis only.
4.07.01. Physical Plant

A physical plant is required that meets the below criteria.

a. Location – The ATC must be located in the Service Delivery Area(s) originally bid upon for the duration of the contract. It is recommended, but not required, that the technology center be located in a separate space with permanent walls, ceilings, and doors that lock. The center space may be used for other vendor purposes, if NYSCB referrals for center services do not require continual use of the space or the equipment. This alternate use may not in any way impede or delay delivery of services to participants referred by NYSCB.

b. Hours of operation – It is expected that the center will be available for services during normal business hours, evenings, and weekends at a frequency sufficient to meet the outcomes agreed to herein and responsive to the time constraints of participants who may be employed and at risk of losing employment.

If unique circumstances prevent the center from being available evenings or weekends, exceptions to this requirement may be waived only upon the prior written approval of the associate commissioner of NYSCB.

c. Accessibility – The center must be in compliance with the Americans With Disabilities Act (ADA) and any implementing regulations and must provide full and equal access to programs and services to individuals with disabilities, which may include the removal of architectural barriers where readily achievable.

d. Work area – Assessment and training area design, including lighting, seating, and work stations, must be conducive to performance of services defined in this guide.

e. Electrical outlets – Each workstation in the center must be fitted with surge protection capable of supporting six pieces of equipment at the same time. Extension cords are not permitted. Electrical cables or other wiring may not run across floors or under desks or in center workspace, as they may interfere with or render hazardous the mobility of blind participants, guide dogs, canes, or other mobility devices, such as wheelchairs.

f. Temperature – Both heating and cooling must be provided to maintain a temperature range of 60 to 70 degrees Fahrenheit at all times for both user comfort and proper mechanical operation of equipment.
g. Security – The vendor must be responsible for the security of all equipment placed in the center, both ATC-owned and NYSCB-owned.

NOTE: Site visits by NYSCB should be anticipated by ATCs at any time; vendors must cooperate fully with NYSCB staff during such site visits.

4.07.02. Service Delivery Areas

Each contracted vendor will be required to perform all outcome work for a specific geographical area. All referrals for participants in that area should be referred to the corresponding ATC vendor, unless a participant requests a different vendor or if there exists a clinical or logistical reason for choosing a different provider.

<table>
<thead>
<tr>
<th>Area 1 Buffalo</th>
<th>Area 2 Rochester</th>
<th>Area 3 Syracuse</th>
<th>Area 4 Albany</th>
<th>Area 5 White Plains</th>
<th>Area 6 New York City</th>
<th>Area 7 Hempstead</th>
</tr>
</thead>
</table>

4.07.03. Equipment

a) **NYSB-Provided Equipment List:**

NYSCB will provide the following to all ATC contract vendors for use during the ATC contract term.
This list is subject to change at the sole discretion of NYSCB and is for planning and illustration purposes only.

1. A computer with sufficient power and memory to run all required adaptive software.

2. Large, enhanced screen, up to 27 to 34 inches
   
   Access Technology for Visually impaired/Blind individuals to access the computer

3. Various pieces of scanning software for the blind and visually impaired

4. Printer/scanner device: All in one printer, Pearl Camera, etc.

5. Braille display

6. Braille embosser

7. Braille translation software

8. Dictation software and the bridging software to various recommended pieces of assistive software,

9. General tools: MSOffice Suite

10. Note takers

Based upon the needs and usage of individual geographical regions, NYSCB reserves the right to provide different vendors with a different equipment to meet their unique circumstances.

b) Standards for Equipment Use

1. Participant assessments must be conducted on NYSCB-approved equipment owned or leased by the vendor, or provided by NYSCB, as described in section 1.11.01 Personnel Standards for Outcome Services. The vendor must have enough equipment to achieve the performance targets for the five years of the project as defined in the vendors ATC contract.

2. Participant training must be conducted on equipment purchased by NYSCB for the specific referred participant or on a configuration that is similar enough
to the recommended configuration to allow for transference of acquired skills. NYSCB shall bear the cost of maintenance of all such equipment.

3. The vendor must agree to upgrade, or add new, project equipment and software as requested by NYSCB, when the needs of the participant, or changes in model design and/or software, warrant assessment and training of the participant on these upgraded or new devices. NYSCB will provide all equipment required by such an upgrade at no cost to the vendor.

4. The vendor must agree to maintain an inventory of all equipment provided by NYSCB for participant assessments.

5. The vendor must agree to maintain equipment in the center, both vendor-owned and NYSCB-owned, in good working order, and to replace or repair any equipment that is stolen or damaged beyond repair. Repairs must be completed within 10 business days from the vendor’s identification of an equipment malfunction.

6. The vendor must agree to be responsible for returning, upon request, all NYSCB-owned equipment (including equipment purchased by NYSCB for participants), together with any NYSCB-owned freestanding upgrades or accessories. This includes original packing materials, packing, and shipping. (NYSCB will bear shipping costs).

7. The vendor also must agree to assume the cost of damage to any NYSCB-owned equipment it ships.

8. The vendor must agree to accept delivery of equipment purchased by NYSCB for participants and provide NYSCB a written receipt of delivery within three working days of receipt of the equipment. The vendor also must agree to verify the functional condition of the equipment, allowing for enough time to effect repair or replacement of equipment/equipment components if needed without negatively impacting the training schedule of the participant.

9. At the start date of the contract, the vendor’s staff must have the capacity to provide assessment and training on assistive devices and application software.

4.07.04. Classroom Presence

The vendor will have an instructor present in the classroom for at least 75% of the time that the participant is receiving training.
4.07.05. **Training Materials**

Any type of audio or computerized tutorials will be of a professional quality and match in version the software or product to which it refers. NYSCB has the right to request sample copies of instructional materials for evaluation purposes at any time.

Participants should be provided training related to handouts, commands, and materials in electronic format for use during training and for reference on completion of training.

4.07.06. **Meeting With NYSCB/Review of Assistive Equipment Lists**

Not more than twice annually, NYSCB will meet with the vendor to review new assistive technology and mutually agree on a list of hardware and software that the vendor must have available for ATC Assessments.

1. The vendor agrees that assistive technology center instructional staff will be available for policy meetings and technology seminars as deemed necessary by NYSCB.

2. The vendor agrees that at least one (1) but not more than two (2) instructor(s) will attend two (2) meetings per year, at a date, time, and location to be determined by NYSCB, to
   - discuss technology related issues and issues related to the implementation and operation of programs affected by this Agreement; and
   - review new assistive technology and agree on a list of hardware and software that the vendor will have available for ATC Assessments.

NYSCB will pay the cost of any new hardware/software mutually agreed upon and determined by NYSCB to be necessary for assessments. Such equipment/software will only be provided once per calendar year, at the sole discretion of NYSCB.

3. Travel costs will be borne by NYSCB at New York State approved travel rates then in effect for the above-referenced meetings. [http://www.osc.state.ny.us/agencies/travel/travel.htm](http://www.osc.state.ny.us/agencies/travel/travel.htm)

4.07.07. **ATC Staff Proficiency on New Equipment**

Vendor staff must remain current and competent in their knowledge of and ability to train participants on the latest assistive devices. Once the list of hardware and software that the vendor will have available for ATC Assessments is approved by NYSCB, the vendor
must bring its ATC staff to proficiency on any new technology within six months from the
date of said approval and provide written verification to NYSCB thereof.

4.07.08. Subcontracts

The vendor may enter into subcontracts for the provision of fee for services only. NYSCB
reserves the right to review and approve all subcontractors to determine their compliance
with qualification standards before the subcontractor provides any such services.

4.07.09. Participant Housing and Transportation

The vendor must locate and maintain a list of housing accommodated for legally blind
persons, including those with other physical disabilities, which exists within a
reasonable distance from the ATC for out-of-town trainees. Such housing must
conform to all applicable building, fire, and safety codes. This participant housing list
must provide the names and addresses of at least two such housing locations.

The vendor must identify bus routes or other transportation alternatives available at
reasonable cost to NYSCB participants and provide assistance to participants who
wish to avail themselves of these services.

NYSCB will pay for all travel and lodging costs.

4.07.10. Accessibility of Web-Based Information and Applications

Any web-based intranet and internet information and applications development or
programming delivered pursuant to this procurement must comply with New York State
Enterprise IT Policy NYS-P08-005, *Accessibility Web-Based Information and
Applications*, as such policy or standard may be amended, modified, or superseded,
which requires that state agency web-based Intranet and internet information and
applications are accessible to persons with disabilities. Web content must conform to New
York State Enterprise IT Standards NYS-S08-005 as determined by quality assurance
testing. OCFS will conduct such quality assurance testing, and the test results must be
satisfactory to OCFS before web content will be considered a qualified deliverable under
the contract or procurement.