

UNIQUE ASSISTIVE TECHNOLOGY SOLUTIONS

Unique AT Solutions Submission Form

NAME OF THE AT SOLUTION YOU DEVELOPED:

Examples: Adapted Device for Tagging Clothing

Flip-up Switch Mount

CATEGORY:

You may choose more than one category if applicable

<input type="checkbox"/>	SEATING AND POSITIONING	<input type="checkbox"/>	COMMUNICATION	<input checked="" type="checkbox"/>	MOUNTING DEVICES
<input type="checkbox"/>	AIDS TO DAILY LIVING	<input type="checkbox"/>	MOBILITY	<input type="checkbox"/>	LEISURE
<input type="checkbox"/>	ELECTRONIC AIDS TO DAILY LIVING	<input type="checkbox"/>	EMPLOYMENT		
<input type="checkbox"/>	ENVIRONMENTAL MODIFICATION	<input type="checkbox"/>	SENSORY (HEARING, VISION, TACTILE, ETC.)		
<input type="checkbox"/>	OTHER				

BRIEF DESCRIPTION OF AT CHALLENGE:

What does the individual want to do that they can't do?

Sometimes clients need a switch that can fold away for transfers or when the switch is not hooked up to access an activity.

DESCRIBE AT SOLUTION(S):

What does it do? How was it made? How well did it work?

Used a flip-up wheelchair bracket as a switch mount.

Have used these on headrests and off of the wheelchair seat.

Allows easier transfers.

Allows the switch to be flipped away if it is not in use.

LIST MATERIALS NEEDED, APPROX. COST, SOURCES IF KNOWN:

QNTY	ITEM	SOURCE	COST
	Fold-up wheelchair bracket	Wheelchair parts supplier such as Alco or Freedom Design	Varied

E-mail this submission to Julie Mehrl, MOTR/L at Julie.Mehrl@state.nm.us
For further information call Julie at (505) 841-5341

"Unique Assistive Technology Solutions" Web Resources is a project of the New Mexico Developmental Disabilities Supports Division, Clinical Services Bureau. The purpose is to encourage individuals, teams and professionals to share AT Solutions used by individuals with Developmental Disabilities in order to provide ideas and resources for others. Do not publish or disseminate in public forum without permission. By submitting this form you give DDS permission to publish this information on the internet or to use portions of "Unique AT Solutions" submissions for training purposes.

PHOTO OR DIAGRAM:

We would really like a photo of your solution, please attach photo or drawing if available to the e-mail when submitting this form using JPEG, GIF or BMP formats. Respect the rights of individuals; do not submit recognizable faces in pictures, names, or specific personal information in descriptions.



DATE:

OPTIONAL INFORMATION:

SUBMITTED BY: anonymous

CONTACT INFO:

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