

# **UNIQUE ASSISTIVE TECHNOLOGY SOLUTIONS**

Unique AT Solutions Submission Form

## **NAME OF THE AT SOLUTION YOU DEVELOPED:**

Examples: Adapted Device for Tagging Clothing

### **Sand Art Adaptation—Switch User**

## **CATEGORY:**

You may choose more than one category if applicable

<input type="checkbox"/>	SEATING AND POSITIONING	<input type="checkbox"/>	COMMUNICATION	<input type="checkbox"/>	MOUNTING DEVICES
<input type="checkbox"/>	AIDS TO DAILY LIVING	<input type="checkbox"/>	MOBILITY	<input checked="" type="checkbox"/>	LEISURE
<input type="checkbox"/>	ELECTRONIC AIDS TO DAILY LIVING	<input type="checkbox"/>	EMPLOYMENT		
<input type="checkbox"/>	ENVIRONMENTAL MODIFICATION	<input checked="" 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?

**The individual could not easily participate in sand art activity do to limited movement. Individual is also visually impaired.**

## **DESCRIBE AT SOLUTION(S):**

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

**Utilized a commercially available, switch activated pouring cup. Hooked the client's head switch up to the pouring cup. Mounted the pouring cup so client could feel the sand and control the pouring of the sand.**

**Worked well for this individual. Allowed him to actively participate and control the amount of sand and timing of sand use.**

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

<b>QNTY</b>	<b>ITEM</b>	<b>SOURCE</b>	<b>COST</b>
24	Pouring Cup on Flex Mount	www.enablingdevices.com	\$128

E-mail this submission to Julie Mehrl, MOTR/L at [Julie.Mehrl@state.nm.us](mailto: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 Do not publish or disseminate in public forum without permission.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:

E-mail this submission to Julie Mehrl, MOTR/L at [Julie.Mehrl@state.nm.us](mailto:Julie.Mehrl@state.nm.us)  
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