

**GUIDELINES FOR THE PROVISION OF ASSISTIVE TECHNOLOGY SERVICES TO
INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES UTILIZING THE
PARTICIPATORY APPROACH**

**CHECKLIST FOR REFERRAL FOR ASSISTIVE
TECHNOLOGY/THERAPY SERVICES**

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
NEW MEXICO DEPARTMENT OF HEALTH



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CHECKLIST FOR REFERRAL FOR ASSISTIVE TECHNOLOGY/THERAPY SERVICES

Referral for Assistive Technology support from one or more therapies may be indicated when the individual:

- has a wheelchair
- has a problem with his/her wheelchair, i.e. wheelchair is in poor condition; does not fit and/or does not meet the individual's needs.
- needs assistance with positioning for function, i.e. to improve the use of hands; to prevent skin breakdown; to interact with the environment; to improve breathing.
- wants to increase his/her mobility, i.e. in a wheelchair; using a cane or walker; improve gait.
- wants to maintain or improve function, i.e. for range of motion; for controlling movements; for dealing with high muscle tone; for a particular skill; for cardiovascular function.
- wants to eat more safely, i.e. is experiencing symptoms of aspiration; needs techniques for managing food/liquid/saliva orally; needs techniques to assist with swallowing; is refusing to eat/drink orally.
- wants to return to oral eating/drinking and PCP will permit.
- wants to improve oral sensitivities, but not oral eating.
- wants to communicate more effectively with others, i.e. does not speak and does not have an alternative system which permits participation through communication; wants to develop an alternate system of communication / AAC; wants assistance using an AAC system (access, vocabulary); speaks, but is difficult to understand; speaks, but words do not make sense; speaks, but has limited ability to express ideas; wants to develop functional literacy skills; wants to communicate in written form.
- wants to improve cognitive functioning, i.e. organizational strategies, sequencing skills, short-term memory, problem solving and/or adaptive strategies for functional activity.
- wants to improve self-care skills (ADL's), i.e. eating or drinking, dressing, grooming, toileting, bathing.
- wants to improve functional fine-motor skills, i.e. manipulating objects needed for daily activities, work or leisure tools, etc.
- wants to improve home living skills, i.e. shopping, money management, using public transportation, etc.; has difficulty with accessing home, work, day program or school environment, i.e. can't use dials, can't control leisure equipment, can't control lights, can't access faucets, needs assist to access home appliances, can't use work tools, can't take notes, etc.
- needs modifications to use wheelchair in daily environment, i.e. doors widened, bathroom adaptations, ramps, safety adaptations, etc.
- seems to have difficulty with processing sensory information, i.e. needs large personal space; over or under sensitive to touch, or sound, or auditory, or visual stimulation (all or one); has various self-stimulation or self-injurious behaviors that may be connected with poor sensory modulation; rocks body, spins around, avoids movement; bangs body, hits self, bites self.
- wants to improve visual-motor or visual perception skills, i.e. needs help moving around furniture; gets frustrated trying to find things in a drawer or in a visually busy environment; has problems visually attending, tracking, etc.; needs adaptations for visual impairment.
- needs hand splints to maintain range of motion for hygiene; increase ability to grasp; maintain hand function.
- wants to improve hand coordination or manipulation skills.