

# Getting Ready for Technology Screening Matrix

First Name, Last Initial of Self-Advocate: \_\_\_\_\_

Team Designee completing screening: \_\_\_\_\_

Date: \_\_\_\_\_

Site address where technology is being considered or location (home, work, community):  
\_\_\_\_\_

Will another self-advocate be living with this individual?  yes  no  
If YES, are they aware that technology is being considered?  yes  not yet  
Will a support person/people be living with this individual?  yes  no

Outcomes that could be supported by technology:

- |   |  |
|---|--|
| <input type="checkbox"/> general independence   | <input type="checkbox"/> prompting independence  |
| <input type="checkbox"/> environmental controls | <input type="checkbox"/> calling for help        |
| <input type="checkbox"/> unsafe wandering       | <input type="checkbox"/> egress / ingress        |
| <input type="checkbox"/> falls or inactivity    | <input type="checkbox"/> personal hygiene        |
| <input type="checkbox"/> cooking safety         | <input type="checkbox"/> access to food          |
| <input type="checkbox"/> sleep patterns         | <input type="checkbox"/> support person check-in |
| <input type="checkbox"/> medication safety      | <input type="checkbox"/> remote support          |

Other: \_\_\_\_\_

Who on the team has received training, education and/or communication about the enabling technology integration?

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> the self-advocate   | <input type="checkbox"/> family member(s), conservator, guardian |                                       |
| <input type="checkbox"/> support coordinator, care manager                                   | <input type="checkbox"/> direct support staff                    |                                       |
| <input type="checkbox"/> management or supervisors from a support provider organization      |  |                                       |
| <input type="checkbox"/> technology champion, technology team members, technology specialist |  |                                       |
| <input type="checkbox"/> employer  | <input type="checkbox"/> community partners                      | <input type="checkbox"/> other: _____ |

## Using this Screening Matrix

A screening tool is a quick snapshot designed to help a team determine next steps. It is not meant to be an intake or assessment. This screening tool was designed to assist support providers in determining the readiness by the planning team and the individual for technology integration as a natural support PRIOR to enabling technology implementation. Based on the responses and ratings, the team then proceeds by determining what types of education and communication would need to occur in order to support the next steps of the process.

Process:

- Complete front side of form
- Complete the matrix by checking the level of readiness for each statement; only select one descriptor for each statement
- In each section, total up the number of checks in each column

Scoring:

- 3+ checks in "Comfortable" column indicates overall readiness to integrate technology
- 3+ checks in other columns indicates additional conversation/education may be needed

<b>READINESS FOR TECHNOLOGY INTEGRATION</b>		<b>Comfortable</b>	<b>Anxious</b>	<b>Indifferent</b>	<b>Refusal</b>
<b>Self-Advocate</b>	Desire for more independence and/or community supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interest in technology as a natural support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation to use technology as a successful tool for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Willingness to include technology to address outcomes on the ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attitude toward the dignity of risk / making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TOTAL</b>				
<b>Family, Conservator, Guardian</b>	Desire for more independence and/or community supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interest in technology as a natural support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation to use technology as a successful tool for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Willingness to include technology to address outcomes on the ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attitude toward the dignity of risk / making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TOTAL</b>				
<b>Support or Service Coordinator (or other person managing support planning)</b>	Desire for more independence and/or community supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interest in technology as a natural support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation to use technology as a successful tool for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Willingness to include technology to address outcomes on the ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attitude toward the dignity of risk / making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TOTAL</b>				
<b>Direct Support Staff</b>	Desire for more independence and/or community supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interest in technology as a natural support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation to use technology as a successful tool for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Willingness to include technology to address outcomes on the ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attitude toward the dignity of risk / making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TOTAL</b>				

READINESS FOR TECHNOLOGY INTEGRATION		Comfortable	Anxious	Indifferent	Refusal
<b>Other Team Member:</b> Role: _____	Desire for more independence and/or community supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interest in technology as a natural support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation to use technology as a successful tool for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Willingness to include technology to address outcomes on the ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attitude toward the dignity of risk / making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TOTAL</b>				
<b>Other Team Member:</b> Role: _____	Desire for more independence and/or community supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interest in technology as a natural support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation to use technology as a successful tool for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Willingness to include technology to address outcomes on the ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attitude toward the dignity of risk / making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TOTAL</b>				
<b>Other Team Member:</b> Role: _____	Desire for more independence and/or community supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Interest in technology as a natural support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Motivation to use technology as a successful tool for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Willingness to include technology to address outcomes on the ISP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attitude toward the dignity of risk / making mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TOTAL</b>				

Additional Technology-Related Questions:

If the self-advocate currently uses any type of technology for typical daily activities and routines (smart phone, laptop, tablet, iPad, etc.), please list:

\_\_\_\_\_

If the self-advocate currently uses any type of assistive technology or adaptive equipment for typical daily activities and routines, please list:

\_\_\_\_\_