

CHAPTER
2

Consideration of Special Factors

The IDEA 2004 law requires the consideration of five special factors. The first four address children with very specific needs, while the fifth applies to all students who are eligible for special education services under the law. According to Part B, Section 614 of the IDEA 2004 reauthorization, the IEP team should:

(i) in the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior;

(ii) in the case of a child with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP;

(iii) in the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child;

(iv) consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and

(v) consider whether the child needs assistive technology devices and services, with the exception of surgically implanted devices.

As stated above, AT is one of five special considerations in the IEP process. The new language regarding AT consideration changed from considering whether the child “requires” AT (1997 IDEA) to considering whether the child “needs” AT (IDEA, 2004). Also, unlike the previous IDEA (1997), there is an exception to AT with respect to surgically implanted devices. While consideration of these five factors is still for all children and youth with disabilities who qualify for services under IDEA 2004, the first four considerations apply to specific populations of students. The consideration of AT, however, applies to *all* students and, therefore IEP teams should consider the full range of AT devices and services that may be needed by a student for all academic and functional areas of disability.

Although several of the special considerations can be made at any point in the IEP process, educational goals must be established before it is possible to accurately determine whether a student requires AT devices and services. IEP goals should be linked to the state- and/or school system-identified curriculum on an individual basis and grade level. All AT used to accommodate a student in accessing the general education curriculum should be linked to an individualized goal.

IEP teams should consider both the computer access and the instructional software necessary for students with disabilities to participate in the general education curriculum. IEP teams also should consider instructional interventions that require the use of a device, strategy, or tool in the accommodation.

Although assistive technology may be needed as a part of a student’s special education or related services, IEP teams must be aware that it also can be a part of supplementary aids and services—aids, services, and other supports that are provided in regular education classes or other education related settings—that enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate in accordance with Part B, Section 614, D (IV).

Regardless of how AT is identified, IEP teams should follow state and district guidelines for where AT is documented in the IEP. For example, if an IEP team identifies an instructional software program that is needed for a student to access the general education curriculum and this is seen as a supplementary aid or service, the IEP should also identify this needed software as AT. The IEP team also should note that there are typically state-identified accommodations that can be used for statewide testing, and it should ensure that those accommodations are familiar and available to the student at all times during classroom assessments as well as formal testing situations.



Taking a Closer Look at Assistive Technology Devices

As defined in IDEA 2004, the term assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability [IDEA 2004, Part B, Section 612, (1)].

Beginning as it does with the words “any item,” the definition of an AT device is meant to be inclusive, embracing a wide range of devices, from inexpensive manual items to complex, computer-based technology. The only exception is for those students who require surgically implanted devices. This definition includes devices that were originally developed as assistive technologies, such as mobility and positioning systems, voice output communication devices, and adaptive computer access tools. It also includes a range of other common tools that were not designed to be AT, but are recognized as AT when they have an impact on the functional capability of a student with disabilities. They may include common tools such as a calculator, or instructional software such as a content outlining or mapping software for students who have difficulty organizing ideas, creating outlines, and finding key comprehension points in text.

The range of functional areas for which support may be provided through AT is broad. Examples of functional areas in which students may have difficulties are found in Figure 1. While the scope of the definition of AT may seem confusing, the definition is quite clear that for an item to be AT it must be used to increase, maintain, or improve an academic and/or functional area identified for a student with disabilities.