Standards and Guidelines for the Accreditation of Educational Programs in Assistive Technology

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5 **Standards initially adopted in 20xx**
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7 **Adopted by the**
8 ***Rehabilitation Engineering and Assistive Technology Society of North America***
9 ***Committee on Accreditation for Rehabilitation Engineering and Assistive Technology Education***
10 ***and***
11 ***Commission on Accreditation of Allied Health Education Programs***
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14 The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the
15 recommendation of the **Committee on Accreditation Rehabilitation Engineering and Assistive Technology**
16 **Education (CoA-RATE)**.
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18 These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting
19 programs, which prepare individuals to enter the Assistive Technology profession. Standards are the minimum
20 requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or
21 recommendations, which elaborate on the Standards. Guidelines are not required, however, may assist with
22 interpretation of the Standards.
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24 Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.
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27 ## Preamble
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29 The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Rehabilitation
30 Engineering and Assistive Technology Society of North America (RESNA) cooperate to establish, maintain, and
31 promote appropriate standards of quality for educational programs in Assistive Technology, and to provide
32 recognition for educational programs, which meet or exceed the minimum standards outlined in these
33 accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of
34 students, employers, educational institutions and agencies, and the public.
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36 These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Assistive
37 Technology programs. On-site review teams assist in the evaluation of a program's relative compliance with the
38 accreditation Standards.
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40 **Description of the Profession**
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42 Professionals who work in the Assistive Technology field come from a variety of professional and technical
43 backgrounds and work in interdisciplinary teams to analyze the needs of clients with many types of impairments.
44 They assist in the selection of appropriate assistive technology to reduce impairments related to the effects of
45 disability, helping clients identify their goals, and collaborate in meeting a client's needs through acquisition, set-
46 up and installation, and training in the use of the selected device(s), measuring outcomes, and understand
47 evidence based process. People who work in the field of Assistive Technology assess the person's abilities and
48 goals, determine the need for assistive technology, and incorporate that technology to prepare for, and maintain
49 employment.
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I. Sponsorship

A. Accrediting Educational Institution

A sponsoring institution must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency which is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.

2. A foreign post-secondary academic institution acceptable to CAAHEP, which awards a minimum of a certificate at the completion of the program.

3. A hospital or medical center accredited by a healthcare accrediting agency or equivalent that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law or other acceptable authority to provide healthcare, and authorized under applicable law or other acceptable authority to provide the post-secondary program, which awards a minimum of a certificate at the completion of the program.

4. A branch of the United States Armed Forces or Canadian Armed Forces, which awards a minimum of a certificate at the completion of the program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I. A.

2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure the provisions of these **Standards and Guidelines** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with, and responsive to, the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest served by the program must include, but are not limited to: students, graduates, faculty, sponsor administration, employers, related healthcare professionals, rehabilitation professionals, engineering and/or education professionals, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and other relevant professionals/employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess both goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards and Guidelines**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Advisory committee meetings may include participation by synchronous electronic means.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: “To prepare entry-level Assistive Technology practitioners who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains".

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and, ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional and reference materials, and faculty/staff continuing education component.

Educational materials and activities must be designed in a manner that makes them readily accessible to students with disabilities.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

1. Program Director

a. Responsibilities

The Program Director must:

1) coordinate all aspects of the program including the organization, administration, continuous review, planning, development and achievement of program’s goals and outcomes;
2) establish criteria for those sites which provide clinical experiences for students;
3) evaluate on an annual basis and planned interval basis all clinical affiliates;
4) provide a clinical instructor orientation and evaluation program;
5) ensure regularly planned communication between the program and the clinical instructor;
6) ensure all clinical experience of students occur under supervision of an Assistive Technology practitioner; and
7) manage program budget.

b. Qualifications

The Program Director must:

1) possess a minimum of a Bachelor's Degree;
2) have a minimum of three (3) years of relevant professional experience;
3) demonstrate background in education theory and practice;
4) possess a credential from a related profession.

A credential from a related profession may include, but is not limited to, public instruction license, OTR/L (registered occupational therapist), OT(C)/L (licensed occupational therapist), or certification such as a RESNA Assistive Technology Professional, Certified Rehabilitation Counselor, or speech therapist.

2. Faculty and/or Instructional Staff

a. Responsibilities
Faculty and other instructional staff must provide instruction and assess students' knowledge and practical proficiencies, and where appropriate mentor students in the development of effective assistive technology professional practice competencies.

b. Qualifications
Faculty and instructional staff must:
1) possess a minimum of a Bachelor's Degree;
2) be knowledgeable in the subject matter taught;
3) have a minimum of three (3) years of related field experience, which includes a minimum of one (1) year of providing assistive technology services to clients;
4) possess a professional registration, license, or certification.

3. Clinical Instructor
a. Responsibilities
Clinical Instructors must:
1) supervise students during clinical experiences and be consistently and physically present (i.e. provide face-to-face supervision and evaluation, etc.) and have the ability to intervene on behalf of the student (or client) to provide on-going and consistent education;
2) participate in regularly planned communication between the program and the clinical instructor;
3) provide instruction and experience in relevant practice competencies delineated in the Curriculum in Appendix B;
4) evaluate students' performance; and
5) assure students complete a self-assessment of practice competencies at the completion of the clinical experience.

b. Qualifications
Clinical Instructors must:
1) possess a minimum of a Bachelor's degree; and
2) be appropriately credentialed in their field of practice for one (1) or more year(s) and have a minimum of one (1) year of providing assistive technology services to clients.

Clinical Instructors should have competency in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, described in Appendix B, for Assistive Technology practice.

C. Curriculum
The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and practical activities. Instruction must be based on clearly written course syllabi which include course description, course objectives, evaluation methods, topic outline, and competencies required for graduation.

The curriculum must include clinical experience with opportunities for students to perform all components of Assistive Technology practice and be evaluated by a clinical instructor on their performance.

The program must demonstrate by comparison that the curriculum offered meets, or exceeds, the content specified in Appendix B.

Clinical experience may be provided via many avenues. The program should strive to use realistic and simulated and actual clinical Assistive Technology fieldwork opportunities. However, use of audio/video recording of students' work, documented realistic simulation activities, or comprehensive interactive case study scenarios may be considered as alternatives.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards and Guidelines**. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements and shall be secured in accordance with all existing privacy acts and statues.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess effectiveness in achieving stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

"Positive placement" means that the graduate is employed full or part-time in Assistive Technology or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

2. Outcomes Reporting

The program must periodically submit to the CoA-RATE the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the CoA-RATE to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered;

2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform practical work while enrolled in the program; and

4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards.

   The sponsor should develop a suitable and fully accessible (W3C) means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).

5. The sponsor must provide applicant and student materials that are designed to be readily accessible to student with disabilities.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be nondiscriminatory and in accord with jurisdictional statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty, and a similar procedure for non-remunerated adjunct personnel.

C. Safeguards

The health and safety of clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/CoA-RATE in a timely manner. Additional substantive changes to be reported to the CoA-RATE within the time limits prescribed include certificate awarded.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities which participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

APPENDIX B

Curriculum

A curriculum which prepares students for entry level practice as Assistive Technology professionals must address the following six domains, which are mastered as students acquire skills and knowledge based on the tasks which follow:

1. Domains

a. Assessment of Needs
b. Development of Intervention Strategies – Action Plan
c. Implementation of Intervention (Once Funded)
d. Evaluation of Intervention (Follow-Up)
e. Professional Conduct
f. Evidence Based Practice

2. Tasks

a. Assessment of Needs
   1) Interview the client and consult with other team members as needed (e.g., caregivers, educational, family, medical professionals, therapeutic, vocational, and workplace, etc.) to determine client needs and expectations.
   2) Review relevant records and plans (e.g., caregivers, educational, family, medical professionals, therapeutic, vocational, and workplace, etc.)
   3) Ensure sufficient time is allotted during the assessment to accommodate the client needs, learning style, impairments, environments, languages, and schedules.
   4) Assess environmental factors (e.g., behavioral, educational, personal assistance, physical, social, and support in the environment) pertaining to the use of the assistive technology.
   5) Collaborate as needed with other team members.
   6) Relate abilities and limitations to the use of specific assistive technology. Assess functional capacities for future needs and anticipated transition.
   7) Refer clients, initiate requests for service/consultation, or make recommendations on the referral process for further support as needed.
   8) Assist the client and other stakeholders as appropriate in clarifying and prioritizing goals/needs.
   9) Assess the effectiveness of prior and existing technology.
   10) Facilitate the decision making process of the team providing the assessment and implementation of assistive technology products and services
   11) Present/explain findings and assessment outcomes, as well as demonstrate/explain recommendations to the client and other team members as appropriate in an accessible and appropriate format.

b. Development of Intervention Strategies – Action Plan
   1) Define potential intervention strategies and services using systematic method from lowest to highest levels of technology as appropriate.
   2) Identify product(s), which match technology features given the client's functional abilities, capacities and limitations, as well as goals, personal preferences, environmental factors, and applicable standards.
   3) Determine the appropriateness of commercially available, modified, and/or custom solutions.
   4) Compare technology being considered with client's current and/or previously used technology (including but not limited to what is readily available in the client's environment).
   5) Conduct appropriate demonstrations, trials, and simulations (with basic training for devices/strategies).
   6) Document measurable objectives as appropriate and conduct subsequent analyses of data to select possible technology solutions.
   7) Identify issues of integration crossing all impacted environments in which the client interacts (e.g., community, home, school, social, workplace, vocational, etc.).
   8) Seek and integrate client and team member's feedback during trial opportunity.

9) Identify or assist in determining training and support needs.
10) Identify measurable outcomes from trials to monitor progress toward achieving stated goals and milestones, including relevant data needed for determining progress and final solutions.
11) Assist clients in making final selections by explaining the relevant aspects (advantages and disadvantages) of different technology solutions, e.g., reasonable useful life, cost effectiveness, availability of support, and financial implications.
12) Document recommendations (e.g., sources of technology, related services, training, implementation and trials, costs, and follow-up).
13) Identify and advise the client of the procurement process.
14) Submit recommendations for procurement as appropriate.

c. Implementation of Intervention (Once Funded)
1) Review and confirm the implementation plan with client and team members.
2) Initiate and monitor the order process.
3) Verify product for safety, function, performance, and quality.
4) Prepare, install, fit and adjust the technology to client requirements.
5) Train the client and other stakeholders in device operation, adjustment, care, maintenance, and the troubleshooting process across all impacted environments in which the client interacts.
6) Provide information on device warranty, scheduled maintenance, and follow-up needs.
7) Verify the client's ability to use equipment consistent with their goals once training has been completed.
8) Provide or make recommendations, as appropriate, regarding on-going training or services to achieve goals.
9) Educate client and team members on identifying changes, which may necessitate follow-up to make adjustments or modifications.
10) Document the implementation process and progress as appropriate, and communicate to interdisciplinary team members and other stakeholders as required.
11) Inform client and appropriate team members of their rights and responsibilities and applicable complaint processes.

d. Evaluation of Intervention (Follow-Up)
1) Document outcomes (both qualitative and quantitative) and communicate to interdisciplinary team members and other stakeholders as appropriate.
2) Troubleshoot equipment failure and initiate repair and/or warranty process as needed.
3) Modify intervention strategy, as requested or required, ensuring follow-up in place to address changing client goals, as necessary.
4) Use a quality assurance plan to review achievement of client goals and the service delivery process.

e. Professional Conduct
1) Participate in opportunities to advance the field of assistive technology (e.g., mentoring/supervision, education, research, industry affairs, advocacy, policy, and legislation, etc.).

f. Evidenced Based Practice
1) Describe basic research methodologies including group and single subject methods
2) Read, interpret and evaluate AT intervention research studies
3) Describe various outcomes assessment instruments applicable to AT
4) Collect data for not only service provision, but for assessing the effectiveness of AT interventions.

3. Knowledge

a. Human Anatomy and Physiology
1) Circulatory System
2) Digestive System
3) Endocrine System
4) Integumentary System
5) Lymphatic System
6) Muscular System
7) Nervous System
8) Respiratory System
9) Sensory System

10) Skeletal System
11) Urogenital System

b. Human Development Through the Lifecycle
1) Typical and atypical development (e.g., adaptive, cognitive, communication, emotional, language, motor, sensory, social, etc.)
2) Developmental stages (e.g., neonatal, infancy, early childhood, school age, adolescence, adulthood, senior adults)

c. Psychology and Sociology
1) Social, emotional, and behavioral development
2) Cognitive development (e.g., attention span, comprehension, literacy, memory, perception, processing, etc.)
3) Cultural awareness
4) Disability culture
5) Interpersonal relationships
6) Mental health (e.g., anxiety, dementia, depression, etc.)

d. Fundamental Functional Abilities, Capacities And Limitations
1) Sensory and perception (e.g., body awareness, neurosensory, proprioception, sensory processing, spatial relations, tactile, visual, etc.)
2) Oral motor function
3) Biomechanics of posture, movement, and function
4) Physical (e.g., balance, coordination, endurance, muscle tone, range of motion, strength, etc.)
5) Communication (e.g., receptive/expressive language, verbal/non-verbal, written, etc.)
6) Cognition and learning (e.g., attention, executive function, literacy, organization, etc.)
7) Behavioral/Emotional (e.g., emotional vulnerability, self-control, self-management, etc.)
8) Environmental interactions and access (e.g., community, home, school, social, transportation, workplace, etc.)
9) Etiology, pathology, and characteristics of different diagnoses (e.g., congenital, degenerative, developmental, effects of co-morbidities, progressive, etc.)

e. Interventional Services
1) Psychological, behavioral, and neuropsychological
2) Medical (E.g., nursing and palliative care, nutrition therapy, pharmaceutical, respiratory, surgical, etc.)
3) Therapeutic (e.g., occupational, physical, recreational, and speech therapy, etc.)
4) Educational and school-based services
5) Vocational rehabilitation (e.g., counseling, evaluation, training, etc.)
6) Assistive technology services (e.g., Complex Rehabilitation Technology (CRT), Durable Medical Equipment (DME), engineering, orthotic, prosthetic, etc.)
7) Alternative and culturally sensitive interventions (e.g., acupuncture, herbal treatments, reflexology, etc.)
8) Social Services

f. Principles of Learning and Teaching
1) Principles of learning for age appropriate groups (e.g., childhood, adulthood, etc.)
2) Learning styles (e.g., aural, logical, physical, social, solitary, verbal, visual, etc.)
3) Hierarch of learning (e.g., Bloom's taxonomy, Brown's stages of language development, etc.)
4) Motivation (e.g., intrinsic and extrinsic motivation)
5) Abilities and challenges to learning (e.g., attention, cognitive, language, physical, etc.)
6) Accommodation verses modification (e.g., assignments, materials, work stations, etc.)
7) Training strategies and methods (e.g., modeling, multi-sensory and visual supports, positive behavioral supports, prompt fading, task analysis, etc.)

g. Assessment Procedures
1) Client's current level of function across environments (e.g., community, home, school, work, transportation, etc.)
2) Client's abilities/challenges, capacities/ limitations

513 3) How to assess client tasks, activities, and participation considering environmental factors
514 4) Technology/device features which match the client's needs
515 5) Data collection and measurement procedures
516 6) Analysis and synthesis of information to determine recommendations
517 7) Application of theoretical frameworks and models such as the Student, Environment, Task, Tools
518 Framework (SETT) or Human Activity Assistive Technology (HAAT) model or IMPACT2 Model to
519 assess clients
520
521 h. Service Delivery and Outcomes
522 1) Awareness and investigation of all avenues of procurement applicable to the individual client
523 2) Principles of quality assurance and client satisfaction
524 3) Awareness of ongoing resources and services such as supplier, fellow clinicians, community
525 resources
526 4) Awareness of, and advocacy for, client rights and responsibility
527 5) Roles and responsibilities of individuals with disabilities and others (e.g., academics, caregivers,
528 designers, distributors, educators, engineers, fabricators, manufacturers, medical professionals,
529 technicians, researchers, etc.)
530 6) Sources, procedures, documentation, and eligibility for AT procurement
531 7) Rules, regulations, laws, and statues relating to procurement
532 8) Application of outcome measures for evidence based practice and accountability within a service
533 setting
534
535 i. Principles of Design, Development and Application
536 1) Universal design concepts
537 2) Architectural accessibility (E.g., community, home, school, workplace, social, transportation, etc.)
538 3) Environmental considerations
539 4) Factors which contribute to the cost of devices
540 5) Factors which contribute to usability in particular or multiple environments
541 6) Relationship of material and design to function
542 7) Properties and strength of materials
543 8) Electrical circuits, systems and components (e.g., batteries, chargers, fuses, microprocessors, etc.)
544 9) Responsibilities, limitations, and violation of warranty
545 10) Preventative maintenance and repair schedules for mechanical, electric, and electronic equipment
546 11) Tools and their purpose and use (i.e., which tools perform which functions.
547 12) Ergonomic functions
548
549 j. Knowledge of Assistive Technology Devices
550 1) Categories, features and applications of available assistive technologies (e.g., communication, control
551 of environment, mobility, posture, sensory function, etc.)
552 a) AAC (Augmentative/Alternative Communication)
553 b) Accessible transportation
554 c) ADL (Aids to Daily Living, e.g., dressing, bathing, etc.)
555 d) Cognitive aids (e.g., day-organizer, pill minder, travel application, etc.)
556 e) Adaptive interfaces including computer access (e.g., eye gaze, adaptive mouse, adaptive
557 keyboard, voice recognition, etc.), hardware, software, and mobile device access (e.g., cell
558 phones, tablets, etc.)
559 f) Interactive technology systems (e.g., compatibility of interactive systems, programs, platforms,
560 and equipment)
561 g) Technology access with consideration for cognition
562 h) EADL (Electronic Aids to Daily Living, e.g., TV, light, door controls, etc.)
563 i) Education/learning/accessible instructional materials
564 j) Environmental access, modification, utilization
565 k) Mobility assistive equipment
566 l) Orthotics/prosthetics
567 m) Seating and positioning
568 2) Sensory aids (e.g., vision, hearing, tactile, etc. — such as refreshable Braille displays, weighted
569 vests, tactile manipulatives, noise cancelling/amplification, alternative lighting, etc.)
570 3) Recreation

571 4) Worksite modification
572 5) Credible and vetted sources of information regarding products and technical standards acquired
573 through researching, updating, and upgrading one's own knowledge, in order to provide best practice
574 recommendations to clients and colleagues
575
576 k. Environmental Integration (Person, Technology, Human Device Interface)
577 1) Identification of benefits and limitations of appropriate AT devices, and client access to them
578 2) Inter-relationship and compatibility issues among various technologies in meeting the needs of the
579 client through the use of appropriate assessment and integration models such as the SETT
580 Framework and the HAAT Model, International Classification of Function (ICF), and IMPACT2 models
581 (e.g. communication access, mobility, seating, etc.)
582 3) Relationship between educational, medical, therapeutic, and vocational goals, and assistive
583 technology interventions for both short and long term involvement
584 4) Impact of assistive technology on access to education, employment, and independent living
585 5) Describe specific AT applications for specialized urban, suburban, and rural environments. E.g.
586 farms, ranches, apartments, single family residences.
587
588 l. Professional Conduct and Standards of Practice
589 1) Maintain current knowledge of features and functions of emerging technologies and products
590 2) Maintain professional knowledge, skills, and on-going education in all areas relevant to an individual,
591 ranches, apa
592 3) Application of standards of practice to an individual's discipline(s) and field(s)
593 4) Roles and responsibilities of other professionals for referral purposes and collaboration
594 5) Apply a client-centered approach with active engagement of all relevant team members
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