

National Assistive Technology Act Data System

Annual Progress Report - Full Report

South Carolina 2017

General Information

**Section A(1) - Identification and Description of Lead Agency and Implementing Entity
Statewide AT Program (Information to be listed in national State AT Program Directory)**

State AT Program Title	South Carolina Assistive Technology Program
State AT Program URL	www.scatp.med.sc.edu
Mailing Address	USC School of Medicine, CDR
City	Columbia
State	SC
Zip Code	29208
Program Email	carol.page@uscmed.sc.edu
Phone	(803) 935-5301
TTY	(803) 935-5342

Lead Agency

Agency Name	South Carolina Research Foundation
Mailing Address	Osborne Administration, Suite 202
City	Columbia
State	SC
Zip Code	29208
Program URL	http://uscmed.sc.edu/cdrhome/

Implementing Entity

Does your Lead Agency contract with an Implementing Entity to carry out the Statewide AT Program on its behalf? (Check if Yes)

Name of Implementing Agency
Mailing Address
City
State
Zip Code
Program URL

Program Director and Other Contacts

Program Director for State AT Program (last, first)
Title
Phone

Page, Carol
Program Manager
803-935-5301

E-mail	carol.page@uscmed.sc.edu
Program Director at Lead Agency (last, first)	Christmus, Daniel
Title	Senior Sponsored Award Administrator
Phone	803-777-4452
E-mail	danielc@mailbox.sc.edu
Primary Contact at Implementing Agency (last, first) - If applicable	Rotholz, David
Title	Executive Director, Center for Disability Resource
Phone	(803) 935-7819
E-mail	david.rotholz@uscmed.sc.edu

Person Responsible for completing this form if other than Program Director

Name (last, first)
 Title
 Phone
 E-mail

Certifying Representative

Name (last, first)	Christmus, Daniel
Title	Senior Sponsored Award Administrator
Phone	803-777-4452
E-mail	danielc@mailbox.sc.edu

State Financing

Did you approved state plan for this reporting period include any State Financing?	No
Did you approved state plan for this reporting period include conducting a Financial Loan Program?	No

B. State Financing Activities the Provide Consumers with resources and services that result in the acquisition of AT devices and services

1. Overview of Activities Performed

How many other state financing activities that provide consumers with access to funds for the purchase of AT devices and services were included in your approved state plan?	00
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C. State Financing Activities that Allow Consumers to Obtain AT at Reduced Cost

1. Overview of Activities Performed

How many state financing activities that allow consumers to obtain AT at a reduced cost wer included in your approved state plan?

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D. Anecdote

Impact Area Education Employment Community Living

Impact Area Education Employment Community Living

E. Performance Measures

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
1. Could only afford the AT through the AT program.	00	00	00	00
2. AT was only available through the AT program.	00	00	00	00
3. AT was available through other programs, but the system was too complex or the wait time too long.	00	00	00	00
4. Subtotal	00	00	00	00
5. None of the above	00	00	00	00
6. Subtotal	00	00	00	00
7. Nonrespondent	00	00	00	00
8. Total	00	00	00	00
9. Performance on this measure	NaN%	NaN%	NaN%	

F. Customer Satisfaction

Satisfaction

Customer Rating of Services	Number of Customers	Percent
Highly satisfied	00	NaN%
Satisfied	00	NaN%
Satisfied somewhat	00	NaN%
Not at all satisfied	00	NaN%
Nonrespondent	00	NaN%
Total Surveyed	00	
Response rate %		NaN%

G. Notes:

Reutilization

Did you approved State Plan for this reporting period included conducting any device reuse activities?

A. Number of Recipients of Reused Devices

Activity	Number of Individuals Receiving a Device from Activity
A. Device Exchange	21
B. Device Refurbish/Repair - Reassign and/or Open Ended Loan	165
C. Total	186

Performance Measure	
D. Device Exchange - Excluded from Performance Measure	11
E. Reassignment/Refurbishment and Repair and Open Ended Loans - Excluded from Performance Measure because AT is provided to or on behalf of an entity that has an obligation to provide the AT such as schools under IDEA or VR agencies/clients	00
F. Number of Individuals Included in Performance Measures	175

If a number is reported in E you must provide a description of the reason the individuals are excluded from the performance measure:

B. Device Exchange Activities

DEVICE EXCHANGE				
Type of AT Device	Number of Devices Exchanged	Total Estimated Current Purchase Price	Total Price for Which Device(s) Were Exchanged	Savings to Consumers
Vision	00	\$0	\$0	\$0
Hearing	00	\$0	\$0	\$0
Speech Communication	00	\$0	\$0	\$0
Learning, Cognition and Developmental	00	\$0	\$0	\$0
Mobility, Seating and Positioning	10	\$13,016	\$1,475	\$11,541
Daily Living	03	\$4,160	\$850	\$3,310
Environmental Adaptations	01	\$3,000	\$0	\$3,000
Vehicle Modification & Transportation	05	\$54,124	\$24,850	\$29,274
Computers and Related	00	\$0	\$0	\$0
Recreation, Sports and Leisure	02	\$4,800	\$300	\$4,500
Total	21	\$79,100	\$27,475	\$51,625

C. Device Refurbish/Repair - Reassignment and/or Open Ended Loan Activities

DEVICE REASSIGN/REPAIR/REFURBISH and/or OEL				
Type of AT Device	Number of Devices Reassigned/Refurbished and Repaired	Total Estimated Current Purchase Price	Total Price for Which Device(s) Were Sold	Savings to Consumers
Vision	109	\$7,125	\$0	\$7,125

Hearing	00	\$0	\$0	\$0
Speech Communication	06	\$19,948	\$0	\$19,948
Learning, Cognition and Developmental	07	\$4,765	\$0	\$4,765
Mobility, Seating and Positioning	113	\$99,174	\$0	\$99,174
Daily Living	82	\$7,451	\$0	\$7,451
Environmental Adaptations	02	\$846	\$0	\$846
Vehicle Modification & Transportation	00	\$0	\$0	\$0
Computers and Related	07	\$3,500	\$0	\$3,500
Recreation, Sports and Leisure	03	\$2,699	\$0	\$2,699
Total	329	\$145,508	\$0	\$145,508

D. Anecdote

A woman contacted us to look at some low vision items. She has a degenerative disease and is slowly losing her sight, which has impacted her ability to do her job, which is mostly comprised of reading. After discussing software she could use for computer-related tasks, we started looking through the low vision items available through reuse. She ended up taking home large screen magnifiers for her computer at work as well as smaller handheld magnifiers to help with reading small print. She was so thankful for the equipment that she started crying, saying it was going to allow her to do her job and that it would help to give her one good eye rest from straining so much.

Impact Area Education Employment Community Living

E. Performance Measures

Response	Primary Purpose for Which AT is Needed	
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	Education	Employment	Community Living	Total
1. Could only afford the AT through the AT program.	03	00	67	70
2. AT was only available through the AT program.	00	00	04	04
3. AT was available through other programs, but the system was too complex or the wait time too long.	13	01	84	98
4. Subtotal	16	01	155	172
5. None of the above	00	00	03	03
6. Subtotal	16	01	158	175
7. Nonrespondent	00	00	00	00
8. Total	16	01	158	175
9. Performance on this measure	100%	100%	98.1%	

F. Customer Satisfaction

Satisfaction		
Customer Rating of Services	Number of Customers	Percent
Highly satisfied	170	91.4%
Satisfied	05	2.69%
Satisfied somewhat	00	0%
Not at all satisfied	00	0%
Nonrespondent	11	5.91%
Total Surveyed	186	
Response rate %	94.09%	

G. Notes:

Device Loan

Did you approved State Plan for this reporting period included conducting Short-Term Device Loans?

A. Short-Term Device Loans by Type of Purpose

Primary Purpose of Short-Term Device Loan	Number
Assist in decision-making (device trial or evaluation)	229
Serve as loaner during service repair or while waiting for funding	05
Provide an accommodation on a short-term basis for a time-limited event/situation	10
Conduct training, self-education or other professional development activity	04
Total	248

B. Short-Term Device Loan by Type of Borrower

Loans by Type of Borrower

Type of Individual or Entity	Number of Device Borrowers
Individuals with Disabilities	28
Family Members, Guardians, and Authorized Representatives	79
Representative of Education	73
Representative of Employment	02
Representatives of Health, Allied Health, and Rehabilitation	62
Representatives of Community Living	02
Representatives of Technology	02
Total	248

C. Length of Short-Term Device Loans

Length of Short-Term Device Loan in Days

30

D. Types of Devices Loaned

Type of AT Device	Number
Vision	22
Hearing	19
Speech Communication	188
Learning, Cognition and Developmental	16
Mobility, Seating and Positioning	02
Daily Living	12
Environmental Adaptations	11
Vehicle Modification and Transportation	00
Computers and Related	29
Recreation, Sports and Leisure	43
Total	342

E. Anecdote

A young man who was nonverbal was successfully attending college when his communication device needed to be sent to the manufacturer for repair. He experienced great difficulty meeting the demands of college without a communication device. He didn't know if he would be able to finish the semester. He borrowed an iPad with communication app and a wheelchair mount from the SC Assistive Technology Program. He was able to successfully finish his semester.

Impact Area Education Employment Community Living

F. Access Performance Measures

Response	Primary Purpose for Which AT is Needed	Total
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	Education	Employment	Community Living	
Decided that AT device/service will meet needs	152	06	43	201
Decided that an AT device/ service will not meet needs	05	00	04	09
Subtotal	157	06	47	210
Have not made a decision	16	00	03	19
Subtotal	173	06	50	229
Nonrespondent	00	00	00	00
Total	173	06	50	229
Performance on this measure	90.75%	100%	94%	

G. Aquisition Performance Measures

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
1. Could only afford the AT through the AT program.	01	00	00	01
2. AT was only available through the AT program.	06	02	03	11
3. AT was available through other programs, but the system was too complex or the wait time too long.	02	01	00	03
4. Subtotal	09	03	03	15
5. None of the above	01	01	01	03
6. Subtotal	10	04	04	18
7. Nonrespondent	01	00	00	01
8. Total	11	04	04	19

9. Performance on this measure

84.51%

75%

75%

H. Customer Satisfaction

Satisfaction

Customer Rating of Services	Number of Customers	Percent
Highly satisfied	211	85.08%
Satisfied	34	13.71%
Satisfied somewhat	02	0.81%
Not at all satisfied	01	0.4%
Nonrespondent	00	0%
Total Surveyed	248	
Response rate %	100%	

I. Notes:

Device Demonstration

A. Number of Device Demonstrations by Device Type

Type of AT Device / Service	Number of Demonstrations of AT Devices / Services
Vision	05
Hearing	01
Speech Communication	94
Learning, Cognition and Developmental	52
Mobility, Seating and Positioning	00
Daily Living	09
Environmental Adaptations	02

Vehicle Modification and Transportation	00
Computers and Related	09
Recreation, Sports and Leisure	01
Total # of Devices Loaned	173

B. Types of Participants

Type of Participant	Number of Participants in Device Demonstrations
Individuals with Disabilities	175
Family Members, Guardians, and Authorized Representatives	164
Representatives of Education	161
Representatives of Employment	02
Health, Allied Health, Rehabilitation	44
Representative of Community Living	10
Representative of Technology	01
Total	557

C. Number of Referrals

Referrals	
Type of Entity	Number of Referrals
Funding Source (non-AT program)	05
Service Provider	06
Vendor	164
Repair Service	00
Others	00

D. Anecdote

A 14 year-old boy is home schooled. He is nonverbal and moves very little. His mom was really struggling to home school him because she did not know how what the boy knew or how to get him to respond. She brought him for a demonstration at the SC Assistive Technology Program. He was able to use an electronic eye gaze system to interact with cause and effect software programs. At first his responses were intermittant, but over time, he learned how to make images on the screen interact with his eye gaze movements. This led to trials of eye gaze communication systems which he is communicating with now. This young man was a spectator in his environment and now is an activice participant.

Impact Area Education Employment Community Living

E. Performance Measures

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
Decided that AT device/service will meet needs	135	05	33	173
Decided that an AT device/ service will not meet needs	00	00	00	00
Subtotal	135	05	33	173
Have not made a decision	00	00	00	00
Subtotal	135	05	33	173
Nonrespondent	00	00	00	00
Total	135	05	33	173
Performance on this measure	100%	100%	100%	

F. Customer Satisfaction

Satisfaction

Customer Rating of Services	Number of Customers	Percent
Highly satisfied	539	96.77%
Satisfied	16	2.87%
Satisfied somewhat	00	0%
Not at all satisfied	02	0.36%
Nonrespondent	00	0%
Total	557	
Response rate %	100%	

G. Notes:

Overall Performance Measures

Overall Acquisition Performance Measure

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
1. Could only afford the AT through the AT program.	04	00	67	71
2. AT was only available through the AT program.	06	02	07	15
3. AT was available through other programs, but the system was too complex or the wait time too long.	15	02	84	101
4. Subtotal	25	04	158	187
5. None of the above	01	01	04	06
6. Subtotal	26	05	162	193
7. Nonrespondent	01	00	00	01
8. Total	27	05	162	194

9. Performance on this measure	92.59%	80%	97.53%	96.39%
ACL Performance Measure	75%	75%	75%	75%
Met/Not Met	Met	Met	Met	Met

Overall Access Performance Measure

Response	Primary Purpose for Which AT is Needed			Total
	Education	Employment	Community Living	
Decided that AT device/service will meet needs	287	11	76	374
Decided that an AT device/ service will not meet needs	05	00	04	09
Subtotal	292	11	80	383
Have not made a decision	16	00	03	19
Subtotal	308	11	83	402
Nonrespondent	00	00	00	00
Total	308	11	83	402
Performance on this measure	94.81%	100%	96.39%	95.27%
ACL Performance Measure	70%	70%	70%	70%
Met/Not Met	Met	Met	Met	Met

Training

A. Training Participants: Number and Types of Participants; Geographical Distribution

Training by Type of Participant

Type of Participant	Number
Individuals with disabilities	82

Family members, guardians, authorized rep	101
Representatives of Education	1,643
Representatives of Employment	76
Rep Health, allied health, and rehabilitation	212
Representatives of Community Living	249
Representatives of Technology	17
Unable to Categorize	00
TOTAL	2,380

Geographic Distribution of Participants

Metro	Non Metro	Unknown	TOTAL
1,568	206	606	2,380

B. Training Topics

Training Topics By Number of Participants

Primary Topic of Training	Participants
AT Products/Services	533
AT Funding/Policy/ Practice	00
Information Technology/Telecommunication Access	89
Combination of any/all of the above	1,579
Transition	179
Total	2,380

B. Description of Training Activities

Describe innovative on high-impact assistance training activity conducted during the reporting period:

A member of the SC Assistive Technology co-presented at the SC Speech-Language-Hearing Association. The presentation was entitled "AAC and Literacy." This presentation was attended by speech-language pathologists from across the state of South Carolina.

Briefly describe on training activity related to transition conducted during the reporting period:

The SC Assistive Technology Program gives an annual AT Expo. Each year, the Expo includes 12 workshops including a transition workshop. The workshop this year was entitled "AT Opportunities for the Transition Age Student" It was attended by professionals, parents and students from across SC, NC, and GA.

Briefly describe on training activity related to Information and Communication Technology accessibility:

A member of the SC Assistive Technology presented at the AT Expo on how to make accessible documents in Microsoft Word, Powerpoint, and pdf's in Adobe. It was attended by professionals from across SC, NC, and GA who are involved in their agency's accessibility efforts.

D. IT/Telecommunications Training Performance Measure

Outcome/Result From IT/Telecommunications Training Received	Number
IT and Telecommunications procurment or Dev Polices	67
Training or Technique Assistance will be developed or implemented	17
No Known outcome at this time	01
Nonrespondent	04
Total	89
Performance Measure Percentage	94.4%
RSA Target Percentage	70%
Met/Not Met	Met

E. Notes:

Technical Assistance

A. Frequency and Nature of Technical Assistance

Program/Agency Type receiving Technical Assistance

Education	55%
Employment	25%
Health, Allied Health, Rehab	10%
Community Living	10%
Technology (IT, Telecom, AT)	0%
Total	100%

B. Description of Technical Assistance

Describe Innovative on high-impact assistance activity that is not related to transition:

The staff of the SC Assistive Technology Program provides technical assistance to the staff at the SC Department of Education (SCDE) throughout the year. Resources, device loans, demonstrations, trainings and support for statewide school staff is provided throughout the year. The SCDE assistive technology specialists provided a day-long training on assistive technology in the school. Our staff provided support with all aspects of planning, providing training and support for prior to and during the day of the event.

Briefly describe on technical assistance activity related to transition conducted during the reporting period:

The staff of the SC Assistive Technology Program (SCATP) provides technical assistance to the Transition Alliance of South Carolina (TASC). We attend regular meetings and support TASC members during their conferences held during the year. SCATP's staff exhibit and present at their state-wide events.

C. Notes:

Public Awareness

Public Awareness Activities

Describe in detail at least one and no more than two innovative or high-impact public awareness activities conducted during this reporting period. Highlight the content/focus of the awareness information shared, the mechanism used to disseminate or communicate the awareness information, the numbers and/or types of individuals reached, and positive outcomes resulting from the activity. If quantitative numbers are available regarding the reach of the activity, please provide those: however, quantitative data is not required.

The SC Assistive Technology Program provides a statewide assistive technology expo each year. The AT Expo has attendees from across SC, NC and GA. This year 650 people attended the AT Expo. There were 72 exhibits which included agencies and vendors and 12 workshops that covered a wide variety of assistive technology topics. It was an all day event held in Columbia, SC, the state's capital which is centrally located in the state.

Information And Assistance

Types of Recipients	AT Device/ Service	AT Funding	Total
Individuals with disabilities	46	24	70
Family members, guardians, and authorized representatives	53	10	63
Representative of Education	36	04	40
Representative of Employment	06	00	06
Representative of Health, Allied Health, and Rehabilitation	35	05	40
Representative of Community Living	10	02	12
Representative of Technology	00	00	00
Unable to Categorize	00	00	00
Total	186	45	231

Notes:

State Improvement Outcomes

State improvement outcomes are not required. You may report up to two MAJOR state improvement outcomes for this reporting period. How many will you be reporting?	00
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A. State Improvements

1. In one or two sentences, describe the outcome. Be as specific as possible about exactly what changed during this reporting period as a result of the AT program's initiative.

2. In one or two sentences, describe the written polices, practices, and procedudures that have been developed and implemented as a result of the AT program's initiative. Include information about how to obtain the full documents, such as a Web site address or e-mail address of a contact person, but do not include the full documents here. (If there are no written polices , practices and procedures, explain why.)

3. What was the primary area of impact for this state improvement outcome?

B. State Improvements

1. In one or two sentences, describe the outcome. Be as specific as possible about exactly what changed during this reporting period as a result of the AT program's initiative.

2. In one or two sentences, describe the written polices, practices, and procedudures that have been developed and implemented as a result of the AT program's initiative. Include information about how to obtain the full documents, such as a Web site address or e-mail address of a contact person, but do not include the full documents here. (If there are no written polices , practices and procedures, explain why.)

3. What was the primary area of impact for this state improvement outcome?

Additional And Leveraged Funds

Additional and Leveraged Funds

Did you have Additional and Leveraged Funding to Report?

Yes

A. Leveraged Funding for State Plan Activities

Fund Source	Amount	Use of Funds
Public/State Agency	13500 Amount: 13500	Public Awareness, I&A

B. Leveraged Funding for Activities Not in state Plan (data not previously reported in other activity sections)

Fund Source	Amount	Use of Funds	Individuals Served	Other Outcome
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C. Describe any unique issues with your data in this section (e.g., the reason why you were unable to report the number of individuals served with additional or leveraged funds).

Association of Assistive Technology Act Programs . Saved: Mon Jan 08 2018 14:06:49 GMT-0500 (Eastern Standard Time)
