# APPENDIX A

# CLINICAL COMPETENCY EVALUATION FORM

The purpose of completing the Clinical Performance Evaluation form by the supervisor(s) is to determine the knowledge and clinical skills of the applicant and to evaluate his/her overall performance as an eligibility requirement for CATIS certification.

Objectives of Performance Rating:

* 1. To determine knowledge and clinical skills in the area of Certified Assistive Technology Instructional Specialist.
  2. Objectively evaluate the applicant’s overall performance as an eligibility requirement for professional certification as an Assistive Technology Instructional Specialist.

**Applicant’s Name**:

**Name of Agency where applicant interned**:

Dates of Clinical Practice under CATIS Supervision (minimum of 350 hours with at least 280 hours of direct service required as defined in the Eligibility requirements):

**Starting Date:**  **Ending Date:**

If the clinical practice is part-time, please indicate the number of hours per week.

**Hours per week**:

If the applicant has completed the required clinical practice of 350 hours with 280 hours of direct service at more than one organization, please list the additional organizations:

Name of organization #2, address, phone numbers, and dates of clinical practice:

Name of organization #3, address, phone numbers, and dates of clinical practice:

**Directions:** For each knowledge area and skill listed please indicate if the applicant has performed at a professional rating of **Acceptable** or **Not Acceptable**. It is important that you impartially and objectively assess performance to ensure high quality delivery of service to those who are visually impaired and that you only recommend candidates for certification who meet the overall acceptable level of competency.

## CLINICAL COMPETENCIES

| **Assessment Competencies** | **Acceptable** | **Not Acceptable** |
| --- | --- | --- |
| Performs an intake evaluation ensuring the following the individual has received a clinical low vision evaluation when appropriate and that the individual is using the prescribed optical systems as appropriate |  |  |
| Conducts a thorough interview to determine the individual’s goals (personal, vocational, educational), needs and desires |  |  |
| Performs a task analysis to determine the specific tasks required to accomplish the individual’s goals, needs and desires including: accessing printed and electronic information and performing written communication; accessing mobile navigational information; participating in leisure & recreational activities |  |  |
| Assesses current hardware and software to determine if features are available that might assist the individual in accomplishing the desired tasks |  |  |
| Determines if the individual has the necessary skills or has the ability to learn to successfully use the technology tool(s) to accomplish the desired task such as: sensory skills (tactile, auditory, visual), motor skills, cognitive skills |  |  |
| Determines, based on the data available, the individual’s ability to acquire the necessary skills to use the tools to accomplish the desired task |  |  |
| Analyzes the information gathered and makes recommendations for specific technologies and the necessary training for the individual |  |  |
| Provides adequate rationale, justification and education to ensure that the individual understands the technology recommendations and advocates for financial support to provide tools and training recommended for the individual |  |  |
| Explains technology recommendations to individuals to ensure they understand and advocate for the recommended tools and training |  |  |

| **Clinical Instruction Competencies** | **Acceptable** | **Not Acceptable** |
| --- | --- | --- |
| **General:** Instructs techniques for integrating assistive technology, devices, hardware and software into the individual’s daily activities including home and work (if applicable) by applying learning styles and learning theory to suit the individual’s need |  |  |
| Creates a training plan specific to individual’s abilities, goals and needs and to adjust scope, structure and pace of instruction to the individual’s learning style and capacity for new information |  |  |
| Plans, implements and keeps records for short-term and long- term instruction for each individual |  |  |
| **Screen reading, Screen Magnification, and OCR Software:** Instructs basic maintenance and troubleshooting (updates, configurations) |  |  |
| **Desktop/Laptop Mobile Solutions:** Instructs general computer hardware and software basics, standard operating systems and accessible third-party options |  |  |
| Instructs the appropriate use and maintenance of assistive technology devices |  |  |
| Instructs the use of appropriate environmental modifications such as ergonomics, illumination and size control, speech output settings, tactual marking |  |  |
| Instructs basic maintenance and troubleshooting (updates, configurations, malware, anti-virus, etc.) |  |  |
| Desktop/Laptop Mobile Solutions: Instructs basic levels of computer hardware and software, operating systems and accessible third party options |  |  |
| Instructs built-in accessibility software options |  |  |
| Instructs third-party accessibility software |  |  |
| Instructs common productivity, recreation, and special accessibility programs |  |  |
| Instructs how to use software with different input technologies (i.e., keyboard only, keyboard and mouse, braille displays, voice recognition) |  |  |
| Instructs current device options in desktop, laptop, mobile and specialty devices |  |  |
| Instructs orientation to a keyboard using tactual instead of visual cues. |  |  |
| Orients an individual to a new screen using terminology and references appropriate to the assistive technology being used. |  |  |

| **Clinical Configuration Competencies** | **Acceptable** | **Not Acceptable** |
| --- | --- | --- |
| Configuration and setup of computers and portable devices as needed, including, but not limited to: Installation of software; email functionality; account setup; folder management; disabling and removing of unneeded and inaccessible third party software, and installation of antivirus software |  |  |
| Installs and customize various AT solutions needed to meet individuals’ goals and objectives |  |  |
| Recommends modifications for computer components as needed, such as hard drives, memory, and sound cards |  |  |
| Connects peripheral devices and access points via technologies such as Bluetooth, Wi-Fi and NFC |  |  |
| Configures Operating Systems for compatibility with AT and other third party applications |  |  |
| Maintains and upgrades hardware and software solutions |  |  |
| Configures systems and devices for remote training and instructional purposes as needed |  |  |
| Troubleshoots basic hardware and software problems |  |  |

| **Clinical Exploration Competencies** | **Acceptable** | **Not Acceptable** |
| --- | --- | --- |
| Reviews standard and access software tools through public beta testing, free trials, vendor online training |  |  |
| Masters access technologies that do not yet have training courses and manuals and develops use case and training materials for others |  |  |
| Presents and participate in conferences and educational events on ever-changing technology |  |  |
| Develops network of tools to keep abreast of new developments in devices, software, services, and accessibility tools both within the visual impairment system and out in the general tech and user- group communities (i.e. follow access tech sources on social networks) |  |  |
| Collaborates with software and hardware companies to promote accessibility |  |  |
| Demonstrates accessibility features of main streamed electronic applications and devices |  |  |

If the applicant rates “Not Acceptable” in any of the areas, please explain:

If the applicant demonstrates superior strengths or qualities, please explain:

Please indicate how many internship hours were completed (Applicants must complete a minimum of a 350 hour internship):

(Applicants must have completed a minimum of 280 hours of direct services with consumers).

I further verify that the applicant has completed the following number of hours of direct service with consumers:

Would you recommend the applicant for ACVREP certification?

Please sign and return this completed Clinical Competency Evaluation Form to the applicant so it can be included in his/her eligibility application packet.

**If the internship was supervised off-site by a CATIS, please answer the following questions:**

1. How many hours of direct supervision were provided?
2. Do you have any suggestions for improving communication, etc. to ensure a successful internship for both parties? (Yes or No)

If yes, please list your suggestion:

I verify that the applicant has successfully completed their internship. (Applicants must complete a 350-hour internship with a minimum of 280 hours direct services).

**Statement of Integrity:** “I do hereby acknowledge that all the information submitted on this form is true and correct to the best of my knowledge and was completed in accordance with the CATIS Code of Ethics (see Appendix F). I understand that falsified information on this form is grounds for the denial of certification eligibility for the applicant.”

Signature of the Onsite Supervisor Date

Print Name (Onsite Supervisor):

Signature of CATIS Supervisor Date

Name (please print name of CATIS Supervisor):

Title of CATIS Supervisor: