# RSA 572 - SGAT Federal Report

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STATE GRANT FOR ASSISTIVE TECHNOLOGY PROGRAM - MINNESOTA ANNUAL REPORT FOR FISCAL YEAR 2012

GENERAL INFORMATION

A. CONTACTS

1. State and Program Title
Minnesota STAR Program

LEAD AGENCY

2. Agency name
Minnesota Department of Administration

3. Mailing address
50 Sherburne Avenue Room 200

4. City
Saint Paul

5. State
MN

6. Zip code
55155

7. Phone
651-201-2555

8. Fax
651-297-7909

9. Program URL
http://www.starprogram.state.mn.us

10. Program E-mail
star.program@state.mn.us

11. Program toll-free number
888-234-1267
12. Program TTY number
7-1-1

IMPLEMENTING AGENCY

13. Check here if not applicable. If applicable, complete Items 14-24.
Yes

14. Name

15. Mailing address

16. City

17. State

18. Zip code

19. Phone

20. Fax

21. Program URL

22. Program E-mail

23. Program toll-free number

24. Program TTY number

PROGRAM DIRECTOR AT LEAD AGENCY

25. Name (last, first)
Beyer-Kropuenske, Laurie

26. Title
Community Services Director

27. Phone
651-201-2501

28. E-mail
Laurie.Beyer-Kropuenske@state.mn.us

PROGRAM DIRECTOR AT IMPLEMENTING ENTITY - IF APPLICABLE

29. Name (last, first)

30. Title

31. Phone

32. E-mail
PERSON RESPONSIBLE FOR COMPLETING THIS FORM IF OTHER THAN PROGRAM DIRECTOR

33. Name (last, first)
Moccia, Kim

34. Title
Program Co-Ordinator

35. Phone
651-201-2297

36. E-mail
Kim.Moccia@state.mn.us

37. Date form completed (mm/dd/yy)
12/26/2012

CERTIFYING REPRESENTATIVE

38. Name (last, first)
Cronk, Spencer

39. Title
Commissioner, Department of Administration

40. Phone
651-201-2566

41. E-mail
Spencer.Cronk@state.mn.us

STATE FINANCING

OVERVIEW OF ACTIVITIES PERFORMED

Did your approved State Plan for this reporting period include conducting any State Financing activities?

No

This section is not required based on the data set in the Overview of Activities Performed section.
A. Number of Recipients of Reused Devices

In this section, report the number of recipients of devices through device exchange, reassignment/refurbishment, and repair activities, and open-ended loans. In the table below, report on the number of individuals who receive devices through a reuse program. Recipients should be reported only once, even if they receive multiple devices during this reporting period. (The multiple devices will be reported in subsequent sections.)

A. Device exchange 0

B. Reassignment/refurbishment and Repair 0

C. Open-ended loans 1,623

D. Total Served 1,623

E. Device Exchange - Excluded from Performance Measure 0

F. 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) 0

G. Total Number of Individuals included in Performance Measure 1,623

B. Device Exchange Activities

<table>
<thead>
<tr>
<th>Type of AT Device/Service</th>
<th>Number of Devices Exchanged</th>
<th>Total Estimated Current Purchase Price</th>
<th>Total Price for Which Device(s) Were Exchanged</th>
<th>Savings to Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hearing</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Speech communication</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Learning, cognition, and developmental</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Type of AT Device/Service</th>
<th>Number of Devices Recycled / Refurbished / Repaired</th>
<th>Total Estimated Current Purchase Price</th>
<th>Total Price for Which Devices Were Sold</th>
<th>Savings to Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility, seating and positioning</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Daily living</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Environmental adaptations</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Vehicle modification and transportation</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Computers and related</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Recreation, sports, and leisure</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

If Other was used in the above table, briefly describe.

### D. OPEN-ENDED LOANS

<table>
<thead>
<tr>
<th>Type of AT Device/Service</th>
<th>Number of Devices on Long-Term Loan</th>
<th>Total Estimated Current Purchase Price</th>
<th>Cost to Consumer for the Loan</th>
<th>Savings to Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hearing</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Speech communication</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Learning, cognition, and developmental</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Mobility, seating and positioning</td>
<td>1,623</td>
<td>$75,000</td>
<td>$0</td>
<td>$75,000</td>
</tr>
<tr>
<td>Daily living</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
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Environmental adaptations 0 $0 $0 $0
Vehicle modification and transportation 0 $0 $0 $0
Computers and related 0 $0 $0 $0
Recreation, sports, and leisure 0 $0 $0 $0
Total 1,623 $75,000 $0 $75,000

If Other was used in the above table, briefly describe.

E. ANECDOTE

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

Parent of a child with mobility needs received a wheelchair to help transport her child to community events and doctor appointments.

F. PERFORMANCE MEASURES

<table>
<thead>
<tr>
<th>Response</th>
<th>AT Primarily Needed for Education</th>
<th>AT Primarily Needed for Employment</th>
<th>AT Primarily Needed for Community Living</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Could only afford the AT through the statewide AT program (n,d)</td>
<td>0</td>
<td>161</td>
<td>1,452</td>
<td>1,613</td>
</tr>
<tr>
<td>2. AT was only available through the statewide AT program (n,d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. AT was available through other programs, but the system was too complex or the wait time was too long (n,d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Subtotal</td>
<td>0</td>
<td>161</td>
<td>1,452</td>
<td>1,613</td>
</tr>
<tr>
<td>5. None of the above (d)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Subtotal</td>
<td>0</td>
<td>161</td>
<td>1,452</td>
<td>1,613</td>
</tr>
<tr>
<td>7. Nonrespondent (d)</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>8. Total</td>
<td>0</td>
<td>171</td>
<td>1,452</td>
<td>1,623</td>
</tr>
<tr>
<td>9. Performance on this measure (1)</td>
<td>94.15</td>
<td>100.00</td>
<td>99.38</td>
<td></td>
</tr>
</tbody>
</table>

G. CUSTOMER SATISFACTION

<table>
<thead>
<tr>
<th>Customer Rating of Services</th>
<th>Number of Customers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly satisfied</td>
<td>1,577</td>
<td>99.00%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Satisfied somewhat</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Not at all satisfied</td>
<td>16</td>
<td>1.00%</td>
</tr>
<tr>
<td>Nonrespondent</td>
<td>30</td>
<td>-</td>
</tr>
</tbody>
</table>
Total surveyed | 1,623
Response rate | 98.15%

H. NOTES

Describe any unique issues that may affect your data in this section (e.g., types of devices that are not reused because they are available from another source). If you have a device exchange program, please describe your data collection method, any challenges with collecting these data, and plans for overcoming those challenges.

DEVICE LOANS

OVERVIEW OF ACTIVITIES PERFORMED

Did your approved State Plan for this reporting period include conducting short-term device loans?

Yes

A. SHORT-TERM DEVICE LOANS BY TYPE OF PURPOSE

Report the number of short-term device loans made by primary purpose of the loan. Count each loan in only one category, even if the loan included multiple devices. If at least one device included in the loan was obtained for the purpose of decision-making, report the loan in the first row.

Assist in decision making (device trial or evaluation)

652

Serve as loaner during device repair or while waiting for funding

4

Provide an accommodation on a short-term basis

223

Conduct training, self-education or other professional development activity

0

Total

879

B. NUMBER OF DEVICE LOANS BY TYPE OF BORROWER

In this section, report the number of device loans by type of borrowers, by type of individual or entity. The total number of device borrowers should equal the total number of short-term device loans reported by primary purpose in Item A. You must be able to categorize borrowers to report them in this table as there is no option for "unable to categorize" or "other".

Individuals with disabilities

528

Family members, guardians, and authorized representatives
Representatives of Education: 104

Representatives of Employment: 168

Representatives of Health, allied health, and rehabilitation: 6

Representatives of Community Living: 51

Representatives of Technology: 7

Total: 879

**C. LENGTH OF SHORT-TERM DEVICE LOANS**

What is the length of a short-term device loan, as established by your statewide AT program's policies not including extensions. Please report the length in calendar days. If your policy/procedures establish a range, use the midpoint.

Length of short-term device loan, in days: 30

**D. TYPES OF DEVICES LOANED**

Enter the number of devices that were loaned, by type of device. For guidance on how to categorize devices, refer to the "General Instructions." The number of devices loaned may exceed the number of loans reported above in Item A, since a loan may include more than one device.

Vision: 22

Hearing: 21

Speech communication: 208

Learning, cognition, and developmental: 333

Mobility, seating and positioning: 26
Daily living

Environmental adaptations

Vehicle modification and transportation

Computers and related

Recreation, sports, and leisure

Total

E. ANECDOTE

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

An Early Childhood Teacher working with a non-verbal 2-year old with Spinal Muscular Atrophy borrowed a low tech communication device and several switches as part of a communication assessment. This loan allowed the child to communicate independently for the first time in her life, which delighted her parents and teacher. The device loan not only confirmed that the child could communicate independently by using a low tech communication device it also assisted the teacher and parents in determining appropriate switch access.

F. PERFORMANCE MEASURES

<table>
<thead>
<tr>
<th>Response</th>
<th>AT Primarily Needed for Education</th>
<th>AT Primarily Needed for Employment</th>
<th>AT Primarily Needed for Community Living</th>
<th>IT/Communications Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Decided that an AT device/service will meet needs (n,d)</td>
<td>138</td>
<td>25</td>
<td>123</td>
<td>9</td>
</tr>
<tr>
<td>2. Decided that an AT device/service will not meet needs (n,d)</td>
<td>37</td>
<td>3</td>
<td>29</td>
<td>2</td>
</tr>
<tr>
<td>3. Subtotal</td>
<td>175</td>
<td>28</td>
<td>152</td>
<td>11</td>
</tr>
<tr>
<td>4. Have not made a decision (d)</td>
<td>52</td>
<td>1</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>5. Subtotal</td>
<td>227</td>
<td>29</td>
<td>180</td>
<td>12</td>
</tr>
<tr>
<td>6. Nonrespondent (d, if &gt;35%)</td>
<td>173</td>
<td>0</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td>7. Total</td>
<td>400</td>
<td>29</td>
<td>211</td>
<td>12</td>
</tr>
</tbody>
</table>
8. Performance on this measure

<table>
<thead>
<tr>
<th></th>
<th>67.31</th>
<th>96.55</th>
<th>84.44</th>
<th>91.67</th>
<th>76.09</th>
</tr>
</thead>
</table>

G. CUSTOMER SATISFACTION

<table>
<thead>
<tr>
<th>Customer Rating of Services</th>
<th>Number of Customers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly satisfied</td>
<td>457</td>
<td>80.04%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>91</td>
<td>15.94%</td>
</tr>
<tr>
<td>Satisfied somewhat</td>
<td>20</td>
<td>3.50%</td>
</tr>
<tr>
<td>Not at all satisfied</td>
<td>3</td>
<td>0.53%</td>
</tr>
<tr>
<td>Nonrespondent</td>
<td>308</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>879</td>
<td></td>
</tr>
<tr>
<td>Response rate</td>
<td>64.96%</td>
<td></td>
</tr>
</tbody>
</table>

H. NOTES

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

DEVICE DEMONSTRATIONS

OVERVIEW OF ACTIVITIES PERFORMED

Did your approved State Plan for this reporting period include conduct device demonstrations?

Yes

A. NUMBER OF DEVICE DEMONSTRATIONS BY DEVICE TYPE

Vision

28

Hearing

34

Speech communication

363

Learning, cognition and developmental

403

Mobility, seating and positioning

41

Daily living
Environmental adaptations

Vehicle modification and transportation

Computers and related

Recreation, sports and leisure

Total

B. TYPES OF PARTICIPANTS

Individuals with disabilities

Family members, guardians, and authorized representatives

Representatives of Education

Representatives of Employment

Representatives of Health, allied health, and rehabilitation

Representatives of Community Living

Representatives of Technology

Total

C. NUMBER OF REFERRALS

Funding source (non-AT program)
D. ANECDOTE

Provide at least one anecdote about an individual who benefited from this activity. For guidance on information to include in the anecdote, please see the General Instructions.

A student who used an iPad with the original Proloquo2Go app to say single word messages received a demonstration on the upgraded Proloquo2Go app, as well as, other iPad apps. There was also a demonstration of Improv on a Slate tablet for comparison. After demonstrating the upgraded apps the student increased her communication from single word to four words immediately. In fact, she even had a complete conversation with professionals in the room. As a result of the demonstration, her teacher, who was present during the demonstration, observed that the student’s intelligence may have been underestimated and indicated that a more rigorous education program might be appropriate for the student. The demonstration also provided an opportunity to discuss how the device could be used to provide independence and safety in the community.

E. PERFORMANCE MEASURES

<table>
<thead>
<tr>
<th>Response</th>
<th>AT Primarily Needed for Education</th>
<th>AT Primarily Needed for Employment</th>
<th>AT Primarily Needed for Community Living</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Decided that an AT device/service will meet needs (n,d)</td>
<td>561</td>
<td>44</td>
<td>302</td>
<td>39</td>
</tr>
<tr>
<td>2. Decided that an AT device/service will not meet needs (n,d)</td>
<td>64</td>
<td>11</td>
<td>59</td>
<td>17</td>
</tr>
<tr>
<td>3. Subtotal</td>
<td>625</td>
<td>55</td>
<td>361</td>
<td>56</td>
</tr>
<tr>
<td>4. Have not made a decision (d)</td>
<td>154</td>
<td>47</td>
<td>76</td>
<td>0</td>
</tr>
<tr>
<td>5. Subtotal</td>
<td>779</td>
<td>102</td>
<td>437</td>
<td>56</td>
</tr>
<tr>
<td>6. Nonrespondent (d)</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>7. Total</td>
<td>788</td>
<td>102</td>
<td>446</td>
<td>56</td>
</tr>
<tr>
<td>8. Performance on this</td>
<td>79.31</td>
<td>53.92</td>
<td>80.94</td>
<td>100.00</td>
</tr>
</tbody>
</table>
F. CUSTOMER SATISFACTION

<table>
<thead>
<tr>
<th>Customer Rating of Services</th>
<th>Number of Customers</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly satisfied</td>
<td>998</td>
<td>82.82%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>179</td>
<td>14.85%</td>
</tr>
<tr>
<td>Satisfied somewhat</td>
<td>28</td>
<td>2.32%</td>
</tr>
<tr>
<td>Not at all satisfied</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Nonrespondent</td>
<td>187</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>1,392</td>
<td>-</td>
</tr>
<tr>
<td>Response rate</td>
<td>86.57%</td>
<td>-</td>
</tr>
</tbody>
</table>

G. NOTES

Describe any unique issues that may affect your data in this section - e.g., types of participants that may appear to be underrepresented because they receive demonstration services from another organization, types of devices/services that are not demonstrated because those demonstrations are available from another source, issues related to use of distance education mechanisms to deliver demonstrations, or issues related to dissatisfaction (e.g.; consumer may be dissatisfied because they assumed the AT Program could purchase the device for them)

TRAINING

OVERVIEW OF ACTIVITIES PERFORMED

Training activities are required and must be reported as described below.

A. TRAINING PARTICIPANTS: NUMBER AND TYPES OF PARTICIPANTS; GEOGRAPHICAL DISTRIBUTION

1. Enter the number of training participants by type.

Individuals with disabilities

0

Family members, guardians, and authorized representatives

48

Representatives of Education

0

Representatives of Employment

0

Representatives of Health, allied health, and rehabilitation

0
Representatives of Community Living

1,211

Representatives of Technology

152

Unable to categorize

0

Total

1,411

2. Enter the number of individuals who participated in training, by the Rural Urban Continuum Code (RUCC) of the participant's county.

Metro (RUCC 1-3)

996

Non-Metro (RUCC 4-9)

415

Unknown

0

Total

1,411

B. TRAINING TOPICS

Enter the number of participants by the primary purpose of the training.

1. AT Products/Services Training focused on AT: such as instruction to increase skills and competency in using AT, and integrating AT into different settings.

0

2. AT Funding/Policy/Practice Training focused on funding sources and related laws, policies, and procedures required to implement and deliver access to AT devices/services and related.

0

3. Information Technology/Telecommunication Access Training focused on accessible information technology and telecommunications including web access, software accessibility, procurement of accessible IT and telecommunications, etc.

10

4. Combination of any/all of the above AT Products/Services, AT Funding/Policy/Practice and/or IT/Telecommunications Access.
5. Transition Training focused on education transition
(school to work or post-secondary education and early intervention (birth to 3)
to school aged (3-21) and community transition (maintaining or transitioning to community living).
(NOTE: A number MUST be reported here unless transition technical
assistance activity/activities are reported).

Total

C. DESCRIPTION OF TRAINING ACTIVITIES

1. Briefly describe one innovative or high-impact training activity conducted during this reporting period. Note who conducted
the training (e.g., type of expertise of staff) and characteristics of the audience (including number that attended). In one sentence,
describe the topic, content, and/or approach of the training. In one sentence, summarize the positive result or intended impact of
the training. Do not include overall descriptions of conferences held, unless the conference had a unique purpose and outcome.

Minnesota Continuing Legal Education (MN CLE) contacted STAR’s program coordinator to facilitate training on electronic
and information technology accessibility with a focus on improving access to electronic-based legal information and services. The
training (via live webcast) was conducted by members of Minnesota’s Technology Accessibility Advisory Committee and a
representative from ADA Great Lakes; topics included accessibility basics, overview of assistive technology and how it is used to
access electronic information and an overview of Minnesota’s accessible information technology legislation.

2. Briefly describe a training activity related to transition conducted during this reporting period. Note who conducted the training
(e.g., type of expertise of staff) and characteristics of the audience (including number that attended). In one sentence, describe the
topic, content, and/or approach of the training. In one sentence, summarize the positive result or intended impact of the training.
Do not include overall descriptions of conferences held, unless the conference had a unique purpose and outcome. This section
must be completed unless you are reporting transition technical assistance activities. If this section is completed, an associated
number of training participants must be reported in Section B row 5.

STAR staff conducted a four-part training series (Introduction to AT; Environmental Controls and Cognitive Supports; Hearing;
and, Vision) on accessing, selecting, and funding assistive technology to increase self-sufficiency of older adults and people with
disabilities. The free trainings were conducted using video-conferencing system serving Minnesota’s Department of Human
Service Aging Services Division, case managers, community care coordinators, and other interested professionals in 47 counties
statewide.

D. NOTES

TECHNICAL ASSISTANCE

OVERVIEW OF ACTIVITIES PERFORMED

Technical Assistance activities are required and all activities should be reported in the aggregate in Section A. One Technical
Assistance activity must be described in Section B and a transition Technical Assistance activity must be reported unless a
transition training activity was reported.

A. FREQUENCY AND NATURE OF TECHNICAL ASSISTANCE

Complete this section summarizing all major technical assistance activities that you conducted. Indicate the percentage of total
technical assistance provided by the type of program or agency receiving the technical assistance. Use the person hours invested
in each technical assistance activity to report the percentage by type of program or agency. For example, if you conducted two
major TA activities this reporting period with 90 total person hours for an activity related to education and 50 person hours for an activity related to employment, you would report 64% in education and 36% in Employment.

<table>
<thead>
<tr>
<th>Percentage of all TA</th>
<th>Education</th>
<th>Employment</th>
<th>Health, Allied Health, Rehabilitation</th>
<th>Community Living</th>
<th>Technology (Information Technology, Telecommunications, Assistive Technology)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Employment</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health, Allied Health, Rehabilitation</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Living</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>(Information Technology, Telecommunications, Assistive Technology)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

B. DESCRIPTION OF TECHNICAL ASSISTANCE ACTIVITIES

1. Describe in detail one innovative or high-impact technical assistance activity conducted during this reporting period.

STAR’s program coordinator serves on Minnesota’s Technology Accessibility Advisory Committee. This committee provides technical assistance to Minnesota’s Chief Information Accessibility Officer and assists with developing strategies to implement Minnesota’s Office of Enterprise Technology (MN.IT Services) electronic and information technology accessibility standards.

2. Briefly describe one technical assistance activity related to transition conducted during this reporting period.

STAR staff serves on Minnesota’s Department of Education, Special Education, AT Leadership Team. As a member of the AT Leadership Team, STAR staff assisted with planning statewide assistive technology in special education conference for educators, which included sessions on using assistive technology to transition from school to higher education/employment.

C. NOTES

Describe any unique issues with data in this section (e.g., reasons why particular topics or audiences were emphasized or were not included during this reporting period).

PUBLIC AWARENESS AND INFORMATION AND ASSISTANCE

OVERVIEW OF ACTIVITIES PERFORMED

Public awareness and information and assistance activities are required and must be reported.

A. PUBLIC AWARENESS ACTIVITIES

Estimated number of individuals reached

Newsletters

6,439

Other print materials

1,500

Listservs/blogs/social media
Internet information

Other electronic media

PSA/radio/TV/other media

Presentations/expos/conferences

Total

B. INFORMATION AND ASSISTANCE

<table>
<thead>
<tr>
<th>Types of Recipients of Information and Assistance</th>
<th>AT Device/Service</th>
<th>AT Funding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals with disabilities</td>
<td>58</td>
<td>0</td>
<td>58</td>
</tr>
<tr>
<td>Family members, guardians, and authorized representatives</td>
<td>81</td>
<td>0</td>
<td>81</td>
</tr>
<tr>
<td>Representative of Education</td>
<td>8</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Representative of Employment</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Representative of Health, Allied Health, and Rehabilitation</td>
<td>9</td>
<td>27</td>
<td>36</td>
</tr>
<tr>
<td>Representative of Community Living</td>
<td>38</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Representative of Technology</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Unable to Categorize</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>219</td>
<td>43</td>
<td>262</td>
</tr>
</tbody>
</table>

C. NOTES

STAR staff routinely provide information on AT Funding when responding to I&A even if the initial request is for AT Device/Service information.

STATE IMPROVEMENT OUTCOMES

OVERVIEW OF ACTIVITIES PERFORMED

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?

0
This section is not required based on the data set in the Overview of Activities Performed section.

# ADDITIONAL AND LEVERAGED FUNDS

## OVERVIEW OF ACTIVITIES PERFORMED

Did you have Additional and Leveraged Funds to report?

No

## A. LEVERAGED FUNDING FOR STATE PLAN ACTIVITIES (PREVIOUSLY REPORTED)

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>Amount</th>
<th>Use of Funds</th>
</tr>
</thead>
</table>

## B. LEVERAGED FUNDING FOR ACTIVITIES NOT IN STATE PLAN (NOT PREVIOUSLY REPORTED)

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>Amount</th>
<th>Use of Individuals Served or Other Funds, Outcomes</th>
</tr>
</thead>
</table>

## C. NOTES

This section is not required based on the data set in the Overview of Activities Performed section.

# SYSTEM INFORMATION

This form has been approved for use by OMB through Jul 31, 2014.

The following information is captured by the MIS.

Last updated on December 26, 2012

Last updated by sgatmnocciak

Completed on December 26, 2012

Completed by sgatmnocciak

Approved on

Approved by

OMB Notice