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| Unit Title: Support the use of assistive technology | | |
| URN: H/601/5250 |  |  |
| Credit Value: 4 |  |  |
| Level: 5 |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **You must be able to:** | | | |
| **1 Understand the contribution that assistive technology can make to the lives of individuals** | | | |
| 1.1 Investigate and report on the range and availability of assistive technology |  |  |  |
| 1.2 Research how the use of assistive technology can result in positive outcomes for individuals |  |  |  |
| **2 Be able to facilitate the use of assistive technology** | | | |
| 2.1 Research assistive technology solutions that meet identified needs |  |  |  |
| 2.2 Explain how a range of assistive technology solutions can be adapted according to need and context |  |  |  |
| 2.3 Assess the risks associated with the range of assistive technology solutions |  |  |  |
| 2.4 Describe a range of assessment and referral processes which are used to secure assistive technology |  |  |  |
| 2.5 Support the individual to secure the provision of appropriate assistive technology |  |  |  |
| 2.6 Support the individual to use assistive technology |  |  |  |
| **3 Be able to develop others to facilitate the use of assistive technology** | | | |
| 3.1 Provide information to others about assistive technology |  |  |  |
| 3.2 Provide guidance to others to facilitate the use of assistive technology |  |  |  |
|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **4 Be able to review the provision of assistive technology** | | | |
| 4.1 Review the assessment and referral processes used to secure assistive technology |  |  |  |
| 4.2 Review the outcomes of assistive technology support to individuals against identified needs |  |  |  |

**Learner declaration of authenticity:**

I declare that the work presented for this unit is entirely my own work.

Learner signature: Date:

**Assessor sign off of completed unit:**

I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.

Assessor name:

Signature: Date: