PDA Intervention Plan
Implementing Electronic Memory and Organization Aids

Using this Guide

Use this guide to provide assistance for intervention team members to assess the need for electronic memory/organization intervention, develop an intervention plan, and monitor progress through evaluation forms.

Electronic Memory Organization Aids

PDAs, Smartphones, and cell phones all include personal assistance functions. Cell phones are included since many feature the same functions as PDAs.

PDA stands for personal digital assistant and is the most complex and computer-like of all the devices. In fact, PDAs are often referred to as pocket computers or palmtops. Functions include address books, alarm, calendar, internet, e-mail, and word processing software.
- Examples: Palm Zire™, Dell Axim™

Smartphones combine a full-featured mobile phone with handheld computer functions such as touchscreens, miniature QWERTY keyboards, calendar, address book, and notepad.
- Examples: Blackberry™, Nokia™

Cell phones are portable electronic devices used for mobile communication. Memory aids on cell phones include alarms, calendars, and e-mail access.
- Examples: Motorola™, Nokia™, Samsung™, etc.

Key Concepts

- Increase independence for your client
- Assist with organization and memory
- Provide a means of planning
- Promote increased socialization with peers and family

Tips for Interventionists

- Acquire knowledge and experience about devices to better assist your client.
- Work on your client's responses using the device and then move to teaching entry if possible.
- Involve the intervention team in the use of device.
- Begin with frequent intervention and gradually increase sessions over time.
- Encourage your client to wear the device, for example on a lanyard, to prevent loss or theft.
- Get feedback from team and your client on a regular basis.
- Encourage exploration of device through use of various functions, including games.
- Remember that the use of device is not limited to work-tasks and can be used for fun.

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Memory and Organization Assessment

Answer the following questions in relation to your client to assess for memory/organization intervention.

Name of Client: Date:

● Appointments (day, time, event)

How well does your client keep track of appointments?*   1   2   3   4   5   6   7
Could a device assist with this issue?   Currently__   In 1 year__   In 5 years__   Never__
What is your client's current organization method? (PDA, cell phone, Smartphone, planner, other)
Would a device help for keeping track of appointments?   YES   NO

● Contacts (name, address, phone, other)

How well does your client keep track of contacts?*   1   2   3   4   5   6   7
Could a device assist with this issue?   Currently__   In 1 year__   In 5 years__   Never__
What is your client's current organization method? (PDA, cell phone, Smartphone, planner, other)
Would a device help for keeping track of contacts?   YES   NO

● To Do list (daily, weekly, long-term)

How well does your client plan or follow to do lists?*   1   2   3   4   5   6   7
Could a device assist with this issue?   Currently__   In 1 year__   In 5 years__   Never__
What is your client's current organization method? (PDA, cell phone, Smartphone, planner, other)
Would a device help for planning and following to do lists?   YES   NO

● Calculator, Expense List

How well does your client keep track of finances or use a calculator?*   1   2   3   4   5   6   7
Could a device assist with this issue?   Currently__   In 1 year__   In 5 years__   Never__
What is your client's current organization method? (PDA, cell phone, Smartphone, planner, other)
Would a device help for use of a calculator or expense list?   YES   NO

● Self-reminders (voice or written memos)

How well does your client keep track of reminders/memos?*   1   2   3   4   5   6   7
Could a device assist with this issue?   Currently__   In 1 year__   In 5 years__   Never__
What is your client's current organization method? (PDA, cell phone, Smartphone, planner, other)
Would a device help for self-reminders?   YES   NO

● Camera

How well does your client keep track of personal events?*   1   2   3   4   5   6   7
Could a device assist with this issue?   Currently__   In 1 year__   In 5 years__   Never__
What is your client's current organization method? (PDA, cell phone, Smartphone, planner, other)
Would a device help for a record of personal events?   YES   NO

*Independence Rating Scale:

7 = independent (no prompts needed)
6 = modified independence (independent with certain partners/opportunities)
5 = low assistance (prompts needed in 2/10 attempts)
4 = moderate assistance (prompts needed in 4/10 attempts)

3 = moderate/high assistance (prompts needed in 6/10 attempts)
2 = high assistance (prompts needed in 8/10 attempts)
1 = total prompting & assistance

Memory and Organization Plan

This is a guide to create a projected plan of intervention for a memory/organization device aid. Review the guidelines on the left and create a plan on the right.

Name of Client:

	Plan Guidelines		Plan Date:
Environments & Partners	*In what environments could your client potentially use a memory/organization aid?* ○ school ○ work ○ home ○ community/social	*Who are potential partners?* ○ teacher ○ classroom aide ○ parent ○ spouse ○ sibling	
Opportunities	*According to environment, which opportunities might be aided by the use of a device?* ○ reminders for taking medicine, appointments, meetings, tests/assigments, shopping/shopping lists ○ keeping contacts organized and accessible ○ to-do/task list at work or school ○ planning the day and keeping to that schedule (calendar) ○ financial management ○ healthcare management and maintenance ○ interacting with peers/co-workers ○ easy access to e-mail, computer funcitons, Microsoft Office™		
Functions	*What functions might be helpful for your client?* ○ calendar ○ camera ○ contact list (address/phone) ○ games ○ task list ○ computer functions ○ notes/memos: ○ Microsoft Office™ ○ written ○ oral ○ calculator		
Skill Outcomes	*What outcomes are initially pertinent for your client?* ● You may want to start with recognition of alarms and move to outcomes specific to your client's needs. Examples: 🍃 Appointments: responds to one task in a timely manner each day. 🍃 Contacts: Finds and calls 1-2 people when indicated. 🍃 To Do List: Completes a job after alarm reminds to do so. 🍃 Calculator: Adds simple amounts to determine total charge for lunch. 🍃 Self-reminder: Follows through with taking medications on time. 🍃 Camera: Takes pictures to use as a focus for discussion with family members. *What is the present level and projected level of this skill?* ● Refer back to the independence scales on page 2 for present level functioning.		
Schedule	*When would your client be using the aid?* ● *What activities?* ● *What days?* ● *What times?*		

Customizations Possible:
The following features allow for personalization of the device. Some may be important to your client.
● ring tones, font changes, screen sizes, backgrounds, & color schemes

Memory and Organization Intervention Note

Name of Client: Device:

Environmental Support Person: Date:

Today's Plan:
- **Skills established:**
  Rate skill outcomes on the independence scale of 1-7.

- **Skills to continue:**

- **Skills to develop:**

Instruction
- What was the most effective method of instruction (verbal, visual, modeling)?

- Did the client require multiple repetitions (if so, how many)?

- Was there a need for additional cueing, prompting in addition to directions?

- Additional comments:

Device
- What features seemed to help/hinder?

- Any missing features that could have helped?

- Additional comments:

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1. How often does your client use his or her device?
   - a. daily: ___ times per day
   - b. couple times per week
   - c. once a week
   - d. less than once per week
   - e. never

2. If your client never uses his or her device, why is that?
   - a. forgot how to use it
   - b. no one helps me with it
   - c. I don't like it
   - d. I need more help with it
   - e. technical problems
   - f. other: (explain)

3. If your client does use the device, what is he or she using it for?
   - a. taking photos
   - b. playing games
   - c. contact lists
   - d. calendar for reminders
   - e. memo pad
   - f. calculator
   - g. to-do list
   - h. "synching to computer"
   - i. voice recording
   - j. other: (explain)

4. Where is your client using the device?
   - a. home
   - b. school
   - c. work
   - d. community

5. Who helps your client the most with the device?
   - a. self
   - b. family member
   - c. teacher/staff member
   - d. peer
   - e. other: (explain)

6. What other functions would you like to see your client learn to use?
   - a. camera
   - b. calendar for reminders
   - c. calculator
   - d. create contact list
   - e. task lists
   - f. create memos
   - g. games
   - h. Microsoft Office (if applicable)
   - i. note-taking
   - j. other: (explain)

7. Is there anything you would like to share or ask?

Client Self-Assessment

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   - f. other: (explain)

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5. Who helps you the most with your device?
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   - e. other: (explain)

6. What other functions would you like to learn to use?
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7. Is there anything you would like to share or ask?