

## Initial Inquiry for Augmentative Communication Evaluation

To be completed by School District Representative

If you have already completed Part I using the online AugComm Evaluation Request Form, please check here and **complete only Part II.**

I have submitted Part I using the online AugComm Evaluation Request Form.

### Part I

STUDENT'S NAME: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Male  Female

### SCHOOL REPRESENTATIVE

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SCHOOL/AGENCY INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### STUDENT INFORMATION

#### SPED Classification:

- |   |   |
|---|---|
| <input type="checkbox"/> Autistic                 | <input type="checkbox"/> Learning Disability    |
| <input type="checkbox"/> Blind/Visual Impairment  | <input type="checkbox"/> Multiple Disabilities  |
| <input type="checkbox"/> Cognitive Disability     | <input type="checkbox"/> Orthopedic Disability  |
| <input type="checkbox"/> Communication Impairment | <input type="checkbox"/> Other Health Impaired  |
| <input type="checkbox"/> Deaf /HOH                | <input type="checkbox"/> Preschool Disabled     |
| <input type="checkbox"/> Emotionally Disturbed    | <input type="checkbox"/> Traumatic Brain Injury |

#### Disability Details, including mobility, vision and hearing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Placement:

- |  |   |
|--|---|
| <input type="checkbox"/> General education classroom | <input type="checkbox"/> In-class support         |
| <input type="checkbox"/> Resource center             | <input type="checkbox"/> Self-contained classroom |
| <input type="checkbox"/> Private school              |   |

How long has the student been in the current placement? \_\_\_\_\_

What is the student's current reading level? \_\_\_\_\_

#### Current Related Services:

	School	Private	Private therapist contact info
PT	<input type="checkbox"/>	<input type="checkbox"/>	_____
OT	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech/Lang	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Center for Assistive Technology & Inclusive Education Studies (CATIES)  
at The College of New Jersey

**Intake Form Part II on:** \_\_\_\_\_

(child's name)

Child's primary mode of communication:

- speech
- PECS or other low-tech communication board
- augcomm device type: \_\_\_\_\_
- other reliable means of communication

Child's typical attention level:

- attends appropriately
- has difficulty staying on task
- very short attention span

In general, what are your goals for this augmentative communication evaluation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the child had an augmentative communication evaluation in the past?  Yes  No

If yes, date: \_\_\_\_\_ By whom: \_\_\_\_\_

Has the child used an augmentative communication device in the past?  Yes  No

If yes, which one? \_\_\_\_\_

Primary recommendations of previous evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return via:

email: [caties@tcnj.edu](mailto:caties@tcnj.edu) • fax: (609) 637-5172

mail: CATIES

Dept of Special Education, Language & Literacy  
PO Box 7718  
Ewing, NJ 08628-0718

Date Rec'd:
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