

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

Information Form for Assistive Technology Evaluation:
Speech Therapist

Student's name: _____

Name of person completing form: _____

Please consider the abilities for the abovementioned student and select the option(s) that best describe(s) him/her in each category. Your input is very valuable and will be useful in successfully completing the assistive technology evaluation.

Student's present means of communication:

(Check all that are used, circle primary method the student uses)

- Intelligible speech
- Eye-gaze / eye movement
- Gestures
- Sign language (few combinations)
- Reliable No
- Two word utterances
- Vocalizations, list examples: _____
- Vowels, vowel combinations, list examples: _____
- Semi intelligible speech, estimate % of intelligible: _____
- Single words, list examples and approx. # : _____
- Communication board: tangibles pictures combo picture/symbols words
- Voice output device (name of device): _____
- Changes in breathing patterns
- Writing
- Other: _____
- Body position changes
- Facial expressions
- Pointing
- Sign language (many combinations)
- Reliable Yes
- Three word utterances

Who understands student's communication attempts: (Check best descriptor)

	Most of the time	Part of the time	Rarely	Not Applicable
Parent / Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers / Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication interaction skills:

Desires to communicate: Always Occasionally Never

To indicate "yes" and "no", the student: speaks 'yes' or 'no'

- Shakes head
- Signs
- Vocalizes
- Gestures
- Eye gazes
- Points to board
- Uses word approximations
- Does not respond consistently

- Auditory discrimination of sounds Always Sometimes Never
- Auditory discrimination of words, phrases Always Sometimes Never
- Selects initial letter or word Always Sometimes Never
- Follows simple directions Always Sometimes Never
- Sight word recognition Always Sometimes Never
- Can put two symbols / words together to express an idea Always Sometimes Never

Visual abilities related to communication: (Check all that apply)

- Can maintain fixation on stationary Can look right to left w/out moving head
- Can scan line of symbols left to right Can scan matrix of symbol in a grid
- Visually recognizes people Visually recognizes common objects
- Visually recognizes photographs Visually recognizes symbols / pictures
- Needs additional space around symbol Can visually shift horizontally
- Can visually shift vertically Can recognize line drawings

Is a specific type (brand) of symbols or pictures preferred?

What size symbols or pictures are preferred? _____

What line thickness of symbols is preferred? _____ Inches

Does student seem to do better with black-on-white, or white-on-black, or specific color combination for figure/ground discrimination? _____

Explain anything else you think is significant about the responses the student currently uses or his/her need for augmentative communication: _____

Please summarize the student's abilities and concerns related to communication:

Signature: _____ **Date:** _____

School/Program: _____

Please return via:

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Date Rec'd: