

**Information Form for Augmentative communication Evaluation:
Occupational 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 augmentative communication evaluation.

Current writing ability: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Writes with right hand | <input type="checkbox"/> Prints letters |
| <input type="checkbox"/> Writes with left hand | <input type="checkbox"/> Prints words |
| <input type="checkbox"/> Holds regular pencil | <input type="checkbox"/> Writes cursive |
| <input type="checkbox"/> Holds pencil adapted with:
_____ | <input type="checkbox"/> Writes independently and legibly |
| | <input type="checkbox"/> Writing is slow and arduous |
| | <input type="checkbox"/> Writing is limited due to fatigue |

Current keyboarding ability: (Check all that apply)

- Does not currently type
- Types with one finger
- Types with several fingers
- Uses one hand
- Uses two hands
- Uses adapted / alternate keyboard (please specify):

Current fine motor abilities: (Check all that apply)

Student has voluntary, isolated, controlled movements using:

- | | | |
|---------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Left hand | <input type="checkbox"/> Right hand | <input type="checkbox"/> Eye(s) |
| <input type="checkbox"/> Left arm | <input type="checkbox"/> Right arm | <input type="checkbox"/> Head |
| <input type="checkbox"/> Left leg | <input type="checkbox"/> Right leg | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Left foot | <input type="checkbox"/> Right foot | <input type="checkbox"/> Tongue |
| <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Eyebrows | |
| <input type="checkbox"/> Other: _____ | | |

Which fine motor ability would you identify as the student's strength?

Range of motion: Student has specific limitations to range:

- Yes No

Describe the specific range in which the student has the most motor control:

Reflexes and muscle tone: Student has abnormal reflexes or abnormal muscle tone:

Yes No

Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone which may interfere with the student's voluntary motor control.

Accuracy: Student has difficulty with accuracy:

Yes No

Describe how accurate, reliable, and consistent the student is in performing a particular fine motor task (e.g. shoe tying, self-feeding, or buttoning a shirt)

Fatigue: Student fatigues easily:

Yes No

Describe how easily the student becomes fatigued:

Signature: _____ **Date:** _____

School/Program: _____

Please return via:

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