

Information Form for Augmentative Communication 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 augmentative communication evaluation.

Student's present means of communication:

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

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

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

Can a person unfamiliar with the student understand the response: Yes No

	Always	Frequently	Occasionally	Seldom
Never				
Turns toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe techniques student uses for repair (e.g. keeps trying; changes message; points to first letter, etc.)

Current level of receptive language:

Age approximation: _____

Please provide a copy of the report.

If formal testing not used, please give an approximate age or developmental level of functioning. Explain you rationale for this estimate. _____

Current level of expressive language:

Age approximation: _____

Please provide a copy of the report.

If formal testing not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. _____

Pre-reading and reading skills related to communication:

Object/picture recognition Always Sometimes Never

Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.) Always Sometimes Never

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

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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