

**Information Form for an Augmentative Communication Evaluation:**  
**General Education Teacher**

**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.

**General cognitive ability:**

- Severe cognitive disability
- Moderate cognitive impairment
- Mild cognitive impairment
- Average
- Above average

**READING**

**Grade level:** Student is placed in grade \_\_\_\_\_. Student reads at \_\_\_\_\_ grade level.

**Student has difficulty decoding the following** (Check all that apply):

- Words
- Worksheets
- Reading textbooks
- Subject area textbooks
- Tests

**Student has difficulty comprehending the following** (Check all that apply):

- Words
- Worksheets
- Reading textbooks
- Subject area textbooks
- Tests

**Student's reading performance is improved by** (Check all that apply):

- Small amount of text on page
- Lower reading level
- Bold type for main ideas
- Spoken text to accompany print
- Masking
- Computer with speech output
- Enlarged print
- Graphics to communicate ideas
- Reduced length of assignments
- Other: \_\_\_\_\_

**Summary of student's abilities and concerns related to reading:**

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

**WRITING**

**Current writing ability** (Check all that apply):

- Writes with right hand
- 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:<br>_____ | <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):

- |   |  |
|---|--|
| <input type="checkbox"/> Does not currently type                                      | <input type="checkbox"/> Types with 10 fingers and correct hand position |
| <input type="checkbox"/> Types with one finger  | <input type="checkbox"/> Accidentally hits unwanted keys                 |
| <input type="checkbox"/> Types with several fingers                                   |  |
| <input type="checkbox"/> Uses one hand  |  |
| <input type="checkbox"/> Uses two hands   |  |
| <input type="checkbox"/> Uses adapted / alternate keyboard (please specify):<br>_____ |  |

**Summary of student's abilities and concerns related to writing and keyboarding:**

\_\_\_\_\_

\_\_\_\_\_

**COMPUTER USE**

**Computer availability in the classroom:**

- None
- Mac laptop/desktop
- Windows
- iPad
- Android tablet/Chromebook

**Student uses computer:**

- Rarely
- Frequently
- Daily for one subject/period
- Daily for  $\geq$  two subjects/periods

**Student uses classroom computer for:**

- |   |  |
|---|--|
| <input type="checkbox"/> Games                      | <input type="checkbox"/> Composing writing assignments |
| <input type="checkbox"/> Practicing academic skills | <input type="checkbox"/> Drawing / creativity          |
| <input type="checkbox"/> Word processing            | <input type="checkbox"/> Other: _____                  |

Please list the child's strengths, learning style, interests, and any other significant factors that should be considered: \_\_\_\_\_

\_\_\_\_\_

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

**School/Program:** \_\_\_\_\_

Please return via:

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