

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

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)

- 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

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"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Requires physical prompts	<input type="checkbox"/>	<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 you 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 | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Auditory discrimination of words, phrases | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Selects initial letter or word | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Follows simple directions | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Sight word recognition | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Can put two symbols / words together
to express an idea | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> 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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Date Rec'd: