

**Information Form for Augmentative Communication Evaluation:**  
**Parent**

CATIES has been contracted to conduct an augmentative communication evaluation for your child. In order to maximize the benefits of the evaluation, we request you provide background information to assist our evaluator in understanding your child's abilities.

Please consider your child's abilities 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.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_ Sex: M F

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Time and Method of Contact: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child'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: _____ |  |

- 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: \_\_\_\_\_

**To indicate "yes" and "no", your child:**  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?**

- Most of the time  Sometimes  Rarely

**Child's typical attention level:**

- Attends appropriately
- Has difficulty staying on task
- Very short attention span

**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 mouse/mouse alternative use:** (Check all that apply)

- Uses mouse
- Independently
- With assistance
- Uses adaptive equipment
- Trackball  Head pointer
- Touch screen  Other: \_\_\_\_\_
- Joystick

**Seating/Positioning:**

- Sits in regular chair
- Sits in adapted chair

- Sits in wheelchair
  - Has difficulty with head control
- Best position for head control is: \_\_\_\_\_

**What are your goals for your child's use of augmentative communication?**

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**Questions or other information:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**School/Program:** \_\_\_\_\_

Please return via:  
email: [caties@tcnj.edu](mailto:caties@tcnj.edu)  
fax: (609) 637-5172  
mail: CATIES  
Dept of Special Education, Language & Literacy  
PO Box 7718  
Ewing, NJ 08628-0718