

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

- |  |  |
|--|--|
| <input type="checkbox"/> Severe cognitive disability   | <input type="checkbox"/> Average       |
| <input type="checkbox"/> Moderate cognitive impairment | <input type="checkbox"/> Above average |
| <input type="checkbox"/> Mild cognitive impairment     |  |

**READING**

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Words             | <input type="checkbox"/> Subject area textbooks |
| <input type="checkbox"/> Worksheets        | <input type="checkbox"/> Tests                  |
| <input type="checkbox"/> Reading textbooks | <input type="checkbox"/> Not applicable         |

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

- |  |   |
|--|---|
| <input type="checkbox"/> Words             | <input type="checkbox"/> Subject area textbooks |
| <input type="checkbox"/> Worksheets        | <input type="checkbox"/> Tests                  |
| <input type="checkbox"/> Reading textbooks | <input type="checkbox"/> Not applicable         |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Small amount of text on page   | <input type="checkbox"/> Computer/mobile device w/ speech output |
| <input type="checkbox"/> Lower reading level            | <input type="checkbox"/> Enlarged print                          |
| <input type="checkbox"/> Bold type for main ideas       | <input type="checkbox"/> Graphics to communicate ideas           |
| <input type="checkbox"/> Spoken text to accompany print | <input type="checkbox"/> Reduced length of assignments           |
| <input type="checkbox"/> Masking                        | <input type="checkbox"/> Other: _____                            |

**Reading assistance:**

Please describe the reading strategies and accommodations that have been effective with this student: \_\_\_\_\_

\_\_\_\_\_

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

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**WRITING**

**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:<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)

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

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

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**Please list any other significant factors that should be considered:**

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

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

Please return via:

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fax: (609) 637-5172

mail: CATIES

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