

Initial Inquiry for Augmentative Communication Evaluation

To be completed by School District Representative

If you have already completed Part I using the online AugComm Evaluation Request Form, please check here and **complete only Part II.**

I have submitted Part I using the online AugComm Evaluation Request Form.

Part I

STUDENT'S NAME: _____

Age: _____ Sex: Male Female

SCHOOL REPRESENTATIVE

Name: _____ Position: _____

Phone: _____ Email: _____

SCHOOL/AGENCY INFORMATION

Address: _____

City: _____ State: ____ Zip: _____

STUDENT INFORMATION

SPED Classification:

- | | |
|---|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Orthopedic Disability |
| <input type="checkbox"/> Communication Impairment | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Deaf /HOH | <input type="checkbox"/> Preschool Disabled |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Traumatic Brain Injury |

Disability Details, including mobility, vision and hearing:

Placement:

- | | |
|--|---|
| <input type="checkbox"/> General education classroom | <input type="checkbox"/> In-class support |
| <input type="checkbox"/> Resource center | <input type="checkbox"/> Self-contained classroom |
| <input type="checkbox"/> Private school | |

How long has the student been in the current placement? _____

What is the student's current reading level? _____

Current Related Services:

	School	Private	Private therapist contact info
PT	<input type="checkbox"/>	<input type="checkbox"/>	_____
OT		<input type="checkbox"/>	_____
Speech/Lang	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other		<input type="checkbox"/>	_____

Part II: Intake Form for: _____
(child's name)

Child's primary mode of communication:

- speech
- PECS or other low-tech communication board
- augcomm device type: _____
- other reliable means of communication

Child's typical attention level:

- attends appropriately
- has difficulty staying on task
- very short attention span

In general, what are your goals for this augmentative communication evaluation?

Has the child had an augmentative communication evaluation in the past? Yes No

If yes, date: _____ By whom: _____

Has the child used an augmentative communication device in the past? Yes No
If yes, which one? _____

Primary recommendations of previous evaluation:

Signature: _____ **Date:** _____

Please return via:

email: caties@tcnj.edu • fax: (609) 637-5172

mail: CATIES

Dept of Special Education, Language & Literacy

PO Box 7718

Ewing, NJ 08628-0718