Information Form for Augmentative Communication Evaluation:

Occupational 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.

Current writing ability: (Check all that apply)
- [ ] Writes with right hand
- [ ] Writes with left hand
- [ ] Holds regular pencil
- [ ] Holds pencil adapted with:
- [ ] Prints letters
- [ ] Prints words
- [ ] Writes cursive
- [ ] Writes independently and legibly
- [ ] Writing is slow and arduous
- [ ] 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):
- [ ]

Current fine motor abilities: (Check all that apply)
Student has voluntary, isolated, controlled movements using:
- [ ] Left hand
- [ ] Right hand
- [ ] Eye(s)
- [ ] Left arm
- [ ] Right arm
- [ ] Head
- [ ] Left leg
- [ ] Right leg
- [ ] Mouth
- [ ] Left foot
- [ ] Right foot
- [ ] Tongue
- [ ] Finger(s)
- [ ] Eyebrows
- [ ] Other: ____________________________

Which fine motor ability would you identify as the student's strength?
- [ ]

Range of motion: Student has specific limitations to range:
- [ ] Yes
- [ ] No
Describe the specific range in which the student has the most motor control:
- [ ]
Reflexes and muscle tone: Student has abnormal reflexes or abnormal muscle tone:
☐ Yes  ☐ No
Describe briefly any abnormal reflex patterns or patterns of low or high muscle tone which may interfere with the student’s voluntary motor control.
_____________________________________________________________________
_____________________________________________________________________

Accuracy: Student has difficulty with accuracy:
☐ Yes  ☐ No
Describe how accurate, reliable, and consistent the student is in performing a particular fine motor task (e.g. shoe tying, self-feeding, or buttoning a shirt)
_____________________________________________________________________
_____________________________________________________________________

Fatigue: Student fatigues easily:
☐ Yes  ☐ No
Describe how easily the student becomes fatigued:
_____________________________________________________________________
_____________________________________________________________________

Signature: ____________________________ Date: ___________
School/Program: ________________________________

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