# 

# **Easter Seals**

# **AUGMENTATIVE COMMUNICATION INTAKE INFORMATION FORM**

**School-Based Services**

|  |  |
| --- | --- |
| Date: |  |

## **IDENTIFYING INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | | | | | | |
| Date of Birth: |  | |  | | Age: | |  | |
| Address: |  | | | | | | | |
| Parents/Guardians: |  | | | | | | | |
| Telephone: | Home: |  | |  | | Cell: | |  |
| Email |  | | | | | | | |
| Person(s) filling out form: |  | | | | | | | |
| Relationship to student: |  | | | | Daytime phone: | |  | |
| Email: |  | | | | | | | |

## **SCHOOL INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School: |  | | |
| Address: |  | | |
| School Contact Name: |  | | |
| Best way to reach the school contact: | | phone  email |  |

## **PURPOSE OF VISIT**

|  |
| --- |
| What answers do you hope to gain from this referral/assessment? |
|  |

## **MEDICAL DIAGNOSIS**

## **VISION AND HEARING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Describe any visual concerns: |  |  | Describe any hearing concerns: |  |
| Does the student wear glasses? |  |  | Date of most recent hearing exam: |  |
| Date of most recent vision exam: |  |  |  |  |
| Reason? |  |  |  |  |

**COMMUNICATION**

Which of the following does the student use to communicate? Please check all that apply:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Eye contact |  |  | Gestures, Pointing |  |  | Picture symbols |
|  | Eye pointing |  |  | Pulling person to desired object |  |  | Single words |
|  | Facial expressions |  |  | Sign language |  |  | Communication boards/book |
|  | Vocalizations |  |  | Photographs |  |  | Spoken words |
|  | Two word combinations |  |  | Complete sentences |  |  | Communication device |
|  | Short phrases |  |  | Write or type |  |  | Other (please specify) |

Other:

Does the student (please check all that apply)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Initiate communication? |  |  | Understand simple instructions? |
|  | Respond to speakers? |  |  | Understand what is said in conversation? |

**Voice Output Communication**

**Output Communication**

If the student is using an Augmentative Communication Device, please answer the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of device: |  |  |  |
| How old is the device? |  |  |  |
| Funding source for the device? |  |  |  |
| Is the student currently using the device? |  |  |  |
| Is the student using a mobile device such as an iPad? If yes, please choose type of tablet below. |  |  |  |

|  |  |  |
| --- | --- | --- |
| Type of tablet |  |  |
|  | iPad |  |
|  | iPad Mini |  |
|  | Android tablet |  |
|  | Other |  |
|  |  |  |
| What apps are currently being used? |  | |

Does the student use voice output communication to:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Express wants and needs |  |  | Greet people |
|  | Ask questions |  |  | Make Comments |
|  | Label objects, people, pictures |  |  | Ask for help |
|  | Share information |  |  |  |

**FINE AND GROSS MOTOR INFORMATION**

**Gross Motor Status:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Walks independently |  |  | Unable to walk |
|  | Walks independently but needs supervision |  |  | Independent with manual wheelchair |
|  | Walks independently but with assistive device such as walker |  |  | Requires assistance with manual wheelchair |
|  | Able to walk for short distances |  |  | Independently controls power wheelchair |

How does the student control the power wheelchair?

**Fine Motor Status:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No concerns |  |  | Has difficulty using both hands |
|  | Right hand dominant |  |  | Uses hand to point to targets 1x1” or smaller |
|  | Left hand dominant |  |  | Uses hand to point to targets 1x1” or larger |

The student can most easily control movements with:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Eyes |  |  | Left hand |
|  | Head |  |  | Foot |
|  | Right hand |  |  | Other |

Other (please specify):

**ADDITIONAL INFORMATION OR CONCERNS:**

**PLEASE ATTACH ANY RELEVANT REPORTS WITH INFORMATION RELATING TO COMMUNICATION, COGNITION, OR OVERALL DEVELOPMENTAL LEVEL.**

Thank you for returning the form:

[atintakes@eastersealsma.org](mailto:atintakes@eastersealsma.org)

Easter Seals, 484 Main Street, 6th Floor, Worcester, MA 01608

Attention: AT Intakes

Please direct any questions to Kristi Peak-Oliveira, Clinical Supervisor, at [kpoliveira@eastersealsma.org](mailto:kpoliveira@eastersealsma.org) or 617-226-2861