#

# **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

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 or 617-226-2861