



# 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:

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

Other: \_\_\_\_\_

Does the student (please check all that apply)?

- |  |   |
|--|---|
| <input type="checkbox"/> Initiate communication? | <input type="checkbox"/> Understand simple instructions?          |
| <input type="checkbox"/> Respond to speakers?    | <input type="checkbox"/> Understand what is said in conversation? |

## Voice 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
- Ask questions
- Label objects, people, pictures
- Share information

- Greet people
- Make Comments
- Ask for help

**FINE AND GROSS MOTOR INFORMATION**

**Gross Motor Status:**

- |                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Walks independently  | <input type="checkbox"/> | Unable to walk                             |
| <input type="checkbox"/> | Walks independently but needs supervision                    | <input type="checkbox"/> | Independent with manual wheelchair         |
| <input type="checkbox"/> | Walks independently but with assistive device such as walker | <input type="checkbox"/> | Requires assistance with manual wheelchair |
| <input type="checkbox"/> | Able to walk for short distances                             | <input type="checkbox"/> | Independently controls power wheelchair    |

How does the student control the power wheelchair?

**Fine Motor Status:**

- |                          |                     |                          |   |
|--------------------------|---------------------|--------------------------|---|
| <input type="checkbox"/> | No concerns         | <input type="checkbox"/> | Has difficulty using both hands               |
| <input type="checkbox"/> | Right hand dominant | <input type="checkbox"/> | Uses hand to point to targets 1x1" or smaller |
| <input type="checkbox"/> | Left hand dominant  | <input type="checkbox"/> | Uses hand to point to targets 1x1" or larger  |

The student can most easily control movements with:

- |                          |            |                          |           |
|--------------------------|------------|--------------------------|-----------|
| <input type="checkbox"/> | Eyes       | <input type="checkbox"/> | Left hand |
| <input type="checkbox"/> | Head       | <input type="checkbox"/> | Foot      |
| <input type="checkbox"/> | Right hand | <input type="checkbox"/> | 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)

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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