

Center for Assistive Technology & Inclusive Education Studies (CATIES)
at The College of New Jersey

Information Form for Augmentative Communication Evaluation:
Parent

CATIES has been contracted to conduct an augmentative communication evaluation for your child. In order to maximize the benefits of the evaluation, we request that you provide some background information to assist our evaluator in understanding your child's abilities.

Please consider your child's abilities 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 assistive technology evaluation.

Child's Name: _____

Age: ____ Sex: M F

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Preferred time and method of contact: _____

Please list your child's strengths, learning style, interests, and any other significant factors that should be considered:

Child's present means of communication

(Check all that are used, circle primary method the student uses)

- | | |
|--|--|
| <input type="checkbox"/> Intelligible speech | <input type="checkbox"/> Body position changes |
| <input type="checkbox"/> Eye-gaze/eye movement | <input type="checkbox"/> Facial expressions |
| <input type="checkbox"/> Gestures | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Sign language (few combinations) | <input type="checkbox"/> Sign language (many combinations) |
| <input type="checkbox"/> Reliable No | <input type="checkbox"/> Reliable Yes |
| <input type="checkbox"/> Two word utterances | <input type="checkbox"/> Three word utterances |
| <input type="checkbox"/> Vocalizations, list examples: _____ | |
| <input type="checkbox"/> Vowels, vowel combinations, list examples: _____ | |
| <input type="checkbox"/> Semi-intelligible speech, estimate % of intelligible: _____ | |

