

Initial Inquiry for Augmentative Communication Evaluation

To be completed by School District Representative

If you have already completed Part I using the online AugComm Evaluation Request Form, please check here and **complete only Part II.**

I have submitted Part I using the online AugComm Evaluation Request Form.

Part I

STUDENT'S NAME: _____

Age: _____ Sex: Male Female

SCHOOL REPRESENTATIVE

Name: _____ Position: _____

Phone: _____ Email: _____

SCHOOL/AGENCY INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

STUDENT INFORMATION

SPED Classification:

- | | |
|---|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Orthopedic Disability |
| <input type="checkbox"/> Communication Impairment | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Deaf /HOH | <input type="checkbox"/> Preschool Disabled |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Traumatic Brain Injury |

Disability Details, including mobility, vision and hearing:

Placement:

- | | |
|--|---|
| <input type="checkbox"/> General education classroom | <input type="checkbox"/> In-class support |
| <input type="checkbox"/> Resource center | <input type="checkbox"/> Self-contained classroom |
| <input type="checkbox"/> Private school | |

How long has the student been in the current placement? _____

What is the student's current reading level? _____

Current Related Services:

	School	Private	Private therapist contact info
PT	<input type="checkbox"/>	<input type="checkbox"/>	_____
OT	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speech/Lang	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

