

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

Information Form for Assistive Technology Evaluation: Speech Therapist

On _____
(date and time of appointment)

(client's name)

will participate in an assistive technology evaluation at the Center for Assistive Technology & Inclusive Education Studies (CATIES). Your input is very valuable to the evaluation. Please complete and return this form (to the address below or via fax 609-637-5179) no later than _____. Thank you for your assistance.

Student's present means of communication

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

- Changes in breathing patterns
- Eye-gaze/eye movement
- Gestures
- Sign language (few combinations)
- Reliable No
- Two word utterances
- Vocalizations, list examples: _____
- Vowels, vowel combinations, list examples: _____
- Semi intelligible speech, estimate % of intelligible: _____
- Single words, list examples and approx. #: _____
- Communication board: tangibles pictures combo picture/symbols words
- Voice output device (name of device): _____
- Intelligible speech
- Writing
- Other: _____
- Body position changes
- Facial expressions
- Pointing
- Sign language (many combinations)
- Reliable Yes
- Three word utterances

Who understands student's communication attempts: (Check best descriptor)

	Most of the time	Part of the time	Rarely	Not Applicable
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication interaction skills:

Desires to communicate: Always Occasionally Never

To indicate "yes" and "no", the student

- Shakes head
- Signs
- Vocalizes
- Gestures
- Eye gazes
- Points to board
- Uses word approximations
- Does not respond consistently

Can a person unfamiliar with the student understand the response: Yes No

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener's attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe techniques student uses for repair (e.g. keeps trying; changes message; points to first letter, etc.)

Current level of receptive language:

Age approximation: _____

If formal tests used, name and scores:

If formal testing not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. _____

Current level of expressive language:

Age approximation: _____

If formal tests used, name and scores:

If formal testing not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. _____

Pre-reading and reading skills related to communication:

- | | | | |
|---------------------------------|------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | Object/picture recognition |
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.) |
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | Auditory discrimination of sounds |
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | Auditory discrimination of words, phrases |
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | Selects initial letter or word |
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | Follows simple directions |

- Always Sometimes Never
 Always Sometimes Never

Sight word recognition
 Can put two symbols/words together
 to express an idea

Visual abilities related to communication (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Can maintain fixation on stationary | <input type="checkbox"/> Can look right to left w/out moving head |
| <input type="checkbox"/> Can scan line of symbols left to right | <input type="checkbox"/> Can scan matrix of symbol in a grid |
| <input type="checkbox"/> Visually recognizes people | <input type="checkbox"/> Visually recognizes common objects |
| <input type="checkbox"/> Visually recognizes photographs | <input type="checkbox"/> Visually recognizes symbols/pictures |
| <input type="checkbox"/> Needs additional space around symbol | <input type="checkbox"/> Can visually shift horizontally |
| <input type="checkbox"/> Can visually shift vertically | <input type="checkbox"/> Can recognize line drawings |

Is a specific type (brand) of symbols or pictures preferred?

What size of pictures is preferred? _____

What line thickness of symbols is preferred? _____ Inches

Does student seem to do better with black-on-white, or white-on-black, or specific color combination for figure/ground discrimination? _____

Explain anything else you think is significant about the responses the student currently uses or his/her need for augmentative communication:

Summary of student's abilities and concerns related to communication:

Please return by mail to: CATIES c/o Dept of Special Ed., Language & Literacy
 PO Box 7718, Ewing, NJ 08628-0718

Or by fax to: (609) 637-5179