

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

**Information Form for Augmentative Communication Evaluation:**  
**Speech Therapist**

**Student's name:** \_\_\_\_\_

**Name of person completing form:** \_\_\_\_\_

Please consider the abilities for the abovementioned student 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 augmentative communication evaluation.

**Student's present means of communication:**

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

- Intelligible speech
- 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): \_\_\_\_\_
- Changes in breathing patterns
- 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:  speaks 'yes' or 'no'

- 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.)

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**Current level of receptive language:**

Age approximation: \_\_\_\_\_

Please provide a copy of the report.

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

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**Current level of expressive language:**

Age approximation: \_\_\_\_\_

Please provide a copy of the report.

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

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**Pre-reading and reading skills related to communication:**

Object/picture recognition  Always  Sometimes  Never

Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)  Always  Sometimes  Never

