

Seattle Public Schools – Speech Pathology Services
 Augmentative and Alternative Communication Consultation-Evaluation
 Background Information

PERSONAL INFORMATION

Date: _____ Referred by: _____ Phone: _____

Student: _____ Student #: _____ DOB: _____ Age: _____

School: _____ Grade: _____ Type of Placement: _____

Teacher: _____ Phone: _____

Parent(s) or Guardian(s): _____

Address: _____

Phone (home) _____ (work) _____

email: _____

MEDICAL INFORMATION

Medical Diagnosis: _____

Seizures: **YES** **NO**

Vision Difficulties: **YES** **NO**

If yes, date of most recent testing: _____

Hearing Difficulties: **YES** **NO**

If yes, date of most recent testing: _____

Other health concerns: _____

THERAPY INFORMATION

Student's current and recent therapists:

Type of therapy	Name	Phone	Where (school or private)
SLP			
OT			

PT			
VISION			
Other:			
Other:			

FINE AND GROSS MOTOR

Dresses self: **YES** **NO**
 Walks independently: **YES** **NO**
 Walks with assistance: **YES** **NO**
 If yes, please describe: _____

Wheelchair: **POWER** **MANUAL** **NONE**
 Describe wheelchair and seating/positioning: _____

Describe use of hands:

Holds and uses a pencil: **YES** **NO**
 Picks up small objects: **YES** **NO**
 Feeds self: **YES** **NO**

Points to large pictures (2-5 inches): **YES** **NO**
 If yes, what minimum size: _____

Points to small pictures (under 2 inches): **YES** **NO**
 If yes, what minimum size: _____

Describe most reliable body movement used to activate switches (e.g., head, hand, foot): _____

Describe any motor difficulties (e.g., fluctuating tone, coordination, fatigue, etc.): _____

CURRENT COMMUNICATION

Indicate with an “X” each mode of **EXPRESSIVE** communication currently used and in which context:

MODE	Home	School (class)	School (tx)	Private therapy
Facial expressions				
Body movements				
Gestures				
Vocalizations				
Sign				
Speech				
Communication boards/books				
Communication Device				
Writing				

Describe the most effective modes of communication: _____

Estimate the students percentage of intelligibility under the following conditions:

	Peer	Adult
Familiar partner (e.g., family, teacher)		
Unfamiliar partner (e.g., stranger)		

Student’s assessed or estimated **EXPRESSIVE** language abilities:

Not assessed	Test or procedure	Results	Estimation

Does the student...
 gain attention: YES NO
 If yes, describe how: _____
 indicate acceptance and rejection: YES NO
 If yes, please give examples: _____

 make basic wants and needs known: YES NO
 use “yes” and “no” reliably and consistently: YES NO
 If yes, please give an example: _____
 express (pre-)academic understanding: YES NO
 use 50 or more symbols expressively: YES NO
 combine 2 or more symbols: YES NO

If yes, how many and give example: _____
 create spontaneous novel utterances: YES NO

If yes, give example: _____

Does the student:
 initiate communication with peers: YES NO
 initiate communication with adults: YES NO

Student's assessed or estimated **RECEPTIVE** language abilities:

Not assessed	Test or procedure	Results	Estimation

Does the student:
 know 50 or more words: YES NO
 follow verbal classroom instructions: YES NO
 follow directions only with visual cues: YES NO

Describe the student's favorite objects, activities/interactions, and people: _____

Indicate recognition of the following:

Type of symbol	Always	Never	Sometimes
Objects			
Photographs			
Drawings			
Other symbols			
Printed words			

Other comments about recognition of the above items: _____

Other comments regarding the student's understanding of language: _____

Please describe communication methods used in the past and note

outcomes: _____

LITERACY

Recognizes some letters:	YES	NO
Recognizes all letters:	YES	NO
Has sound-letter correspondence:	YES	NO
Uses letters to approximate words:	YES	NO
Writes words:	YES	NO
Writes sentences:	YES	NO
Reads some printed sight words:	YES	NO
Reads phrases and sentences:	YES	NO
Reads age appropriate books:	YES	NO
Reading below age level:	YES	NO
Reading at or above age level:	YES	NO
Comprehends what is read:	YES	NO

Please write any other information that was not addressed within this background form that you think or feel is important for me to

know: _____

What would be your preferred outcome of this

evaluation: _____

Send to:

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