
35 Haddon Avenue ♦ Shrewsbury ♦ NJ ♦ 07702
Phone: (732) 747-5310 ♦ FAX: (732) 747-1896 * www.techconnection.org

ADULT AAC EVALUATION INTAKE FORM

*Please attach most recent copies of **physician's notes and speech-language report of available.**

I. SCHEDULING INFORMATION

- Referring Agency/Physician: _____
- Address: _____
- Scheduling Contact Person: _____ Today's Date: _____
- Phone Number: _____ E-Mail: _____
- Was the client ever seen at TECHConnection for an AAC Evaluation? _____ **Yes** _____ **No**
- If Yes, When? _____
- Indicate the questions you would like to have addressed during this evaluation _____

II. PATIENT INFORMATION

- Client's Name: _____ Date of Birth: _____
- Street Address: _____
- City/State/Zip Code: _____
- Home Phone: _____ Cell Phone: _____
- Sex: _____ E-Mail: _____
- Physician's Name/ Address: _____
- Medical Diagnosis: _____

III. PRESENT VOCATIONAL/EMPLOYMENT SETTING

- Facility: _____ Occupation: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Case Manager: _____ Phone: _____ E-Mail: _____

IV. COMMUNICATION INFORMATION

- Please estimate which communication methods are used and with what frequency **Regularly (R)**, **Sometimes (S)**, **Never (N)**:

Comprehension

- a. Responds to speakers _____ **Recep. Vocab. Age Score** _____
- b. Understands what is said to him/her _____ **Test Measure:** _____
- c. Follows simple directions _____

Expression

w/ Familiar Listeners

w/ Unfamiliar Listeners

- a. Makes needs and wants known _____
- b. Initiates communication _____
- c. Speaks in words _____
- d. Writes or types _____
- e. Uses gestures to communicate _____
- f. Uses facial expression or body language _____
- g. Uses a manual communication board _____
- h. Uses a voice-output device _____

- If Client uses a voice output device, specify device name and when device was acquired: _____

• What is the Client's primary mode of communication? _____

• Is the Client aware of his/her speech limitations? _____

• How does the Client indicate that he/she wants to communicate? _____

• What are the most important communication needs at home? _____

• _____

• What are the most important communication needs in the vocational/work setting? _____

- Can the Client recognize: (Check all that apply)
 Objects Photos Pictures Line Drawings
- Are the Client's reading skills impaired? Yes No **Estimated Grade Level** _____
- Are the Client's spelling skills impaired? Yes No **Estimated Grade Level** _____

V. PHYSICAL/MEDICAL

- Speech Diagnosis: _____
- Onset of medical condition/ diagnosis: _____
- If there has been a loss of speech and/or motor function, describe rate and progression of loss: _____

- Does the Client use a ventilator: Yes No Comments: _____
- Current Medications: _____
- Adaptive equipment (e.g., splints, switches, lap tray, glasses): _____

- Is the Client ambulatory? Yes No Wheelchair Make/Model: _____
- Is motor function of upper extremities adequate to consistently and reliably:
 write point activate a switch?
- Does the Client wear glasses for reading? Yes No (Attach vision eval. reports)
- Does the Client wear contacts? Yes No (Attach vision eval. reports)
- Is hearing within normal limits? Yes No (Attach audiological reports)
- Describe any other significant problems: _____

VI. BEHAVIORAL CHARACTERISTICS

- Describe other concerns that may interfere with using an AAC Device? _____

- Does client fatigue and if so describe secondary limitations: _____

VII. ENVIRONMENTAL INFORMATION

- Who is requesting use of AAC techniques? _____ Family _____ Other (specify) _____

VIII. SUPPORT MATERIAL

- If the client is **non-ambulatory**, please include a **photograph** of the individual in his/her seating system to assist us in determining access needs.

IX. FUNDING SOURCE

_____ Self- Pay _____ Medicare/ Insurance

X. APPOINTMENT INFORMATION

a. We would like to be called for **earlier** appointment if a **cancellation** occurs.

_____ **Yes** _____ **No**

b. **Participants planning to attend this appointment: (spouse, children, Therapist,)**

Name(s) and relationship:

XI. Please send completed packet and support material to:

Joan Bruno, Ph.D., CCC-SLP
TECHConnection @ FRA
35 Haddon Ave
Shrewsbury, NJ 07702
732-747-5310 ext.21

05/09