



Assistive Technology Solutions
at Family Resource Associates, Inc.

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

SERVICE CONTRACT – AUGMENTATIVE COMMUNICATION

Student’s Name: _____ **Age:** _____

Diagnosis: _____

School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Contract to: _____ **Title:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Contact Person: _____ **Title:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

SERVICE AGREEMENT:

We are pleased to be able to assist you in an augmentative evaluation for the above individual.

The evaluation date and location will be scheduled upon our receipt of the following:

- One copy of this contract, signed.
- The completed pre-assessment forms.
- A copy of the child’s most recent IEP as well as any relative recent evaluations the child has had. (i.e., Speech-Language, O.T., Neurological, vision, psychological).

We ask that the questionnaire be filled out by who ever best knows the student.

We also ask that the education professional who acts as our contact (usually the case manager) be the party to promptly notify the family as to the day, time and location of the evaluation.

SPECIFIC EVALUATION PROCEDURE

Parents and key member of the child’s school team (i.e., speech therapist, teacher, Case Manager) are encouraged to attend the evaluation. Evaluations take 1½ - 2 hours. Each evaluation begins with a 15-20 minute discussion with the child’s school team and parents. This enables the evaluation team to obtain information on communication skills and barriers. Our therapists assess the patient’s symbolic communication skills and language abilities. Based on the child’s abilities, a range of devices may be considered and/or a range of goals established. Please note: **Not** all evaluations will end with a device recommendation.

REPORT:

At the conclusion of the evaluation, a comprehensive educationally-based AAC Evaluation report is prepared with either (a) system recommendations (i.e. high tech, low tech, or manual) or (b) recommendations for intervention that may enable the child to develop the readiness skills to acquire a system at a later time. The report will be sent to the student's Case Manager, unless a specific request is made to forward the report to a different individual. **NOTE: If a school district plans to ask the parent to use their medical insurance to obtain the recommended AAC device and therefore wants a medically based report with a device prescription, this must be requested in writing at the time of the evaluation. If the school and/or family request a medically-based report after the educationally-based report has been written, an additional \$100 will be charged for preparation of the second report.**

STAFF MEMBER

Joan Bruno, Ph.D., CCC-SLP

FOLLOW-UP SERVICES

Following the AAC Evaluation, follow-up services including consultation to the school staff, training to program the device and suggestions for implementing the recommendations are available on a fee-for-service basis.

FINANCIAL AGREEMENT:

At TECHConnection : \$528.00

At your facility: \$528.00 *plus \$35.00 per each half hour of travel*

Evaluations at the child's school will be considered on a case-by-case basis. Please note there is a limited travel area.

SIGNATURES:

Please sign one copy of this letter and return to theTECHConnection/Family Resource Associates, Inc., at the address indicated on this letterhead.

I approve this contract for an evaluation at _____ TECHConnection _____ our Facility, and will send payment or purchase order promptly.

Joanne Castellano
Director - TECHConnection

DATE

School Representative
PRINT

DATE

TITLE

School Representative
Signature