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

PEDIATRIC AAC EVALUATION INTAKE FORM

*Please attach most recent copies of **speech-language, OT and psychological reports** and **IEP**
(Note: An appointment will not be scheduled until all support material is received.)

I. SCHEDULING INFORMATION

Requested location for services: _____ TECHConnection _____ Off-site (Limited availability)

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

II. PATIENT INFORMATION

- Child's Name: _____ Date of Birth: _____
- Medical Diagnosis: _____ Educational Classification _____ Sex: _____
- Parent/Guardian's Name: (Last) _____ (First) _____
- Address: _____
- City/State/Zip Code: _____
- Home Phone: _____ Cell Phone: _____ E-Mail: _____
- Physician's Name/ Address: _____

III. PRESENT EDUCATIONAL PLACEMENT

- School/Facility: _____
- 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. Uses gestures to communicate | _____ | _____ |
| e. Uses facial expression or body language | _____ | _____ |
| f. Uses PECS | _____ | _____ |
| g. Uses a manual communication board | _____ | _____ |
| h. Uses a voice-output device | _____ | _____ |

- If student/client uses a voice output device, specify device name and when device was acquired:

- Does the student/client have a functional yes/no for acceptance/ negation? ____ **Yes** ____ **No**
- Can the student/ client use yes/no to answer open-ended questions? (i.e., Did your mom drive you to school today? Do you put milk in your cereal?)
_____ **Yes** _____ **No** _____ **Inconsistent**
- What is the student/client's primary mode of communication? _____
- Is the student/client aware of his/her speech limitations? _____
- How does the student/client indicate that he/she wants to communicate? _____
- What are the current therapy goals for the student/client? _____
- What are the most important communication needs at home? _____
- What are the most important communication needs in the school/vocational setting? _____

VIII. SUPPORT MATERIAL

- If the student/client is **non-ambulatory**, please include a **photograph** of the individual in his/her seating system to assist us in determining access needs.
- If referring agency or family feels that the **student/client's** performance during the session would not reflect actual abilities, you may include a brief video with this packet.

IX. FUNDING SOURCE

_____ Self- Pay _____ Insurance _____ School District

NOTE: we do not accept Medicaid

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: (parents, Therapist, CST, Teacher)**

Name(s) and relationship:

c. **For off-site evaluations:**

School Name _____

School Address _____

City _____ State _____ Zip _____

Office Phone _____

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