



COVERED BRIDGE SPECIAL EDUCATION DISTRICT

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Jeffery E. Blake, Executive Director

Augmentative and Alternative Communication Evaluation

Identifying Information:

Student:	Parent/Guardian:
Date of Birth:	Age:
School: Educational Eligibility:	Teachers of Record: School Based SLP: Other Therapists:
Primary Diagnosis: Secondary Diagnosis:	Date/s of Evaluation:
Individuals present during initial evaluation:	
Speech Language Pathologist: ; License #:	

Reason for Referral, Social History and Current Medical History:

is a year old student who was referred for an Augmentative and Alternative Communication (AAC) Evaluation by in order to observe and assess current communicative abilities and determine additional techniques and strategies to enhance communication. lives at with . (include any important information). Previous systems that have been used include:

Current Communication Skills/Expressive Communication:

Expressive communication refers to an individual's ability to express themselves using a variety of verbal and non-verbal means of communication. primarily uses the following to communicate within every day environments:

- | | | |
|--|--|---|
| <input type="checkbox"/> changes in breathing patterns | <input type="checkbox"/> body position changes | <input type="checkbox"/> full sentences but difficult to understand |
| <input type="checkbox"/> gross body movements | <input type="checkbox"/> moves toward objects/people | <input type="checkbox"/> pointing to real objects |
| <input type="checkbox"/> facial expressions | <input type="checkbox"/> pictures | <input type="checkbox"/> pointing to pictures |
| <input type="checkbox"/> vocalizations | <input type="checkbox"/> gestures/signs | <input type="checkbox"/> VOCA |
| <input type="checkbox"/> eye gaze movements | <input type="checkbox"/> uses 1 – words | |
| | <input type="checkbox"/> uses 3+ words | |

Verbal speech is estimated to be:

% intelligible to familiar listeners: % to unfamiliar listeners

% intelligible to familiar listeners with known context:

% to unfamiliar listeners with unknown context

Receptive Language Status:

No formal language testing was completed during this evaluation. Previous records indicate . Through informal assessment, demonstrated:

Additionally, possesses the following skills:

Cognitive Status:

Formal cognitive testing was not completed during this evaluation. Informal assessment through observations and parent/caregiver report established that 's cognitive skills are .

At school, is evaluated annually with the to determine his functional abilities in academic and social domains. Previous formal testing revealed

Gross Motor/Positioning and Extremity Function:

Mobile/ ambulatory Immobile

Sensory Status:

Vision:

Hearing:

Social/Emotional Status:

was throughout the evaluation. demonstrated methods to increase functional communication skills by interest in

Educational History/Status:

Student attends

Oral Motor Skills and Potential:

Upon cursory exam, Student's oral motor skills appeared

Anticipated Duration of Need:

Identified Communication Needs:

To assess 's ability to physically and visually access a device system, participated in the following informal assessment:

Required Components of AAC System (based on Feature Matching)

I. Primary Components	
A. Access	
B. Display	

C. Navigation	
D. Language Representational Methods	
E. Vocabulary	
F. Size & Weight	
G. Output	
H. Accessories and Components	
I.	
II. Secondary Components including Interface & Accessories	

Based on _____'s success with the above informal assessments, the following devices were considered.

DEVICE	RESULTS/INDICATIONS
#1	
#2	
#3	

Impressions

The overall impression obtained was

Recommendations

1. At this time, it is recommended that
 - a.
 - b.
 - c.

Long Term Goals:

Short Term Goals:

2. Information related to _____ can be found at the following links:

Statement of Assurance

, the speech-language pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any speech-generating device.

Please contact me with any additional comments, questions, or concerns. Contact information is listed below.

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cc: Parents, Dr. _____, CBSED records