ASSISTIVE TECHNOLOGY/ AUGMENTATIVE - ALTERNATIVE COMMUNICATION (AAC)
EVALUATION INTAKE SHEET

Please complete the following information.

INDIVIDUAL INFORMATION

Name: _____ Birthdate: _____ Age: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Referred By: _____

Parent/Guardian/Spouse Name _____ Cell Phone: _____

*****Please note that if the following information is not provided, REACH reserves the right to cancel or postpone your scheduled appointment until it is obtained*****

Physician: _____Phone: _____

Insurance: _____ Group #: _____

Copy of Insurance Card (please check; must be included with intakes): ___

Client's Social Security Number: _____

Person Completing this Form: _____ Date: _____

MEDICAL HISTORY

Medical diagnosis: _____ Onset: _____

Disability: (please check all that apply)

___ Speech/Language
___ Cognitive Disorder
___ Learning Disability
___ Hearing Impairment
___ Emotional Disturbance
___ Traumatic Brain Injury
___ Autism
___ Other Health Impairment
___ Visual Impairment
___ Other _____

Medical Considerations: (please check all that apply)

___ History of seizures
___ Fatigues easily
___ Swallowing Difficulty
___ Wears glasses
___ Medications
Please list: _____
___ Ear infections
___ Health problems
Please list: _____
___ Wears hearing aid
___ Has degenerative condition

Past Hospitalizations (Has the individual ever been in the hospital?)

	Date	Why Hospitalized	When
1)			
2)			
3)			

Physical Ability:

___ Walks Unassisted
___ Uses a walker/cane
___ Uses a wheelchair
___ Power ___ manual
Type of chair _____

Vision/Hearing

Date of most recent vision exam: _____
Results: _____

Date of most recent hearing exam: ____
Results: _____

What are the individual's most reliable motor movements?

___ turning head
___ pointing
___ Eye blink
___ Other: _____
___ finger movement
___ leg movement
___ arm movement

List other services individual is currently receiving or has received in the past. (E.g. occupational therapy, speech therapy, physical therapy, counseling)

Therapy	**Date**	**Length**	**Where**

_____
_____
_____
_____
_____

COMMUNICATION

Describe the individual's current communication problem:

_____
_____
_____

How does the individual communicate now?

At home?

_____
_____

At school?

_____
_____

At work?

_____
_____

Does the individual: (please circle answer)

Understand the speech of others?	Yes	No
Follow directions?	Yes	No
Make his/her wants known?	Yes	No
Initiate communication?	Yes	No
Speak in words at times?	Yes	No
Make sounds?	Yes	No
Answer Yes/No questions correctly?	Yes	No
Use facial expressions?	Yes	No
Use gestures/body movements?	Yes	No

Reading/Spelling/Writing

Can the individual:

Read single words?	Yes	No

Read short sentences?	Yes	No
Spell his/her name?	Yes	No
Spell words?	Yes	No
Spell sentences?	Yes	No
Write letters?	Yes	No
Write name?	Yes	No
Write words?	Yes	No
Write sentences?	Yes	No

Assistive Technology Systems Currently Used: (please check all that apply)

___ Manual Communication Board
___ Computer: type: _____ ___Mac ___PC
    ___ with word-prediction
    ___ with voice output
___ Augmentative Communication device
___ Environmental Control Unit
___ Switch: Name of switch: _____
___ Other: _____

Please describe the assistive technology that has been tried in the past, length of time you tried it, and the outcome) how did it work, or why do you think it didn't work).

Assistive Technology	**Length of Time**	**Outcome**

EDUCATIONAL/ACADEMIC/VOCATIONAL HISTORY

Current Placement

___	Birth to 3	___	High School	___	Hospital
___	Early Childhood	___	College/University	___	Home
___	Elementary School	___	Vocational Program		
___	Middle School	___	Nursing Home		

Years of School completed ____

Name of Schools Attended

School	**City**	**Years Attended**

List individual's most recent vocational (job) activities, and responsibilities.

Position	Responsibilities	Employer	Dates

1) _____
2) _____
3) _____

What are the individual's future educational/vocational goals?

_____
_____
_____

Hobbies/Interests

What hobbies/ special interests does the individual have?
(E.g. movies, sports, music) _____
_____
_____