

BALTIMORE COUNTY PUBLIC SCHOOLS

Office of Special Education

Assistive Technology Office

Referral for Screening and Consultation
Augmentative Communication

To be completed by the school staff:

Student: _____ Date: _____

School: _____ Birthdate: _____

Parent/Guardian: _____ Phone: _____

Parent email: _____

Referral Source: _____ Contact Person: _____

IEP Chair/Administrator _____ Teacher: _____

Case Manager: _____

Current Related Services:

| Service | Name | Email |
|---------|------|-------|
| SLP | | |
| OT | | |
| PT | | |
| DHH | | |
| VI | | |
| Other | | |

Diagnoses: _____

Current Educational Handicapping Condition/Disability: _____

The following information must be attached to this form:

- _____ Signed parent permission for assessment (for initial visit)
- _____ Completed referral form
- _____ Most recent educational and therapy assessments
- _____ Other pertinent information

Student Name: _____ **Grade:** _____

Person completing form: _____

Class Setting: _____ General Ed. _____ Inclusion _____ Self-Contained

Type of Program: _____

Student

Describe student's strengths and needs related to their communication skills.

Check all current means of communication. Rank in order of use with (1) being most frequent.

_____ eye gaze _____ vocalization _____ signing
_____ facial expression _____ speech _____ gestures
_____ low tech display _____ voice output device _____ writing/typing

If student is verbal, what percentage of speech is understood by:

_____ Familiar listeners _____ unfamiliar listeners

If student's communication intent is not understood, is the student

_____ quickly discouraged _____ persistent _____ frustrated

Environment

List physical classroom accommodations: _____

List additional supports? _____

Tasks

Describe student's communication skills:

| | Not Evident | Gestures | Uses Pictures | Verbal |
|----------------------------------|-------------|----------|---------------|--------|
| Greets | | | | |
| Responds to questions | | | | |
| Asks questions | | | | |
| Interacts socially with peers | | | | |
| Interacts socially with adults | | | | |
| Negates | | | | |
| Makes choices | | | | |
| Participates in class discussion | | | | |
| Indicates yes/no response | | | | |
| Indicates wants/needs | | | | |

Tools

Describe use of tools in the student’s environment.

| Classroom Engineered Visual Supports | Is it available for student’s use? | How does student use supports? independent / needs prompts / does not use |
|--|---|--|
| Schedules | | |
| Social stories | | |
| Super pictures | | |
| First/Then display | | |
| Picture supports for following directions | | |
| Communication Supports | Is it available for student’s use? | How does student use supports? independent / needs prompts / does not use |
| Uses pictures for choice making | | |
| Low tech activity specific picture displays | | |
| Communication notebook | | |
| Uses available speech generating devices <ul style="list-style-type: none"> • Single message • Sequential message • Multi cell device | | |

What are the team’s main objectives for this AAC consultation?

- Explore options for low tech communication systems.**
- Explore options for augmentative communications devices.**
- Explore types of access methods for communication.**

Additional Comments:

Return all referral information to Marsye Kaplan at Loch Raven Academy