

BALTIMORE COUNTY PUBLIC SCHOOLS

Office of Special Education

Office of Technology in Special Education

Augmentative Communication
Screening and Consultation Referral

To be Completed by School Staff

Student: _____ Date: _____

School: _____ Birthdate: _____

Parent/Guardian: _____ Phone: _____

Parent Email: _____

Referral Source: _____ Contact Person: _____

IEP Chair/Administrator _____ Teacher: _____

Case Manager: _____ Grade: _____

Check all that apply:

General education	<input type="checkbox"/>	Inclusion	<input type="checkbox"/>	Self Contained	<input type="checkbox"/>
CALS	<input type="checkbox"/>	FALS	<input type="checkbox"/>	Adapted	<input type="checkbox"/>

Current Related Services:

Service	Name	Email
SLP		
OT		
PT		
DHH		
VI		
Other		

Diagnoses: _____

Current Educational Handicapping Condition/Disability: _____

The following information must be included. Check the following:

- _____ Signed Parent Permission for Assessment (for initial visit only)
- _____ Completed Augmentative Communication Screening and Consultation Referral
- _____ Most recent educational and therapy assessments
- _____ Other pertinent information

What is the reason for this referral? _____

STUDENT

Check means of communication:

	Yes / No	Emerging	Uses with Prompts	Self Initiates
Eye gaze				
Facial expression				
Gestures				
Signing				
Points to pictures				
Uses picture exchange				
Points to picture displays				
Vocalizations				
Words				
Phrases				
Sentences				
Voice output device				
Writing/typing				

If student is verbal, what percentage of speech is understood?

	Percentage		Percentage
Familiar listeners		Unfamiliar listeners	

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

	Yes / No		Yes / No
Quickly discouraged		Persistent	
Frustrated			

ENVIRONMENT

List physical classroom accommodations: _____

List additional supports? _____

TASKS

Describe student's communication skills:

	Absent	Gestures	Uses Pictures	Verbal
Greets				
Responds to questions				
Asks questions				
Communicates with peers				
Communicates with adults				
Negates				
Makes choices				
Participates in class discussion				
Indicates yes/no response				
Indicates wants/needs				
Comments				
Add additional tasks here:	Absent	Gestures	Uses Pictures	Verbal

TOOLS

Describe use of tools in the student's environment.

Classroom Engineered Visual Supports	Is it available?	Needs Prompts	Uses Without Prompts	Doesn't Use
Schedules				
Social stories				
Super pictures				
First/Then display				
Picture supports for directions				
Activity based displays				
Communication Supports	Is it available?	Needs Prompts	Uses Without Prompts	Doesn't Use
Uses pictures for communication				
Low tech activity specific picture displays				
Communication notebook				
Uses single message device				
Uses sequential message device				
Communication Supports Continued	Is it available?	Needs Prompts	Uses without Prompts	Doesn't Use
Uses multi-cell device				
Dynamic display device				
Add additional supports here:				

Is there additional information to share? _____

What are the team's main objectives for consultation? _____

Return all referral information to: Marsye Kaplan, Loch Raven Academy