

**Baltimore County Public Schools  
Office of Technology in Special Education**

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**Referral for Screening and Consultation  
Infants and Toddlers**

TO BE COMPLETED BY THE SCHOOL STAFF:

Student \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

School Providing Service \_\_\_\_\_ Referral Source \_\_\_\_\_

Setting \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
Team Leader

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Speech/Language Pathologist

\_\_\_\_\_  
Occupational Therapist

\_\_\_\_\_  
Physical Therapist

\_\_\_\_\_  
Other Related Service Provider

\_\_\_\_\_  
\*\*Contact Person

\_\_\_\_\_  
Parent

**Diagnoses** \_\_\_\_\_

**Current Educational Handicapping Condition/Disability** \_\_\_\_\_

**Current related services**

\_\_\_ SLP \_\_\_ OT \_\_\_ PT \_\_\_ DHH \_\_\_ VI Other:Specify: \_\_\_\_\_

**The following information must be attached to this form**

- \_\_\_ Current IFSP
- \_\_\_ Most recent Educational, Psychological, OT, PT and Speech/Language assessments
- \_\_\_ Other pertinent information
- \_\_\_ Signed Permission to Test

**Person completing form:** \_\_\_\_\_

## Communication

- Describe how the student communicates wants and needs?

eye gaze       gestures       facial expressions       signing  
 vocalizations       single words       phrases/sentences       pictures

Comments: \_\_\_\_\_

- Describe student's visual skills:

recognizes objects       recognizes signs in the community  
 recognizes familiar objects and people       recognizes icons (BoardMaker)  
 has difficulty attending to visual information

Comments: \_\_\_\_\_

- Does student demonstrate an accurate yes/no response? \_\_\_\_\_

gestures       vocalizes       speaks words

Comments: \_\_\_\_\_

- Is the student following directions?       1 step       2 step

Comments: \_\_\_\_\_

- What Augmentative Communication supports have been tried?

object/picture choices       communication notebook  
 activity/theme specific displays  
 speech generating device      name of device: \_\_\_\_\_

What has been the outcome? \_\_\_\_\_

- Describe student response if not understood?

passive -gives up       repeats       shows frustration

Comments: \_\_\_\_\_

- If student is verbal, is speech understood by familiar and unfamiliar listeners?

\_\_\_\_\_

## Literacy: Describe student's early literacy skills:

shows interest in books       listens to stories  
 points to pictures in stories       turns pages in books  
 responds to simple questions       responds to music/movement activities

Comments: \_\_\_\_\_

## Play Skills

- reaches out to touch toys       picks up toy and manipulates
- mouths toys       imitates actions with toys
- makes choice between 2 toys       indicates preferred toys
- moves body to get to a toy       responds to games with adult (e.g. peek-a-boo, swinging)

Comments: \_\_\_\_\_

- Describe favorite play toys or activities \_\_\_\_\_
- Describe barriers that effect child's ability to participate in play activities: \_\_\_\_\_

## Environment

- Where does the student receive educational instruction? \_\_\_\_\_
- Does the student require special physical accommodations? \_\_\_\_\_
- Does the student require special materials or equipment for communication or learning?  
If yes, please list. \_\_\_\_\_

Please provide any additional information to help us learn about more about specific strengths and needs.

What are the team's main objectives for this AT Referral? (check all that apply)

- Explore options for low-tech communication systems.
- Explore options for augmentative communication devices.
- Explore what types of switches might work best for the individual to access communication, computer, play, items in the environment, etc
- To look at mounting solutions on the person's wheelchair for AT access

Other:

### **Return All Referral Information to:**

Marsye Kaplan  
Office of Technology in Special Education  
Timonium Office