

**2022-2023 Augmentative and Alternative Communication (AAC)**  
**Assessment Student Referral Packet**



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**Student Information/Checklist**

<b>Date of Referral:</b>		<b>LEA:</b>	
<b>Student Name:</b>			
<b>Date of Birth:</b>		<b>Diagnoses:</b>	
<b>School:</b>		<b>Grade:</b>	
<b>Contact Person:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Additional Person(s) Completing Packet:</b>			
<b>Name:</b>		<b>Email:</b>	
<b>Name:</b>		<b>Email:</b>	

EASTCONN’s Assistive Technology Team adheres to the procedures outlined in this document for AAC Assessments. Before an assessment can be scheduled, all requested referral paperwork **MUST** be received. A complete referral packet consists of the following items:

- District’s signed permission to assess (ED627 or equivalent). Please note, this is **NOT** the same as the Release of Information form.
- Copy of the most recent IEP or 504 plan
- Copies of **all** relevant evaluations (speech-language, neuropsychological, behavioral, PT, and OT)
- Student Information/Checklist
- AAC Information Grid
- Signed Parent/Guardian Release Page
- Packet mailed to 376 Hartford Turnpike, Hampton CT 06247 or emailed to Stefanie Bellavance at [sbellavance@eastconn.org](mailto:sbellavance@eastconn.org).

## **AAC Assessment Procedures**

For non-consortium members, when the student information is received, EASTCONN will generate a fee-for-service contract, including potential cost range for the requested services. The contract will be sent to your district and **MUST** be returned prior to the initiation of the assessment. Once the fee-for-service contract is returned, a member of the EASTCONN AT Team will email the contact person designated on the Student Referral Packet with potential dates and times for the assessment. Consortium members are given priority scheduling. If the designated contact person does not respond within 5 school days, the dates will be released and may no longer be available. Before conducting the assessment, the evaluator(s) will review all materials provided and may request further information before the scheduled visit. For more information on becoming a Consortium Member, please visit [www.eastconn.org/assistivetech](http://www.eastconn.org/assistivetech) or contact Amy Norton at 860-933-1826 or [anorton@eastconn.org](mailto:anorton@eastconn.org)

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Please note that the assessment will be completed in 2 separate visits:

### **The first visit is to:**

1. Meet with the student's team, especially case manager, speech-language pathologist, parent, behavior analyst, and occupational therapist. Because communication happens beyond the school day, parents can provide critical information for an AAC Assessment, but EASTCONN asks that the district team decide and invite parents to the team meeting as applicable.
2. Observe the student in their typical routine, across school settings, preferably to include a speech therapy session.

### **The second visit is to:**

1. Conduct formal testing as appropriate. For example, the Test of Aided-Symbol Performance (TASP) provides valuable information when it is possible for the student to participate in the testing.
2. Trial potential AAC tools with the student. In order to accurately report on trial data, it is necessary to videotape the student's use of the AAC tool. Therefore, page 6 of this referral packet contains a photo/video release form for parents to sign. EASTCONN will need signed parental permission in order to include this as part of the assessment process and include screenshots from the video in the report.

### **Additional assessment procedures include:**

- Preparation of a written report within 30 days of completing the second visit.
- Presentation of the assessment results at the Planning and Placement Team meeting. The cost of attending the PPT is embedded in the assessment fee. Please note it will be necessary to consult the AT Specialist regarding availability prior to scheduling the PPT. Please note: The PPT date needs to allow for the 30 days from the trials visit for the report to be finalized.

## **AAC Information Grid**

In order to help us meet your student's assistive technology needs in an effective and efficient manner, the EASTCONN Assistive Technology Team requests that you complete this Student Information Packet.

- 1. What expressive communication tasks do you want the student to be able to do, or perform with greater independence, than (s)he is currently able to do? Please be as specific as possible.**

- 2. Health Information**

<b>Does the student have difficulty:</b>	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
Hearing?	<input type="checkbox"/>	<input type="checkbox"/>	
Seeing?	<input type="checkbox"/>	<input type="checkbox"/>	
Isolating finger to point?	<input type="checkbox"/>	<input type="checkbox"/>	
Grasping small objects?	<input type="checkbox"/>	<input type="checkbox"/>	

- 3. Are there any additional physical limitations that impact the use of AAC?** Yes No

Comments:

4. **Approximately what percentage of the student's speech is understandable?** Comment below.

Familiar listener \_\_\_\_\_%      Unfamiliar listener \_\_\_\_\_%

5. **What AAC tools have been used/trialed and how? (e.g. PECS book, Proloquo2go, photo cards)**

6. **Does the student use an iPad or touchscreen tablet?**

Yes

No

Comments:

7. **Please list recent speech and language testing scores (e.g. MLU, PPVT, EVT, PLS)**

**8. Reading/Writing**

<b>Skill</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Identifies sight words	<input type="checkbox"/>	<input type="checkbox"/>	
Decodes words	<input type="checkbox"/>	<input type="checkbox"/>	
Spells words	<input type="checkbox"/>	<input type="checkbox"/>	

**9. Can student sort objects or pictures into categories?** Yes No

**Comment:**

**10. What additional concerns or questions do you have regarding the student's use of AAC?**

**11. Communication Skills Inventory**

a. How does the student ask for something (requesting)? CHECK ALL THAT APPLY

Mode	Yes	No	Example
Gestures (e.g. pointing to it)	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors (e.g. grabbing it)	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	
Facial Expressions	<input type="checkbox"/>	<input type="checkbox"/>	
Photos	<input type="checkbox"/>	<input type="checkbox"/>	
Symbols (e.g. BoardMaker)	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Device	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalizations (i.e. sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizations (i.e. words)	<input type="checkbox"/>	<input type="checkbox"/>	

b. How does the student say no (protesting) CHECK ALL THAT APPLY

Mode	Yes	No	Example
Gestures (e.g. waving off)	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors (e.g. grounding)	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	
Facial Expressions	<input type="checkbox"/>	<input type="checkbox"/>	
Photos	<input type="checkbox"/>	<input type="checkbox"/>	
Symbols (e.g. BoardMaker)	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Device	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalizations (i.e. sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizations (i.e. words)	<input type="checkbox"/>	<input type="checkbox"/>	

c. How does the student say hello/goodbye (greeting) CHECK ALL THAT APPLY

Mode	Yes	No	Example
Gestures (e.g. waving)	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors (e.g. rocking)	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	
Facial Expressions	<input type="checkbox"/>	<input type="checkbox"/>	
Photos	<input type="checkbox"/>	<input type="checkbox"/>	
Symbols (e.g. BoardMaker)	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Device	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalizations (i.e. sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizations (i.e. words)	<input type="checkbox"/>	<input type="checkbox"/>	

d. How does the student initiate an interaction (gaining attention) CHECK ALL THAT APPLY

Mode	Yes	No	Example
Gestures (e.g. raising hand)	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors (e.g. head down)	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	
Facial Expressions	<input type="checkbox"/>	<input type="checkbox"/>	
Photos	<input type="checkbox"/>	<input type="checkbox"/>	
Symbols (e.g. BoardMaker)	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Device	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalizations (i.e. sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizations (i.e. words)	<input type="checkbox"/>	<input type="checkbox"/>	



e. How does the student tell others what to do (directing) CHECK ALL THAT APPLY

Mode	Yes	No	Example
Gestures (e.g. pointing)	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors (e.g. tapping)	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	
Facial Expressions	<input type="checkbox"/>	<input type="checkbox"/>	
Photos	<input type="checkbox"/>	<input type="checkbox"/>	
Symbols (e.g. BoardMaker)	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Device	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalizations (i.e. sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizations (i.e. words)	<input type="checkbox"/>	<input type="checkbox"/>	

f. How does the student ask for information (asking questions) CHECK ALL THAT APPLY

Mode	Yes	No	Example
Gestures (e.g. shrugging)	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors (e.g. pulling)	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	
Facial Expressions	<input type="checkbox"/>	<input type="checkbox"/>	
Photos	<input type="checkbox"/>	<input type="checkbox"/>	
Symbols (e.g. BoardMaker)	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Device	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalizations (i.e. sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizations (i.e. words)	<input type="checkbox"/>	<input type="checkbox"/>	

**g. How does the student answer questions (responding to questions) CHECK ALL THAT APPLY**

<b>Mode</b>	<b>Yes</b>	<b>No</b>	<b>Example</b>
Gestures (e.g. thumbs up)	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors (e.g. bouncing)	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	
Facial Expressions	<input type="checkbox"/>	<input type="checkbox"/>	
Photos	<input type="checkbox"/>	<input type="checkbox"/>	
Symbols (e.g. BoardMaker)	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Device	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalizations (i.e. sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizations (i.e. words)	<input type="checkbox"/>	<input type="checkbox"/>	

**h. How does the student comment on what's happening (commenting) CHECK ALL THAT APPLY**

<b>Mode</b>	<b>Yes</b>	<b>No</b>	<b>Example</b>
Gestures (e.g. pointing)	<input type="checkbox"/>	<input type="checkbox"/>	
Behaviors (e.g. imitation)	<input type="checkbox"/>	<input type="checkbox"/>	
American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	
Facial Expressions	<input type="checkbox"/>	<input type="checkbox"/>	
Photos	<input type="checkbox"/>	<input type="checkbox"/>	
Symbols (e.g. BoardMaker)	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Device	<input type="checkbox"/>	<input type="checkbox"/>	
Vocalizations (i.e. sounds)	<input type="checkbox"/>	<input type="checkbox"/>	
Verbalizations (i.e. words)	<input type="checkbox"/>	<input type="checkbox"/>	

**12. If a tablet is recommended and parents are not interested in using insurance as funding source (see Parent/Guardian Release Page), the district is interested in purchasing:**

- Separate device components that need to be assembled by district staff (ex. tablet + case + app + shoulder strap + necessary accessories ordered separately by district)
- Pre-assembled device components (ex. talker ready to work out the box)

**13. Have the staff and family received training on AAC implementation strategies? (e.g. modeling vs. prompting, etc.)**

Comment:

**14. Please list some objects/activities that the student enjoys (e.g. Thomas, deep pressure, videos of...)**

**15. Anticipated PPT Date:** \_\_\_\_\_ (Please note: The PPT date needs to allow for the 30 days from the trials visit for the report to be finalized.)

**16. If the team would like the evaluator(s) to provide follow-up training based on the recommendations of this assessment, please indicate below. Please note there is an additional fee for training.**

- Follow-up training is requested
- Follow-up training is not requested
- Uncertain at this time whether follow-up training will be requested

**Please make sure all steps are completed prior to sending:**

- District's signed permission to assess (ED627 or equivalent). Please note, this is **NOT** the same as the Release of Information form.
- Copy of the most recent IEP or 504 plan
- Copies of **all** relevant evaluations (speech-language, neuropsychological, behavioral, PT, and OT)
- Student Information/Checklist
- AAC Information Grid
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## Parent/Guardian Release Page

This form is part of your student’s AAC Referral Packet. Please initial one choice for each section.

<b>1. Authorization for Release of Information</b> (Please Note: This authorization is NOT a permission to assess):	
	I hereby authorize EASTCONN’s Assistive Technology Team to obtain and/or disclose information/records relevant to this Assistive Technology Assessment.
	I do not authorize EASTCONN’s Assistive Technology Team to obtain and/or disclose information/records relevant to this Assistive Technology Assessment.

<b>2. Insurance Funding</b>	
If my student is found to benefit from an AAC device and insurance funding is an option, I am:	
	interested in using family insurance. In this case, the device belongs to the student and the family. If the student should move, the device belongs to the student and may therefore “move” with the student.
	not interested in using family insurance. In this case, the device will be owned by the school district. Should the student move out of the district, ownership of the device remains with the district.

<b>3. Photo/Video Release</b>	
	-Photos and videos taken, stored securely, and kept private for report writing purposes -Photos and videos shared with the students educational team securely -Pictures used for marketing purposes
	-Photos and videos taken, stored securely, and kept private for report writing purposes -Photos and videos shared with the students educational team securely
	-Photos and videos taken, stored securely, and kept private for report writing purposes
	-No video or photographs taken

<b>4. Authorization to hold virtual meetings with my student’s educational team</b>	
	I grant permission for EASTCONN to have a discussion with my student’s educational team pre- and post-assessment using a virtual platform.
	I do not grant permission for EASTCONN to have a discussion with my student’s educational team pre- and post- assessment using a virtual platform.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date