

Date Completed: \_\_\_\_\_

## Speech & Language Augmentative Alternative Communication Intake

### Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Reason for Referral

I am requesting the following:

A speech and language evaluation to assess how the patient speaks and understands language compared to other people his/her age

An Augmentative Alternative Communication evaluation to see if pictures or technology might improve the patient's ability to communicate at home and in school/community

What is it you would like for us to look at? What would you like to get out of the evaluation(s)?

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Has the patient ever participated in the Augmentative Alternative Communication evaluation?      Yes      No  
(If yes, please include last evaluation.)

Has the patient participated in outpatient speech therapy in the past?      Yes      No

If yes, were they discharged from therapy?      Yes      No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### Communication and Language Skills

Is the patient able to read?      Yes      No

If yes,      Letters      Words      Sentences      Paragraphs

Is the patient able to write?      Yes      No

If yes,      Letters      Words      Sentences      Paragraphs

Is the patient able to type?      Yes      No

If yes,      Letters      Words      Sentences      Paragraphs

Please respond to all that apply and provide examples where applicable.

How does the patient communicate?	Examples
Gesture (pointing, pulling, etc.)	
Looks toward item	
Uses facial expressions	
Sounds/Word attempts	
Words	
Reaches for objects	
Uses pictures or photos	
Sign language	
Technology with voice	
Writing/Typing	

Does the patient express yes and no?      Yes      No

If yes, explain how: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the patient able to clarify a message if not understood?      Yes      No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the patient communicate differently in school/home/community settings?      Yes      No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Receptive Language (Understanding language):**

Does the patient point to things or pictures when asked?      Yes      No

Does the patient follow directions?      Yes      No

Does the patient follow:      One-step directions      Two-step      Multi-step directions

Does the patient understand conversation?      Yes      No

Does the patient identify an object out of a group of objects (such as "give me the...")?      Yes      No

Please give examples of other ways the patient shows they understand: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to patient:** \_\_\_\_\_