

Speech and Language/Augmentative Alternative Communication Intake

Date Completed: ____/____/____

Patient Information

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ Sex: Male Female Nickname: _____

Primary Language: _____ Secondary Language: _____

Reason for Referral

Note: Many standardized tests cannot be repeated within one year's time. Please bring or send a copy of any speech evaluations done within the last year.

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

Has the patient ever participated in an 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

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 his/her message if not understood? Yes No

Please describe. _____

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

Please describe. _____

Receptive Language (Understanding language):

Does the patient:

- Point to things or pictures when asked? Yes No
- Follow directions? Yes No
 - One step directions? Two step directions? Multi-step directions?
- Understand conversation? Yes No
- 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 he/she understands.

