Mass General Brigham
Spaulding Rehabilitation

Date Completed: _____/_____/_____
Patient Name: _____
Date of Birth: _____/_____/_____

Speech and Language –Augmentative Alternative Communication Intake

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 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 ☐
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 patient communicate differently in school/home/community settings? Yes ☐ No ☐
If yes, please describe: _____
_____
_____

Receptive Language (Understanding language):
Does your child point to things or pictures when asked? Yes ☐ No ☐
Does your child follow directions? Yes ☐ No ☐
Does your child follow

One step directions ☐   Two step directions ☐   Multi-step directions ☐

Yes ☐ No ☐

Does your child understand conversation? Yes ☐ No ☐

Does your child identify an object out of a group of objects (such as "give me the…")? Yes ☐ No ☐
Please give examples of other ways your child shows they understand:

_____
_____
_____

Parent/Guardian Signature _____   Date:_____
Relationship to patient: _____