Tate Speech, Language & Literacy

Assessment Intake Questionnaire

Please complete and submit this form prior to your scheduled assessment. You can email your completed form to the Speech, Language and Literacy Center at Tate Behavioral via **nehall@positiveregard.com** or fax it to 413-517-0379.

Assessment Type & Scheduling

Type of Assessment:
- ☐ Augmentative and alternative communication (AAC) - focuses on communicating
- ☐ Assistive technology (AT) - focuses on accessing school work, activities, etc.
- ☐ Combined AAC + AT
- ☐ Something else:

Date of Referral: _____

Assessment Due Date: _____ Meeting Date (if known): _____

Learner's Demographic & School Information

Learner's Name: _____

Learner's Date of Birth: _____ Learner's Age: _____

Learner's Address: _____

Learner's Primary Medical Diagnosis: _____

Learner's Communication Diagnosis (if applicable): _____

Primary Point of Contact: ☐ Family / Caregiver ☐ School Contact

Parent(s) / Caregiver(s) Name: _____

Parent(s) / Caregiver(s) Phone Number: _____

Parent(s) / Caregiver(s) Email *: _____

* generally required for insurance coverage

Learner's School and Address: _____

Learner's School Contact Name: _____ Phone #: _____

Learner's School Contact Email: _____

Current services and service times**: _____

** Please include services like Speech, OT, PT, AAC, AT, Vision, Special Ed, etc., the provider names, service type, and service time if available (like Speech, Nerissa Hall, 1x60 min/month consult, 1x30 min/week direct). If no services, please write NONE.

Reason for Referral & Current Strategies Being Tried

Reason for Referral:

Specific Areas of Concern:

How much do your concerns impact the learner's relationships with people?

☐ **1** = not at all ☐ **2** = not that much ☐ **3** = a little bit ☐ **4** = a lot ☐ **5** = it is a really big deal

If you marked a 3, 4, or 5 for the impact on relationships, please explain your rating to help us understand more:

How much do your concerns impact the learner's time at school? *

☐ **1** = not at all ☐ **2** = not that much ☐ **3** = a little bit ☐ **4** = a lot ☐ **5** = it is a really big deal

If you marked a 3, 4, or 5 for the impact at school, please explain your rating to help us understand more:

How much do your concerns impact the learner's overall quality of life? *

☐ **1** = not at all ☐ **2** = not that much ☐ **3** = a little bit ☐ **4** = a lot ☐ **5** = it is a really big deal

If you marked a 3, 4, or 5 for the impact on quality of life, please explain your rating to help us understand more:

Current Strategies and Tools Being Used (AAC/AT):

Current Reading, ELA & Math General Education Curricula:

Current Reading, ELA & Math Special Education Curricula (if different):

Specific Tasks the Team Wants to be Achieved Through AAC/AT:

More About The Learner

Please help us get to know a little more about the learner, what they like, what they don't, and anything else that is important for us to know in order to provide a meaningful assessment.

What do they love to do, engage or play with?

Who are important people to them?

What is their general affect like?

Does the learner demonstrate any problematic or maladaptive behaviors? If so, any idea why?

If different, what are some things that the learner really doesn't like?

If we could come to the assessment with something that would interest the learner, what would it be?

AAC: If we came with words, phrases, and other things for the learner to say or talk about, what would they be?

AT: If we came with tools/strategies that made things easier/more engaging for the learner, what would they be?

Current Performance

Attention & Behavior (behavior/emotional regulation):

Executive Functioning (social emotional development & engagement):

Reading (including current reading level if known):

Writing:

Math:

Computer Use (i.e., Chromebook, iPad, or Laptop):

Fine Motor Skills:

Gross Motor Skills:

Seating, Positioning, and Mobility:

Vision:

Hearing:

Communication (Language Level, estimate if not known):

Current Communication Modes:

- ☐ Signs/American Sign Language (ASL)
- ☐ Gestures
- ☐ Facial Expressions
- ☐ Spoken Output
- ☐ Picture Exchange (PECS)
- ☐ No-tech / Lite-tech (paper-based) AAC
- ☐ Mid-tech AAC (like switches or voice recorded devices)
- ☐ High-tech (synthesized voice output) AAC
- ☐ Other:

Anything else that is important for us to know about the learner?

Required Documents

Please check which of the following documents you will upload, email, or fax prior to the assessment. We need these documents in order to write up a complete and thorough assessment, and thank you in advance for your help.

Documents:

- ☐ IEP
- ☐ Handwriting Samples (AT assessments only)
- ☐ Work Samples (AT assessments only)
- ☐ Relevant Recent Testing (Neuropsychology, Speech and Language, etc.)
- ☐ Parent/Caregiver Intake Form
- ☐ Other:

Tate Speech, Language & Literacy

Caregiver Assessment Intake Questionnaire

Please complete this form prior to the Assessment. This information helps us understand your learner's needs from your perspective. You can email your completed form to the Speech, Language and Literacy Center at Tate Behavioral via **nehall@positiveregard.com** or fax it to 413-517-0379.

You can also email Nerissa at nehall@positiveregard.com if you would like to be in contact with the assessing clinician regarding this assessment.

Learner's Demographic & School Information

Learner's Name: _____

Learner's Date of Birth: _____ Learner's Age: _____

Learner's Address: _____

Learner's Primary Medical Diagnosis: _____

Learner's Communication Diagnosis (if applicable): _____

Parent(s) / Caregiver(s) Name: _____

Parent(s) / Caregiver(s) Phone Number: _____

Parent(s) / Caregiver(s) Email *: _____

* generally required for insurance coverage

Learner's School and Address: _____

Current services and service times provided outside of school:**: _____

** Please list any outside services that have been set up for your learner (like outside speech, OT, counseling, etc.). If no services, please write NONE.

Reason for Referral & Current Strategies Being Tried

Reason for Referral:

Specific areas of concern (general and/or specifically at home and/or in the community):

How much do your concerns impact your learner's relationships with people?

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If you marked a 3, 4, or 5 for the impact on relationships, please explain your rating to help us understand more:

How much do your concerns impact your learner's time at school? *

☐ **1** = not at all ☐ **2** = not that much ☐ **3** = a little bit ☐ **4** = a lot ☐ **5** = it is a really big deal

If you marked a 3, 4, or 5 for the impact at school, please explain your rating to help us understand more:

How much do your concerns impact the learner's overall quality of life? *

☐ **1** = not at all ☐ **2** = not that much ☐ **3** = a little bit ☐ **4** = a lot ☐ **5** = it is a really big deal

If you marked a 3, 4, or 5 for the impact on quality of life, please explain your rating to help us understand more:

Current strategies / tools being used at home or in the community (AAC/AT):

Anything else we should know?

Specific tasks you want to be achieved through AAC/AT:

More About Your Learner

Please help us get to know a little more about your learner, what they like, what they don't, and anything else that is important for us to know in order to provide a meaningful assessment.

What do they love to do, engage or play with?

Who are important people to them?

What is their general affect like?

Does the learner demonstrate any problematic or maladaptive behaviors? If so, any idea why?

If different, what are some things that the learner really doesn't like?

If we could come to the assessment with something that would interest the learner, what would it be?

AAC: If we came with words, phrases, and other things for the learner to say or talk about, what would they be?

AT: If we came with tools/strategies that made things easier/more engaging for the learner, what would they be?

Anything we have forgotten or you would like us to know?