



Hawthorne Building
410 Hill Avenue
Grand Junction, CO 81501



State Wide Augmentative, Assistive, Alternative, Communication Team

**2013 – 2014
Oral Language Communication
Assistive Technology Referral**

Date: _____ Date Received by SWAAAC: _____

Student Name: _____ Student ID: _____

Date of Birth: _____ Age: _____ Grade: _____ Medicaid: YES ___ NO ___

Diagnosis/Disability: _____

Parent/Guardian: _____ Phone: _____

Home Address: _____

School: _____ Contact Person: _____

School Address: _____

School Phone: _____ Program Placement: _____

What do you hope to gain from this referral/assessment? _____

How does the student currently communicate wants and needs at school, at home and in the community? _____

Describe student's current communication abilities:

_____ functional speech? Please give examples: _____

_____ understands cause and effect?

_____ chooses between two objects?

_____ chooses between multiple objects?

_____ has beginning categorization skills?

_____ uses switch(s) to indicate choices or participate?

_____ with assistance?

_____ independently?

_____ uses PECS? If so, working at phase _____?

_____ photos have meaning?

_____ picture symbols have meaning?

_____ uses picture schedule?

_____ uses sign language? Estimated number of conventional signs known _____.

_____ uses dynamic device? (ie. Go Talk, AltChat, etc.)

_____ one button activation?

_____ combines buttons to create message?

Additional Communication information: _____

Does the student receive private speech-language therapy? Yes/No

Current release signed? Yes/No

Has the private therapist been notified of this referral? Yes/No

Therapist/Facility: _____

Summarize Relevant Current Status:

Vision, Hearing, Overall Health Status, Medications

Fine/Gross Motor:

Cognitive/Educational:

Social/Emotional:

Additional Information:

What are the interests of this student?

What types of toys/hobbies does this student enjoy?

What motivates this student?

What type of computer/computer software has this student used? _____

Are there any other concerns or information you would like to add? _____

Whom may we contact in regards to this student? Please include their phone numbers.

Name of person(s) completing this form

Please notify staffing team of request. Staffing Team notified? YES _____ NO _____

Send completed form to: Curt Fischer, SWAAAC Coordinator, Hawthorne Bldg., 410 Hill Ave., Grand Junction, CO 81501 (970) 254-5432