



AAC Referral Checklist

Date: _____
Name: _____
School: _____
Primary Eligibility: _____
Case Manager: _____
Medical Diagnosis: _____

Birthdate: _____
Grade: _____
Secondary Eligibility: _____
Completed by: _____
SLP: _____

Please complete ALL sections of this checklist. Thank you!

Attach the following documents:

- Copy of the student's current IEP or 504 plan
- Copy of the most current Psychological and Educational Evaluations (e.g. Speech-Language report, WJIII)

List most recent standardized speech/language testing:

Receptive Language Test _____ SS _____ Age Equivalent _____

Expressive Language Test _____ SS _____ Age Equivalent _____

1. Student's present means of communication (*Check all that are used*):

- Changes in breathing patterns
- Body position changes
- Eye gaze/eye movement
- Facial expression
- Vocalizations
- Gestures
- Reaching/Pointing
- Single words (word approximations): # words _____ Examples: _____
- Word combinations
- Functional speech
- Sign language (or approximations): # signs _____ Examples: _____
- Real objects: # _____ Examples: _____
- Line drawings: Size _____ # _____ Examples: _____
- Photographs: Size _____ # _____ Examples: _____
- Written text
- Voice output device

2. What is your student's reading level?

- No reading ability
- Pre-primer reading ability
- Reading at _____ level in _____ program/curriculum



3. Student's communication interaction skills:

Does the student do the following either verbally or through behavior?

	Shakes head	Signs	Gestures	Eye gazes	Points to board	Verbal	Inconsistent response
Interacts with peers							
Initiates interaction							
Asks questions							
Requests							
Comments							
Protests							
Solicits attention							
Asks questions							
Greets							
Responds to questions							
Indicates yes/no							

4. Who understands the student's communication attempts? (*Check the best descriptor*)

	Always	Sometimes	Never
Strangers			
Teachers/Therapist			
Peers			
Siblings			
Parent/Guardian			

Motivation to communicate: Strong Medium Weak



5. Receptive Language (*Check all that apply*):

- Anticipates events from words or cues in the environment
- Responds consistently to key words
- Responds to photo prompts/schedules
- Responds to line drawing prompts/schedules
- Responds to written prompts/schedules
- Answers yes/no questions
- Demonstrates turn-taking
- Follows familiar one-step directions
- Follows multi-step directions
- Follows unfamiliar directions

6. Please answer the following questions as thoroughly as possible.

A. What do you hope to gain from this referral?

B. List specific tasks you hope assistive technology will help your student accomplish:

C. In a short narrative, please describe your student's communication disabilities/abilities during specific situations or tasks throughout the school day: