

Phone: (707) 829-9526 Fax: (707) 524-2754
Please scan & email referral to atc@sonomaselpa.org

EARLY START- AAC ASSESSMENT REFERRAL

ASSESSMENT: The purpose of this assessment/evaluation is to determine if the child will benefit from the use of Assistive Technology for the purposes of communication. The IFSP service coordinator assumes the responsibility for obtaining parental consent for this assessment, and scheduling an IFSP meeting to share recommendations.

All signed assessment plans must be received by the ATC in a timely manner and notice of IFSP team meeting must include an AAC specialist.

- Attach Permission to Assess
- Attach consent to Exchange Information
- Attach IFSP and most current (OT, PT, SLP, VI, DHH) reports if applicable.

NBRC/SELPA Service Coordinator: _____

Signature

Date signed

Phone Number

Date:

Child's Name:		Age:
District of Residence:	Parent(s):	Address:
DOB:		Program: - Circle one NBRC SELPA
Low Incidence Eligibility - Circle one: VI DHH Severe OI		
List Current Services: 1. 2. 3. 4. 5. 6.		

Diagnosis:

Areas of Strength:

Areas of Concern:

Please check and list any areas of particular interest your child may have?

People:

Objects:

Movies/TV Characters:

Places:

Pets:

Music:

Other:

