



**Sonoma SELPA**  
**Non-LI AAC Assessment Referral**  
 Adaptive Technology Center  
 (707) 524-2750  
 Email: [atc@sonomaselpa.org](mailto:atc@sonomaselpa.org)

## AUGMENTATIVE ALTERNATIVE COMMUNICATION (AAC) ASSESSMENT REFERRAL

The following items must be included with this referral:

- |   |  |
|---|--|
| <input type="checkbox"/> Completed AAC Assessment Referral        | <input type="checkbox"/> Release of Information (ROI)  |
| <input type="checkbox"/> Signed Assessment Plan                   | <input type="checkbox"/> Copy of Student's Current IEP |
| <input type="checkbox"/> Most recent Speech & Language Evaluation |  |

### REFERRING LEA INFORMATION

District of Residence: \_\_\_\_\_ School: \_\_\_\_\_

Program:  District  SCOE  NPS

Team Coordinator: \_\_\_\_\_

<b>Name of Person Making the Referral</b>	<b>Phone Number</b>	<b>Email</b>
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Special Education Administrator's Name: \_\_\_\_\_

<b>Signature of</b>	<b>Date Signed</b>	<b>Phone Number</b>
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IEP Team Information:

Participant	Name	Email	Phone Number
Parent			
Parent			
Speech Therapist			
Occupational Therapy			
Physical Therapist			
Other:			

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ SSID # : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Primary Language: \_\_\_\_\_ . What language does the family speak? \_\_\_\_\_

Does the family need an interpreter? Yes No

Student's Eligibility for Special Education (Check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Autism                  | <input type="checkbox"/> Speech-Language Impairment   | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury  |



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Student's strengths, preferences, and interests:

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**COMMUNICATION SKILLS**

Student presently communicates using (*check all that apply*):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Complete words      | <input type="checkbox"/> Incomplete words | <input type="checkbox"/> Vocalizations       | <input type="checkbox"/> Echolalia     |
| <input type="checkbox"/> Eye gaze            | <input type="checkbox"/> Gestures         | <input type="checkbox"/> Facial expressions  | <input type="checkbox"/> Sign language |
| <input type="checkbox"/> Picture symbols     | <input type="checkbox"/> Scripts          | <input type="checkbox"/> Spelling/word board | <input type="checkbox"/> Speech        |
| <input type="checkbox"/> Voice Output device | <input type="checkbox"/> Other:           |  |  |

What does the student communicate for and about? (*Check all that apply*):

- To express wants and needs
- Protest
- Social Interaction
- To share information
- Ask Questions
- To gain attention

**Does this student already use communication tools (e.g., Ipad, core board, icons, switches)?**

Yes No

(If yes, please list): \_\_\_\_\_

How successful is the student when using communication tools?

- Almost Always Successful
- Occasionally Successful
- Uncertain

**SENSORY-MOTOR-LINGUISTIC-SOCIAL**

<p><b>Vision:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Within functional limits</li> <li><input type="checkbox"/> Wears glasses or corrective lenses</li> </ul>	<p><b>Hearing:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Within functional limits</li> <li><input type="checkbox"/> Has known hearing loss</li> </ul>	<p><b>Tactile:</b></p> <ul style="list-style-type: none"> <li>● Within functional limits</li> <li>● Avoids tactile input</li> <li>● Seeks out tactile input</li> <li>● What tends to overwhelm student? (temperature, touch, noise): _____</li> </ul>
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<b>Mobility</b> <ul style="list-style-type: none"> <li>● Walks Independently</li> <li>● Sits Independently in a regular chair</li> </ul>	<b>Fine Motor</b> <ul style="list-style-type: none"> <li>● Hold/release objects with control</li> <li>● Motor Planning Issues</li> <li>● Fatigue/low endurance</li> <li>● Impulsivity</li> </ul>
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<b>Processes &amp; Responds to Information:</b> <ul style="list-style-type: none"> <li>● w/o modification</li> <li>● w/additional thinking time</li> <li>● w/repeated practice</li> </ul>	<b>Attention to Task</b> <ul style="list-style-type: none"> <li>● Attends for Appropriate Time           <ul style="list-style-type: none"> <li>● 1:1</li> <li>● Small Group</li> <li>● Whole Class</li> </ul> </li> </ul>	<b>Does the student</b> <ul style="list-style-type: none"> <li>● Attend to stories</li> <li>● Identify letters</li> <li>● Classify objects into categories</li> </ul>
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<b>Motivation to Use Communication</b> <ul style="list-style-type: none"> <li>● Requires Extrinsic reinforcement</li> <li>● Perceives social rewards or benefits of communication</li> <li>● Is intrinsically motivated to initiate communication</li> </ul>	<b>Communication Partners</b> <ul style="list-style-type: none"> <li>● Primary communication partner(s) at School: _____</li> <li>● Primary communication partner at home: _____</li> </ul>
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**REFERRAL QUESTIONS**

1. What outcome(s) do you want from this referral?
  
2. Are there any specific communication tools you would like us to consider through this evaluation?
  
3. Any additional information you would like to share?

The referring LEA is responsible for obtaining parent consent for this assessment, obtaining the consent to release information (ROI), and scheduling an IEP meeting.