

ASSISTIVE TECHNOLOGY – COMPUTER ACCESS ASSESSMENT REFERRAL FORM

Patient's Name: _____

Date of Birth: _____ Date of Referral: _____

Parents/Guardians: _____

Primary language spoken at home: _____

Doctor: _____

SLP (Name): _____ Phone: () _____

OT (Name): _____ Phone: () _____

PT (Name): _____ Phone: () _____

School or Program: _____

Referral Source: Name: _____ Phone: () _____

Relationship to client: _____

.....
Diagnosis (if applicable): _____

Primary Reasons for Referral: _____

What would you like the child to be able to do with a computer? (e.g. communicate, school work, play games)

What types of computer or electronics are currently used at:

Home? (e.g. tablets, video games, phones) _____

School? (e.g. for school work/communication) _____

Describe how child uses a computer (access method, software used, applications e.g. gaming, word processing, academics): _____

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Will the type of computer used change in the future?

Yes

No

To what? _____

For children with significant motor impairment, please describe the following:

Best seating positions, most reliable movement patterns, visual skills and other related information.

Speech/Language

Child is... (check all that apply)

- Not talking or gesturing
- Using gestures and actions to communicate (nodding, clapping, pointing)
- Using some spoken words to communicate
- Using many spoken words to communicate

Child's wants/needs are understood by close caregivers... (check one)

- Always
- Usually
- Sometimes
- Rarely
- Never

The child's wants/needs are understood by others... (check one)

- Always
- Usually
- Sometimes
- Rarely
- Never

Describe how you interact or communicate best with the child

Describe any previous experience or exposure this child has had with AAC

What are the biggest challenges with communication for the child? _____

Please ensure that the child's caregivers are aware of this referral
If this child has any specialist seating, please ensure to bring this for the assessment.

Please task completed form in Accuro to **Assistive Technology**

OR fax to **(204) 474-2387**