



Connecting to Care

Assistive Technology (AT)

Intake Packet

3330 Churn Creek Road, Suite D5, Redding, CA 96002
Phone: (530) 722-1156 Fax: (530) 722-1154

Checklist

Client/Student: _____

Date: _____

Phone #: _____

Person completing this packet: _____

Phone# _____

Please attach the following documents:

Initial Assessment

- Intake Packet Checklist (this page)
- Signed Authorization for Use or Release of Information for Assistive Technology Consultations and Funding (page 3)
- Contact Information (page 4)
- Client/Student Information (pages 5-9)
- Current IPP/IEP, including goals and objectives
- Current evaluations from all related service providers (i.e., SLP, OT, PT, AT Services)
- Current psychological evaluation
- Current hearing and vision exam

Additional information needed to process equipment acquisition

- Copies of front and back of all insurance cards
- MARS or List of Current Medication
- Make and model of wheel chair

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Authorization for Use or Release of Information For Assistive Technology Consultations and Funding

I understand that Connecting to Care (CtoC) will have access to my personal and medical information. CtoC may share this information with other parties for purposes of assessing my assistive technology needs and pursuing funding through vendor funding departments, insurance agencies, and other related parties. CtoC is providing assistive technology services as a vendor.

I am hereby authorizing CtoC, contractors thereof, parents/guardians/conservators as well as other professional personnel, to release to CtoC staff and contractors, any medical information about me, including my medical history, diagnostic test results and encounter notes, needed to provide meaningful input on a treatment plan for me.

I also understand that CtoC may use my personal information, medical records and consultation reports released under this authorization, to arrange conduct and bill for assistive technology services, and for health care operation purposes, such as quality assurance. In addition, CtoC may release the records and reports whenever it is required to do so, under federal, state or local laws.

I understand that I may revoke this authorization at any time by notifying CtoC in writing. A revocation will not have any effect on any actions that my medical provider, the assistive technology specialists, or CtoC, have taken before they received the revocation. Address the revocation and mail to, Connecting to Care, 3330 Churn Creek Road, Suite D5, Redding CA 96002.

Print Client/Minor Name: _____

Signature of Client/Minor: _____ Date: _____

(or Legal Representative)

Print Parent/Legal Representative's Name: _____

Parent/Legal Representative's Relationship: _____

Witness: _____ Date: _____

Contact Information

Client/Student: _____ Phone #: _____

Address: _____ email: _____

Diagnosis (es) _____ DOB: _____ M/F _____

Caregiver Parent Conservator Other _____

Name: _____ Phone #: _____

Address: _____ email: _____

Caregiver Parent Conservator Other _____

Name: _____ Phone #: _____

Address: _____ email: _____

FNRC Service Coordinator Name: _____

Primary Care Provider Name & Title: _____

Phone #: _____

Day Program School Work Other _____

Program/School/Work Name: _____

Contact Name: _____

Phone #: _____ email: _____

Referred by Name & Title: _____

Phone #: _____ email: _____

Client/Student Information

Does the client/student receive any of the following?

Related Services:

<input type="checkbox"/> Speech Language	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Vision Services	<input type="checkbox"/> Counseling
<input type="checkbox"/> Orientation/Mobility	<input type="checkbox"/> Behavior Support
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Physical Therapy	

Medical Considerations: (Check all that apply)

Seizures: Type: _____ #/day: _____ Length of seizure(s): _____

Has degenerative medical condition Has frequent pain Where: _____

Has multiple health problems Has frequent upper respiratory infections

Has frequent ear infections Fatigues easily

Other: Describe briefly: _____

Currently taking medication, if so:
List and describe reason: _____

Vision functioning: _____

Hearing functioning: _____

Client/Student Information

Communication:

Client/student's present means of communication: (Check all that apply)

- Eye-gaze/eye movement
- Gestures
- Sign Language approximations
- # of combinations: _____
- Vocalizations, list examples: _____
- Vowels, vowel combinations, list: _____
- Single words, list examples & approximate #: _____
- 2 word/3 word utterances
- Speech intelligibility: _____ %
- Communication board: tangibles, pictures, combination pictures/words, words
- PECS TEACCH Schedule
- Voice output AC device (Name of device): _____
- Access method: _____ (i.e., keyboard, mouse, switch)
- Writing
- Other: _____

Receptive Age approximation: _____

Expressive Age approximation: _____

IPP/IEP Information:

- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Have speech or communication needs been identified in the IPP/IEP?
- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|
- Are there speech/language/communication goals and objectives in the IPP/IEP?
- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|
- Do the goals and objectives identify the conditions under which the client/student will communicate, the specific communicative behavior(s) the client/student must demonstrate, how client/student performance is measured, and the pass criteria used to determine whether the client/student has met the communication goals/objectives?

Client/Student Information

AAC Systems

Please list any equipment/software currently used for (1) communication, (2) academics/work, (3) environmental control, and/or (4) independent living: _____

Assistive Technology Currently Used: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Manual Communication Board
<input type="checkbox"/> Computer <input type="checkbox"/> PC <input type="checkbox"/> Mac
<input type="checkbox"/> Smart Phone <input type="checkbox"/> Android <input type="checkbox"/> iOS <input type="checkbox"/> Win
<input type="checkbox"/> Tablet <input type="checkbox"/> Android <input type="checkbox"/> iOS <input type="checkbox"/> Win
<input type="checkbox"/> Computer with Screen Enlargement
<input type="checkbox"/> Low Tech Vision Aids
<input type="checkbox"/> Computer with Voice Output
<input type="checkbox"/> Computer with Word Prediction
<input type="checkbox"/> Augmentative Communication Device | <input type="checkbox"/> Amplification Systems
<input type="checkbox"/> Computer with Braille Output
<input type="checkbox"/> Environmental Control Unit
<input type="checkbox"/> Manual Wheelchair
<input type="checkbox"/> Power Wheelchair
<input type="checkbox"/> Writing Aids
<input type="checkbox"/> Other: _____

_____ |
|---|---|

Please describe the augmentative communication/assistive technology that has been previously tried, the length of time of each trial, and the outcome (how did it work, or why do you think it did not work?).

Assistive Technology / Augmentative Communication	Length of Trial	Outcome

Mobility/Positioning/Seating: _____

Motoric Functioning: _____

Long-range expectations: _____

Client/Student Information

Writing

Mechanics of Writing

- Regular pencil/pen
- Pencil/pen with adaptive grip
- Adapted paper (e.g. raised line, highlighted lines)
- Slantboard
- Use of prewritten words/phrases
- Templates
- Portable word processor to keyboard instead of write
- Computer with word processing software
- Portable scanner with word processing software
- Voice recognition software to word process
- Other:

Computer Access

- Keyboard w/ accessibility options
- Word prediction, abbreviation/expansion to reduce keystrokes
- Keyguard
- Arm support (e.g. Ergo Rest)
- Track ball/track pad/ joystick w/ on-screen keyboard
- Alternate keyboard (e.g. IntelliKeys, Discover Board, TASH)
- Mouth stick/Head Master/Tracker w/ on-screen keyboard
- Switch with Morse code
- Switch with scanning
- Voice recognition software
- Other:

Composing Written Material

- Word cards/word book/word wall
- Pocket dictionary/thesaurus
- Writing templates
- Electronic/talking electronic dictionary/thesaurus/spell checker (e.g. Franklin Speaking Homework Wiz)
- Word processing w/ spell checker/grammar checker
- Talking word processing
- Abbreviation/expansion
- Word processing w/ writing support
- Multimedia software
- Voice recognition software
- Other:

Communication

- Communication board/book w/pictures/objects/letters/words
- Eye gaze board/frame
- Simple voice output device (e.g. BIGmack, Cheap Talk, Voice in a Box, MicroVoice, Talk. Picture Frame)
- Voice output device w/ levels (e.g. 6 Level Voice in a Box, Macaw, Digivox)
- Voice output device w/ icon sequencing (e.g. AlphaTalker II, Vanguard, Chatbox)
- Voice output device w/ dynamic display (e.g. Dynavox, Speaking Dynamically w/ laptop computer/Freestyle)
- Device w/ speech synthesis for typing (e.g. Cannon Communicator, Link, Write:Out Loud w/ laptop)
- Other:

Reading, Studying, and Math

Reading

- Standard text
- Predictable books
- Changes in text size, spacing, color, background color
- Book adapted for page turning (e.g. page fluffers, 3-ring binder)
- Use of pictures/symbols with text (e.g. Picture It, Writing with Symbols 2000)
- Talking electronic device/software to pronounce challenging words (e.g. Franklin Speaking Homework Wiz, American Heritage Dictionary)
- Single word scanners (e.g. Seiko Reading Pen)
- Scanner w/ OCR and talking word processor
- Electronic books
- Other:

Learning/Studying

- Print or picture schedule
- Low tech aids to find materials (e.g. index tabs, color coded folders)
- Highlight text (e.g. markers, highlight tape, ruler, etc.)
- Recorded material (books on tape, taped lectures with number coded index, etc.)
- Voice output reminders for assignments, steps of task, etc.
- Electronic organizers
- Pagers/electronic reminders
- Single word scanners
- Hand-held scanners
- Software for concept development/manipulation of objects (e.g. Blocks in Motion, Toy Store) - may use alternate input device, e.g. switch, touch window
- Software for organization of ideas and studying (e.g. Inspiration, Claris Works Outline, PowerPoint)
- Palm computers
- Other:

Math

- Abacus/ Math Line
- Enlarged math worksheets
- Low tech alternatives for answering
- Math "Smart Chart"
- Money calculator and Coinulator
- Tactile/voice output measuring devices
- Talking watches/clocks
- Calculator /calculator with print out
- Calculator with large keys and/or large display
- Talking calculator
- Calculator with special features (e.g. fraction translation)
- On-screen/scanning calculator
- Alternative keyboard (e.g. IntelliKeys)
- Software with cueing for math computation (may use adapted input methods)
- Software for manipulation of objects
- Voice recognition software
- Other:

