



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 Name: \_\_\_\_\_

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 Information (pages 5-9)
- Current IPP, 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 Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Diagnosis (es) \_\_\_\_\_ DOB: \_\_\_\_\_ M/F \_\_\_\_\_

**Caregiver**       **Parent**       **Conservator**       **Other**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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 Information

**Does the client 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: \_\_\_\_\_

**Additional Relevant Information/Comments:**

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## Client Information

### Communication:

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

- |   |  |
|---|--|
| <input type="checkbox"/> Eye-gaze/eye movement        | <input type="checkbox"/> Facial expressions              |
| <input type="checkbox"/> Gestures                     | <input type="checkbox"/> Pointing                        |
| <input type="checkbox"/> Sign Language approximations | <input type="checkbox"/> Sign Language # of signs: _____ |
- # of combinations: \_\_\_\_\_ # of signs in a combination: \_\_\_\_\_
- 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 Information:

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

## Client 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<br><input type="checkbox"/> Computer <input type="checkbox"/> Chromebook <input type="checkbox"/> Win <input type="checkbox"/> Mac<br><input type="checkbox"/> Smart Phone <input type="checkbox"/> Android <input type="checkbox"/> Apple<br><input type="checkbox"/> Tablet <input type="checkbox"/> Galaxy <input type="checkbox"/> iPad <input type="checkbox"/> Surface Pro<br><input type="checkbox"/> Computer with Screen Enlargement<br><input type="checkbox"/> Low Tech Vision Aids<br><input type="checkbox"/> Computer with Voice Output<br><input type="checkbox"/> Computer with Word Prediction<br><input type="checkbox"/> Augmentative Communication Device | <input type="checkbox"/> Amplification Systems<br><input type="checkbox"/> Computer with Braille Output<br><input type="checkbox"/> DLA-Daily Living Aid<br><input type="checkbox"/> Manual Wheelchair<br><input type="checkbox"/> Power Wheelchair<br><input type="checkbox"/> Writing Aids<br><input type="checkbox"/> Other: _____<br>_____<br>_____ |
|---|---|

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 Information

### Writing

#### Mechanics of Writing

- Regular pencil/pen
- Pencil/pen with adaptive grip
- Adapted paper (e.g., raised line, highlighted lines)
- Slant board
- Use of prewritten words/phrases
- Templates
- Word processor to keyboard instead of write
- Computer with word processing software
- 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
- Key guard
- Arm support (e.g., Ergo Rest)
- Track ball/track pad/ joystick w/ on-screen keyboard
- Alternate keyboard
- Mouth stick
- Head pointer
- Switch with scanning
- Voice recognition software

Other: \_\_\_\_\_

#### Composing Written Material

- Word cards/word book
- Pocket dictionary/thesaurus
- Writing templates
- Word processing w/ spell checker/grammar checker
- Talking word processing
- Voice recognition software

Other: \_\_\_\_\_

#### Communication

- Communication board/book w/pictures/objects/letters/words
- Eye gaze board/frame
- Voice output switch
- Voice output device w/ levels
- Voice output device w/ dynamic display

Other: \_\_\_\_\_

### Student Information

#### Recreation & Leisure

- Toys adapted with Velcro™, magnets, handles, etc.
- Toys adapted for single switch operation
- Adaptive sporting equipment (e.g., lighted or beeping ball)
- Adaptive cuff /strap to hold crayons, markers, etc.
- Modified utensils (e.g., rubber stamps, brushes, etc.)
- Ergo Rest or other arm support for drawing/painting
- Electronic aids to control TV, Blu-Ray, smart device, etc.
- Software to complete art activities
- Games on the computer

Other: \_\_\_\_\_

### Reading, Studying, and Math

#### Reading

- Standard text
- Changes in text size, spacing, color, background color
- Book adapted for page turning
- Use of pictures/symbols with text
- Pen word scanners
- 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 (electronic books)
- Video lectures
- Visual or audio reminders for assignments, steps of task, etc.
- Hand-held scanners
- Software for concept development/manipulation of objects (cause and effect)
- Software for organization of ideas and studying (Word, PowerPoint, Docs, Slides)

Other: \_\_\_\_\_

#### Math

- Enlarged math worksheets
- Low tech alternatives for answering
- 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)
- Alternative keyboard

Other: \_\_\_\_\_



### Daily Living Aids (DLA)

- Nonslip materials to hold things in place
- Universal cuff/strap to hold items in hand
- Color coded items for easier locating and identifying
- Adaptive eating utensils (e.g., foam handles, deep sides)
- Adaptive drinking devices (e.g., cup with cut out rim)
- Adaptive dressing equipment (e.g., button hook, elastic shoe laces, Velcro™ instead of buttons, etc.)
- Adaptive devices for hygiene (e.g., adapted toothbrushes, raised toilet seat, etc.)
- Adaptive bathing devices
- Adaptive equipment for cooking
  
- Other: \_\_\_\_\_

### Mobility

- Walker
- Grab bars and rails
- Manual wheelchair including sports chair
- Powered mobility toy (e.g., Cooper Car, GoBot)
- Powered scooter or cart
- Powered wheelchair w/ joystick or other control
- Adapted vehicle for driving
  
- Other: \_\_\_\_\_

### Control of the Environment

- Light switch extension
- Use of interface and switch to activate battery operated devices
- Use of interface and switch to turn on electrical appliances (e.g., radio, fan, blender, etc.)
- Radio/ultra sound to remotely control appliances
- Use of electronic aid to daily living to control environment in connection with an augmentative communication device
  
- Other: \_\_\_\_\_

### Positioning & Seating

- Non-slip surface on chair to prevent slipping
- Bolster, rolled towel, blocks for feet
- Adapted/alternate chair, sidelyer, stander
- Custom fitted wheelchair or insert
  
- Other: \_\_\_\_\_

### Vision

- Eye glasses
- Magnifier
- Large print books
- CCTV (closed circuit television)
- Screen magnification software
- Screen color contrast
- Screen reader
- Braille translation software
- Braille printer
- Enlarged or Braille/tactile labels for keyboard
- Alternate keyboard with enlarged keys
- Braille keyboard and note taker
  
- Other: \_\_\_\_\_

### Hearing

- Pen and paper
- Computer/portable word processor
- TDD for phone access with or without relay
- Signaling device (e.g., flashing light or vibrating pager)
- Closed Captioning
- Real Time captioning
- Computer aided note taking
- Screen flash for alert signals on computer
- Phone amplifier
- Personal amplification system/Hearing aid
- FM or Loop system
  
- Other: \_\_\_\_\_

### Comments:

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