

Communication Evaluation Request

Comprehensive Therapy Group Personalized Supports Empowering Independence

Individual's Name	Date of Referral
Date of Birth	Gender
Home Address	Telephone Number
City, State, Zip Code	House Contact (If other than individual named)

Current Living Situation

Community Living Arrangement Family Residence Other _____

Residential Agency	Contact Name/Title
Contact Phone Number	Contact Email Address
Supports Coordinator	Supports Coordinator Email

Supports Coordinator Phone Number	Supports Coordinator Agency

Vocational/Day Program Information

Work/Program Agency	Contact Name/Title
Address	Contact Phone Number
City, State, Zip Code	Contact Email
Days/hours attended	Job/Activities Performed

Reason for Referral:	
Person Making Referral	Relationship to Individual
Contact Phone Number	Contact Email Address

Additional Information

Check all that apply:		
New Referral	Updated Evaluation	Change in Behavior
Recent Change in Communication Status	Change in Level of Functioning	
Family or Advocate Request.		
Past history of communication device/system use. If yes, please list device(s):		
Currently using device or other communication system. Please indicate those used:		
Additional Information:		
Funding Source for Services:		
Waiver Funding (Consolidated, Community Living, P/FDS):		
Private Pay		

Communication Information

Medical/Speech Diagnosis	Adaptive Devices
Date of Last Hearing Test	Results

Date of Last Vision Test	Results
<p>Does the Individual (check ALL that apply):</p> <p>Have the ability to push a button:</p> <p>Manipulate an object:</p> <p>Talk on the phone:</p> <p>Use a tablet/computer:</p> <p>Use a keyboard:</p> <p>Speak in sentences:</p> <p>Understand complex instructions:</p> <p>Understand 1-step instructions:</p> <p>Move their head side to side:</p> <p>Track an object with their eyes:</p> <p>Have the ability to choose between 2 objects/pictures:</p> <p>Are they literate:</p>	
<p>Additional Information:</p>	

Communication Information				
How does the individual currently communicate? (check all that apply)				
Words	signs	gestures	pictures	sounds
Behavior	facial expressions	writes/types		

Other

What are the most important communication needs at home?

What are the most important communication needs at work/day program?

What has been attempted to increase effective communication in the past?

Does the individual exhibit any concerning behavior?

Does the individual have a behavior support plan?

What are the individual's preferred activities?

What are the individual's preferred foods?

What are items/objects that the individual prefers?

When completed, email to monica@comprehensivetherapy.org