

AAC Evaluation Referral Packet

Assistive Technology Services, Advancing Opportunities

**Please use this packet if requesting an
Augmentative Communication Evaluation.**

- ◆ **Submit forms as described in the Checklist**
(form entitled “1: AAC Evaluation Referral Packet: Checklist”)
- ◆ **Review responsibilities in the cover letter**

**Questions? Call Judy Nigl:
888-322-1918, x595.**



Cerebral Palsy of New Jersey

To the Child Study Team Case Manager:

An augmentative communication evaluation is a team process. That means we do not do this alone—we need to work with the IEP team. Here’s an outline of what we will need to begin.

Before the Evaluation

- Decide what you expect the student outcome to be for the evaluation**
 “What would you like to see the student do, that they cannot do now?”
- Identify related goals from the student’s IEP**

Step 1: Intake and Pre-Evaluation

Our Responsibilities	Your Responsibilities
Background information is gathered from IEP team members	<input type="checkbox"/> Send all information described in the Checklist (form 1)
Evaluation is scheduled. Outline of Eval: <ul style="list-style-type: none"> ◆ Team Meeting: 30 minute meeting with IEP team ◆ (if at the school) Observation: 15-30 min ◆ Evaluation: 2 hours, with student, and at least 1 school staff person ◆ Wrap-up: Meeting with at least yourself, to discuss findings and next steps. 	Arrange for team members to be available <input type="checkbox"/> For Team Meeting (parent, yourself, speech therapist, at least 1 teacher, and any other members who would be implementing recommendations) <input type="checkbox"/> At least 1 staff person to work with us during the 2 hour evaluation. (person who will be most involved in implementing recommendations)

Step 2: Day of the Evaluation

Our Responsibilities	Your Responsibilities
As outlined above.	If at the school, arrange for rooms for: <input type="checkbox"/> Team meeting, and <input type="checkbox"/> Evaluation itself
<u>Wrap-up:</u> Device Trial Request Form is left with child study team case manager, or main contact person	<input type="checkbox"/> Decide whether you wish to approve recommended trial and technical assistance <input type="checkbox"/> Return form to arrange for device trial

Step 3: Device Trial

After the evaluation, we will **recommend a communication system or device for the student to use on a trial basis**. A trial period (4 weeks) is necessary to determine whether or not the new system will be compatible with the person’s needs.

(Note: Medicaid **requires** a trial period.)

Our Responsibilities	Your Responsibilities
<ul style="list-style-type: none"> ◆ Ship device by UPS to person indicated on the Device Trial Request Form ◆ Provide Technical Assistance, if approved 	<ul style="list-style-type: none"> <input type="checkbox"/> Arrange for staff to be released for technical assistance training during the trial period, and to spend time getting to know the device on their own.
	<ul style="list-style-type: none"> <input type="checkbox"/> Measure performance of student during trial
We will arrange for UPS to pick up the device	<ul style="list-style-type: none"> <input type="checkbox"/> Have device re-packaged and ready to be returned for the date indicated on the loan form.
	<ul style="list-style-type: none"> <input type="checkbox"/> Communicate to us the results of the trial, and whether or not you want us to submit a request for funding to Medicaid/Medicare/Private Insurance.

Step 4: Submitting to Medicaid / Medicare / Private Insurance for Purchase of Device

If a medical funding source will be used to purchase the equipment, then we will write a report in medical terms, and perform the following functions.

Our Responsibilities
<ul style="list-style-type: none"> ◆ Prescription with Doctor’s Original Signature: We will send a prescription (to be signed and returned to us), to the student’s physician, documenting the medical need.
<ul style="list-style-type: none"> ◆ Assignment of Benefits form: We will send the device vendor’s Assignment of Benefits form to the student’s family. This form must be sent back to us.
<ul style="list-style-type: none"> ◆ Submit Paperwork to Vendor: To include: prescription, the device vendor’s Client Information form, copy of the Medicaid card, and the report of our evaluation and trial).
<ul style="list-style-type: none"> ◆ The report will be cc’d to the child study team case manager

Step 5: Implementing and Supporting AAC Device Use In Daily Life

Obtaining a device is just the beginning. Once you’ve heard from the vendor that the device has been approved, then **please contact us** to begin the implementation phase.

Implementation begins with a written action plan that provides detailed information about how the AAC system will be used in specific educational settings, what training and support are needed, and who will do it.

Student Referral for Assistive Technology Services To Advancing Opportunities

School District: _____ Date: _____

This request has been approved by the Director of Special Services (or authorized signer), based on contract with Advancing Opportunities, effective from _____ to _____.

Signature or initials: _____ **PO # is required:** _____

-Please use black ink-

Student (One form per student, please. If service is not for a particular student, leave blank.)

Name:		Grade:	
Parent/Guardian Name:	Relationship:		
Home Add:			
City:	State: <u>NJ</u>	Zip:	County:
Phone:			
E-Mail:			
DOB:	Gender:	Disability:	

Child Study Team Case Manager

Name:			
Address:			
City:	State: <u>NJ</u>	Zip:	
Phone #:	Fax:		
E-Mail:			
Send Satisfaction Survey by:	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	

Service Requested (please choose Evaluation OR Support/Training)

<input type="checkbox"/> Evaluation (<i>select AAC or AT</i>) <ul style="list-style-type: none"> <input type="radio"/> Augmentative Communication (AAC) (AAC Evaluation Packet <i>must</i> be returned) low-tech and high-tech aids to communication using symbols (objects, photos, illustrations, words) Or <input type="radio"/> Assistive Technology (AT) (AT Evaluation Packet <i>must</i> be returned) all other evaluations, including computer access, technology to support reading and writing, educational accomm., accessibility, etc. _____ # Travel Hours 	<input type="checkbox"/> Support/Training 2 hour minimum per visit (called "Technical Assistance;" can include assistance with set-up, training, integrating device use into classroom) <ul style="list-style-type: none"> <input type="radio"/> Augmentative Communication Or <input type="radio"/> Assistive Technology _____ # Service Hours _____ # Travel Hours
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What would you like to see the student do, that they cannot do now?

School:			
	<input type="checkbox"/> District School	<input type="checkbox"/> Out-of-District School	
Principal:			
Address:			
City:	State: <u>NJ</u>	Zip:	
Phone #:			

Key School Staff (i.e., teacher, aide, therapists; people who would implement recommendations)

Title	Name	Phone #	E-mail
Special Ed Teacher			
Occupational Therapist			
Speech Therapist			

Additional information we should know:

To make a referral:

Step 1: Get authorization for service from Director of Special Services;

Step 2: For Evaluations, mail PO, current IEP, relevant reports, and an AT or AAC Evaluation Referral Packet;

If you do not have an AT or AAC **Evaluation Referral Packet**, please call 888-322-1918, x 595 or go to www.assistivetechologycenter.org and click on the "Referral Forms" menu on the left. Click on "All Forms Page."

Step 3: Complete this form and mail or fax it to:

Advancing Opportunities
 Attn: ATS Administrative Assistant
 1005 Whitehead Road Ext, **Suite #1**
 Ewing, NJ 08638
 (f) 609-882-4054

The child study team case manager will be contacted in order to gather further background information, confirm all the people involved, and schedule services. If you have any questions, please give us a call: 888-322-1918, x595.

For Advancing Opportunities Staff Only:

<i>Primary Staff Contact:</i>		<i>Tracking #:</i>
<i>Service Type:</i>	<i>Service Subject:</i>	
<i>Service Location:</i>	<i>Source: <u>FFS-School</u></i>	

1: AAC Evaluation Referral Packet: Checklist

Student Name:	District:	Date:
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Thank you for requesting an Augmentative Communication (AAC) Evaluation with Advancing Opportunities. Helping someone learn a new way to communicate is a complex and ongoing process. The following is a list of documents we need to complete the process as efficiently as possible.

This entire packet must be completed before the evaluation can be scheduled.

Please provide all requested information and return to:

Advancing Opportunities
Attn: ATS Administrative Assistant
1005 Whitehead Road Extension, Suite #1
Ewing, NJ 08638
(f) 609-882-4054

Please Send:

- Student Referral Form, with attachments
- 1. AAC Evaluation Referral Packet: Checklist (this form)
- 2. AAC Evaluation Questionnaires (SLP, OT, Teacher & Aide, and Parent)

What funding source will pay for the recommended equipment?

Medicaid / Medicare / Private Insurance

If Medicaid, Medicare, or private insurance are used, **we will send you a Medical Insurance Funding for Communication Device Packet.**

The written report we generate will describe **medical needs**; there can be no references to educational needs or the school district.

Other Funding Source (i.e., school district)

No additional forms are needed. The written report we generate will describe educational needs.

Signature of Person(s) Completing This Form

Name (print): _____

Signature: _____ Date: _____