

**Pre-Evaluation Questionnaire**

Consumer's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Requesting Agency/Person: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Diagnosis/Disability:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check type of evaluation requested (refer to NCATP Rate Sheet)

- Individual AT
- Group Environmental AT
- Augmentative Communication
- Computer Access

What is expected from this evaluation?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please send most current copies of the following checked items:

<input type="checkbox"/> Release of Information Form	
<input type="checkbox"/> Treatment Plan and/or IEP	<input type="checkbox"/> Speech/Language Evaluation
<input type="checkbox"/> Evaluation of Cognitive Skills	<input type="checkbox"/> Hearing Evaluation
<input type="checkbox"/> Psychological Reports	<input type="checkbox"/> Vision Evaluation
<input type="checkbox"/> Medical Reports	<input type="checkbox"/> NCATP Communication Questionnaire
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> NCATP Computer Access Questionnaire
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> NCATP Group Environmental Questionnaire
<input type="checkbox"/> Seating and Positioning	<input type="checkbox"/> Other
<input type="checkbox"/> Therapeutic Recreation	

Please indicate why any requested material is not included:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Assistive Technology Currently Used:**

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**Assistive Technology Tried & Outcomes:**

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**Other Pertinent Information:**

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**Current Therapies:**

**Therapist Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Therapist Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Therapist Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Upon receipt of all materials, the referring party will be contacted to schedule the initial evaluation.  
If you have questions, please feel free to call: .

Return all requested information via mail or fax to:

Your assistance in completing this form is great appreciated