

**InterACT Team**  
*Interdisciplinary Augmentative Communication and Technology Team*  
 Montgomery County Public Schools  
 Lynnbrook Annex  
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***Preview Request for InterACT Services for MCPS Students***

The InterACT Team provides assistive technology services to MCPS staff. InterACT supports staff working with special education students who are non-speaking or have limited speech production and are in need of augmentative communication systems. InterACT also provides support to staff working with students who have physical disabilities and cannot access a standard keyboard.

**The reason for this Preview Request is:**

- Student is non-speaking, has limited speech production, or is severely unintelligible.  
*(complete pages 1 and 2)*
- Student is unable to produce written output due to severe physical disabilities.  
*(complete pages 1 and 3)*

**Staff completing form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**General Student Information:**

<b>Student Name:</b>	<b>Student ID</b>	<b>Date of Birth:</b>
<b>School:</b>	<b>Program:</b>	<b>Grade:</b>
<b>Medical Diagnosis:</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Primary Language Spoken at Home:</b>		<b>Medical Assistance:</b> YES NO
<b>Status of Hearing and Vision:</b>		

**School Team Information:**

<b>Teacher:</b>	<b>Paraeducators:</b>
<b>Speech Pathologist:</b>	<b>Health Services:</b>
<b>OT:</b>	<b>PT:</b>
<b>Vision:</b>	<b>Other:</b>

**Parent/Guardian Information:**

<b>Names:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	<b>Work Phone:</b>
<b>E-mail:</b>	<b>Cell Phone:</b>

**Communication**

**Student Name:** \_\_\_\_\_

**How is the student currently communicating?**

Eye gaze  
Gesture/sign language  
Objects  
Photographs  
Picture communication symbols  
Written language

Communication Book/Wallet  
Vocalizations  
Words  
Voice output devices (*please specify*)

**The student’s communication skills include the ability to:**

Understand cause/effect  
Direct attention towards people/objects  
Imitate vocalizations and gestures  
Make requests/choices  
Protest

Answer wh-questions  
Ask wh-questions  
Answer yes/no questions  
Initiate language interactions  
Take turns during conversation

**What strategies have been used by the staff to support functional communication:**

May include, but not **limited** to the following:

Prompt Hierarchy (*please specify*)  
Sign Language/Gestures  
PECS - Picture Exchange Communication System  
Aided Language Stimulation  
Wait time  
Other:

**List three interventions you have tried in your class with this student:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Please describe any behavioral concerns:**

**What other consultations have been requested?**

Autism      BEST consult      ED consult      other: \_\_\_\_\_

***PLEASE ATTACH ANY REPORTS THAT ARE SPECIFIC TO THE ISSUES TO BE REVIEWED BY INTERACT***

**Written Output**

**Student Name:** \_\_\_\_\_

**How is the student accomplishing writing at this time?**

	<i>Tool</i>	<i>Adaptations</i>	<i>Words per minute</i>
	pencil/paper		
	keyboarding		
	scribe		

**The student has experience with**

	computer word processor
	portable word processor
	IntelliKeys using _____ standard overlays _____ customized overlays
	other adapted keyboard:

**Software applications currently used to support writing:**

**Describe the student's use with the keyboard:**

	uses _____ finger(s)
	uses one hand
	uses both hands
	unable to use hands
	knows the locations of letters on the QWERTY layout (standard keyboard layout)
	knows the locations of letters on an ABC layout

**Can the student use the standard computer mouse?**

YES

NO

If no, please list other options that have been tried (e.g., trackball, trackpad, joystick)

**Describe any visual issues and what visual accommodations are in place.**

**Describe the student's current reading level.**

**Does the student have a written language processing problem?**

YES

NO