

**InterACT Team**  
*Interdisciplinary Augmentative Communication and Technology Team*  
Montgomery County Public Schools  
Lynnbrook Annex  
7921 Lynnbrook Drive  
Bethesda, MD 20814  
301 657-4929  
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***Preview Request for InterACT Services - MCITP***

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

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

\_\_\_\_\_

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

**General Student Information:**

**Child's Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male** **Female**

**MCITP Site:** \_\_\_\_\_ **Site Phone:** \_\_\_\_\_

**Significant Medical Diagnosis:** \_\_\_\_\_

**Primary Language Spoken at Home:** \_\_\_\_\_

**Status of Hearing and Vision:** \_\_\_\_\_

**MCITP Team Information:**

**Teacher:** \_\_\_\_\_ **Speech/Language Path:** \_\_\_\_\_

**D/HoH:** \_\_\_\_\_ **Nurse:** \_\_\_\_\_

**OT:** \_\_\_\_\_ **PT:** \_\_\_\_\_

**Vision:** \_\_\_\_\_ **Service Coordinator:** \_\_\_\_\_

**Parent/Guardian Information:**

**Names:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Communication**

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

**How is the child currently communicating?**

- Eye gaze
- Gesture/sign language
- Objects
- Photographs
- Picture communication symbols
- Voice output devices (*please specify*) \_\_\_\_\_
- Vocalizations
- Words

**The child's communication skills include the ability to:**

- |  |   |
|--|---|
| <input type="checkbox"/> Understand cause/effect                 | <input type="checkbox"/> Answer wh-questions            |
| <input type="checkbox"/> Direct attention towards people/objects | <input type="checkbox"/> Ask wh-questions               |
| <input type="checkbox"/> Imitate vocalizations and gestures      | <input type="checkbox"/> Answer yes/no questions        |
| <input type="checkbox"/> Make requests/choices                   | <input type="checkbox"/> Initiate language interactions |
| <input type="checkbox"/> Protest                                 | <input type="checkbox"/> Take turns during conversation |

**Describe a typical communication interaction:**

**Describe any motor or positioning concerns:**

**Describe any behavioral concerns:**

**What is the child's therapy schedule and where does it take place?**

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