

# Form D

## Assistive Technology/CORE Team

Charles S. Rushe Middle School  
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District School Board of Pasco County

### Parent Questionnaire Communication

Student: \_\_\_\_\_ School: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Your child has been referred to the Assistive Technology Team for concerns related to effective communication. Please complete this form and return to \_\_\_\_\_ by \_\_\_\_\_ .

Do you feel your child has a problem effectively communicating at school?  
 yes  no If yes, please explain: \_\_\_\_\_

Do you feel your child has a problem effectively communicating at home/community?  
 yes  no If yes, please explain: \_\_\_\_\_

Who does your child spend the majority of their time communicating with while in the home/community? \_\_\_\_\_

Are their messages understood? \_\_\_\_\_

Please describe the type of communication exchanges? e.g., requesting objects, greetings, etc. \_\_\_\_\_

Does your child have any current supports used within the home/community to assist with communication? e.g., sign language, pictures, etc.

yes  no If yes, please explain: \_\_\_\_\_

What would you like to see as a result of this Assistive Technology/CORE Team referral? Please describe: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_