

Augmentative Communication

Does the individual use any type of augmentative communication system or device? Describe fully: _____

Name of device(s): _____ How many vocabulary items on device? _____
 What is the size of the pictures/symbols/letters: (Attach copy of board/display) _____

How does the person access the system (pointing, scanning(type), etc. _____

What is the most reliable access site: head hand arm knee foot other _____

How long has the system been in use? _____ Describe successes and difficulties in using the current system: _____

Describe trials and use of other devices and systems: _____

Functional Communication

How effective is the communication with different people and in different situations? _____

Please summarize how the individual communicates

Can the person read? _____ Does the person read? _____ How proficiently? _____

Does the person write? _____ How proficiently? _____

Does the individual spell? _____ How proficiently? _____

If person does not read, does the person recognize?

Objects: yes ___ no ___ Photos: yes ___ no ___ Pictures: yes ___ no ___

Symbols: yes ___ no ___ Environmental Print (McDonald's, cereal boxes, etc.): yes ___ no ___

Does the individual understand?

Cause & effect: yes ___ no ___ Turn taking: yes ___ no ___ Waiting for turn: yes ___ no ___

Other Pertinent Information:

_____ (completed by)

_____ (relationship to consumer)

_____ (date)

Your assistance in completing this form is greatly appreciated

Please return to: