



### 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: