Augmentative and Alternative Communication Evaluation

Name: _____

Date of Evaluation: _____

D.O.B. _____

Diagnosis: _____

Participants in the evaluation: _____

Background/Parent Interview

1. Who referred you to this evaluation?

2. When was the child/adult diagnosed and who diagnosed?

3. Why did you get referred for this evaluation?

4. How does your child/adult communicate with others?

5. Is your child bilingual? Is so, what is primary?

6. What is the funding source? Do you have any other insurance?

7. Have you/your child/adult ever have an augmentative communication evaluation or device before? If so, how old is the device?

8. Do your child/adult have any words? Are they intelligible? If so, please list.

9. Where do you/your child/adult go to school/program? Employment?

10. Where do you/your child/adult live?

11. Who do you/your child live with? Any siblings?

12. What other services does the child/adult receive?

13. Can they come for training? Very important for trial!

13. Does the child/adult have a backup communication system?

        A. How many symbols per page?
        B. How many pages?
        C. Any of info _____

1. **Gross and Fine Motor Skills**
   A. Mobility
   1. Is the child/adult ambulatory/non ambulatory?

   2. If ambulatory, functionally ambulatory? Any problems with transporting? If so, what do they use for transportation? Does he/she sit in a standard chair?

   3. If non-ambulatory, what wheelchair do they use? Any changes within the next year? Power or Manual?

   4. Does this person need a mount? Have they had a mount before?

   B. Motor Skills
   2. Cross Midline? Yes/No
   3. Device Selection _____finger, _____hand, _____switch user (elbow, hand, head, eye, etc) _____ explain.
   4. Hand Dominance- Left/Right
   5. Muscle Tone? Hypo/Hyper/WNL
   6. Finger Dexterity
      – which finger? Index/thumb/other
      – - Isolation: Yes/No

2. **Vision and Hearing**
   A. Vision
   1. Is Vision WNL? If not, explain _____
   2. Does he/she wear corrective lenses?
   3. Is the person able to visually attend to _____people, _____objects, _____pictures, _____does not attend.
   4. How small size symbol _____2 inch, _____1.5 inch, _____1 inch _____3/4 inch _____, ½ inch, _____
   5. Person attend to _____color, _____ black/white, _____yellow
   B. Hearing
   1. Is hearing WNL? If not, explain _____
   2. Tubes?
   3. Does he/she attend to _____synthesized speech, _____ digitized speech

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3. **Receptive and Expressive Language Skills**
   A. **Oral Peripheral Examination**
   1. Able to _____open mouth, _____close mouth
   2. Able to _____protrude tongue, _____retract tongue, _____lateralize tongue, elevate/depress tongue _____
   3. Able to _____pucker lips, _____retract lips
   4. Imitate sounds? _____
   5. Drooling? ____none, ___mild, _____moderate, _____severe

   B. **Receptive Language Skills**
   1. Can identify/communicate request of common objects
      _____
   2. Can identify/request pictures of common objects (photos, MJ Symbols?_____
   3. Can identify/request objects by function
      _____
   4. Can identify/request pictures of common objects_____
      _____
   5. Can identify/request colors
      _____
      _____
   6. Can identify body parts_____
   7. Can identify letters and/or numbers. Type for communication?
      _____
   8. Can identify/request attributes
      _____
   9. Can identify/request actions in pictures_____
   10. Follow commands _____1 step _____2 step
   11. Answer yes and no consistently? If so, how?
   12. Can identify/request categories
       _____
       _____
   13. Can answer "wh" questions.

       A. What is your name?

       B. Where do you live?

       C. When do you eat breakfast?

       D. What do you like to eat?

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C. Expressive Language Skills
1. Does this child/adult use _____words, _____vocalizations, _____gestures/sign, _____pointing, _____facial expressions
2. Does this person type? If so, with one finger or with the hand?

3. Did they speak? Are they intelligible?

4. Do they express communicative intent?

D. Pragmatic Language Skills
Eye contact?
Turn taking?
Initiate communication?
Greetings? (nonverbal wave, shake hands, etc.)

Activities Used during Evaluation:
What activities used? _____
What was most motivating? _____
How many times request?
Field of?_____
Devices/Apps trialed _____

4. Device Selection
A. Low Tech
1. How many messages on a board   _____2, _____4, _____8, _____32
2. Does he/she need CAPS?
3. Software _____ Objects, _____Photos, _____MJ Symbols
4. Selection _____Scan, _____Direct Selection
   If scan what switch should be ordered? _____small, _____medium, _____big

B. High Tech
1. What device? _____
2. Does this person need a keyguard? If so, what size?
3. What is most appropriate for trial and/or purchase?

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