

AAC: ASSESSMENT CHECKLIST

Student Name: _____ Date: _____
 School: _____ Teacher: _____
 Location: _____ Observer: _____

1. Who understands the student's communication attempts (check best descriptor):

	<i>Most of the time</i>	<i>Part of the time</i>	<i>Rarely</i>	<i>N/A</i>
<i>Parent/Guardian</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Siblings</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Peers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Therapists</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Teachers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Strangers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Present means of communication (check all that are used, and the ones that are primary means of communication—used at least 60% of the time):

Verbal

Primary Uses

- Vocalizations (list examples): _____
- Vowels, vowel combinations (list examples): _____
- Single words (list examples and approx. #): _____
- Reliable “yes”
- Reliable “no”
- 2-word utterances (list examples): _____
- 3-word utterances (list examples): _____
- Semi-intelligible speech (estimated % intelligible): _____
- Intelligible speech (list examples): _____

Non-verbal

Primary Uses

- Changes in breathing
- Eye-gaze/eye movement
- Pointing
- Gestures (list examples): _____
- Facial expressions (list examples): _____
- Body position changes (list examples): _____
- Sign language approximations (list examples): _____
- Sign language (#signs/#combinations/#signs in a combination): _____
- Writing (list examples): _____

Devices

Primary Uses

- Voice output AC device (name of device): _____

Communication board (check which ones are used):

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> objects | <input type="checkbox"/> words | <input type="checkbox"/> drawings |
| <input type="checkbox"/> pictures | <input type="checkbox"/> TOBIs | <input type="checkbox"/> tangibles |
| <input type="checkbox"/> graphic symbols | <input type="checkbox"/> picture and word combination | |

Other: _____

3. Current level of receptive language:

If formal texting was used, name and scores: _____

If informal testing was used, please give a developmental level of functioning. Explain rationale for this estimate:

Provide examples of commands/requests responded: _____

Check all that are used to respond or demonstrate message was understood:

- | | | | |
|--------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Objects | <input type="checkbox"/> Graphic Symbols | <input type="checkbox"/> TOBIs | <input type="checkbox"/> Proximity |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Tangibles | <input type="checkbox"/> Crying | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Drawings | <input type="checkbox"/> Changes in body tone | <input type="checkbox"/> Sign language | |

4. Current level of expressive language:

If formal texting was used, name and scores: _____

If informal testing was used, please give developmental level of functioning. Explain rationale for this estimate: _____

Provide examples of expressive language used: _____

Check all that are used to respond or demonstrate message was understood:

- | | | | |
|--------------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Objects | <input type="checkbox"/> Graphic Symbols | <input type="checkbox"/> TOBIs | <input type="checkbox"/> Proximity |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Tangibles | <input type="checkbox"/> Crying | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Drawings | <input type="checkbox"/> Changes in body tone | <input type="checkbox"/> Sign language | |

5. Communication interaction skills:

Desires to communicate: Yes No

To indicate "yes" and "no," the student (check all that apply):

- Shakes head
- Points to board/graphic symbols
- Other: _____
- Vocalizes
- Word approximation
- Gestures
- Eye Gazes

Can an unfamiliar communication partner understand the response? Yes No
 If no, why? _____

Communication Interactions

Does the student...

	<i>Always</i>	<i>Frequently</i>	<i>Occasionally</i>	<i>Seldom</i>	<i>Never</i>
<i>Turn attention towards speaker</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interact with peers</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Aware of listener's Attention</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Initiate interaction</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ask questions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respond to communication interaction</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Repair communication breakdown</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Require/wait for frequent prompts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Require/wait for physical prompts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Require/wais for visual prompts</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe techniques student uses for repair of communication breakdown (e.g. keeps trying, repeats, changes message): _____

6. Communication opportunities (complete and attach API form)

7. Gross motor ability related to communication device systems (check all that apply):

- Student walks
- Student drops or throws things frequently
- Device can be mounted to wheelchair
- Other: _____
- Uses wheelchair
- Can carry device under 2 lbs
- Can carry device under 5lbs

8. Visual abilities related to communication (check all that apply):

- Can maintain fixation on stationary objects
- Visually recognizes common objects
- Visually recognizes line drawings
- Can look to right & left without moving head
- Can scan line of symbols left to right
- Needs additional space around symbol
- Visually recognizes people
- Visually recognizes photographs
- Can visually shift vertically
- Can visually shift horizontally
- Can scan matrix of symbols in grid

9. Does the student use any unaided communication systems?

Yes No

Types used or tried (e.g., manual signs):

Date used: _____ For how long?: _____

10. Does the student use any aided communication systems?

Yes No

Types used or tried (e.g., photographs, line drawings): _____

Date used: _____ For how long?: _____

11. Is figure ground discrimination a factor for symbols?

Yes No

Explain:

12. Reinforcer: (In addition, complete and attach reinforcer evaluation form)

Positive:

Negative: _____

13. Pre-reading and reading skills related to communication (if applicable):

	<i>Yes</i>	<i>No</i>
Object recognition	<input type="checkbox"/>	<input type="checkbox"/>
Photograph recognition	<input type="checkbox"/>	<input type="checkbox"/>
Line drawing recognition	<input type="checkbox"/>	<input type="checkbox"/>
Graphic symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--------------------------|--------------------------|
| Auditory discrimination of sounds | <input type="checkbox"/> | <input type="checkbox"/> |
| Auditory discrimination of words, phrases | <input type="checkbox"/> | <input type="checkbox"/> |
| Selects initial letter of word | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows simple directions | <input type="checkbox"/> | <input type="checkbox"/> |
| Sight word recognition | <input type="checkbox"/> | <input type="checkbox"/> |
| Can put two symbols or words together to express an idea | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Information:
