



**Children’s Resource Group
Assistive Technology Services**

**AUGMENTATIVE AND ALTERNATIVE COMMUNICATION
STUDENT/FAMILY REPORT**

PERSONAL INFORMATION:

Student: _____ Birthdate: _____
Parents: _____ Student's Age: _____
Address: _____ Sex: M _____ F _____
School: _____ Phone: _____

MEDICAL CONSIDERATION:

Medical Diagnosis:

Precautions:

Check all that apply:

Has degenerative medical condition	_____ Yes	_____ No
Has frequent pain	_____ Yes	_____ No
Has multiple health problems	_____ Yes	_____ No
Has frequent respiratory problems	_____ Yes	_____ No
Has frequent ear infections	_____ Yes	_____ No
Has orthopedic problems	_____ Yes	_____ No

CURRENT WAYS OF COMMUNICATING:

1. What method(s) are used?

2. What is the most successful?

3. What is the most difficult?

4. Are there breakdowns in communication? Explain.

5. How are the breakdowns repaired?

6. List the ways your child indicates the following communication needs:

Gets your attention: _____

Requests help: _____

Asks for food/drink: _____

Indicates yes/no: _____

Indicates pain or discomfort: _____

Requests "more" of a desired item and indicates "finished": _____

What are some favorite activities and how does he/she request them?

7. Does your child identify (by pointing at, looking toward or other method):

- | | |
|---|--|
| <input type="checkbox"/> Cartoon pictures | <input type="checkbox"/> Common objects |
| <input type="checkbox"/> Line drawings (i.e. Boardmaker pictures) | <input type="checkbox"/> Common site words |
| <input type="checkbox"/> Logos (fast food and community signs) | <input type="checkbox"/> Many individual words |
| <input type="checkbox"/> Photos of familiar people/objects | <input type="checkbox"/> Random alphabet letters |

8. How does communication differ according to the environment?

9. What do you see as your child's strengths and weaknesses?

10. What do you see as short term expectations for yourself/ your child?

11. What do you see as long term expectations for yourself/ your child?

12. Are any assistive devices (non-electronic or electronic) used at home? If so, please describe.

Report completed by: _____

Date: _____