

Does the student currently use an AAC system? Yes No

System type: _____

Type of symbols: _____

Number of symbols per page/overlay: _____

Size of symbols: _____

Access method: _____

Has any form of AAC been attempted previously? Yes No

If so, please describe attempts and successes/failures

Does the student have any hearing difficulties: _____

Does the student have any vision difficulties: _____

Does the student have any motor difficulties: _____

What would you like to see the student do that he or she cannot presently do?