

2a. Augmentative Communication Evaluation Questionnaire

Assistive Technology Services, Advancing Opportunities-**Please use black ink**

Student Name:	District:	Date:
Person Completing Form:		Phone Number:
Relationship to Student:		
E-mail:		

Directions: Please respond to relevant questions, and skip any questions that you do not have an answer to. Return Questionnaire to: Child Study Team Case Manager

Does the student demonstrate functional object use? Please describe.

Does the student demonstrate behaviors (positive and negative) that impact his/her performance? Please describe.

Does the student read or write? Please describe

Can the student understand:

<input type="checkbox"/> Single Words	<input type="checkbox"/> Phrases	
<input type="checkbox"/> One-step directions	<input type="checkbox"/> With gestures	<input type="checkbox"/> Without gestures
<input type="checkbox"/> Multiple-step directions	<input type="checkbox"/> With gestures	<input type="checkbox"/> Without gestures
<input type="checkbox"/> Does not appear to understand spoken words		

Can the student recognize (please specify):

Objects _____

Photographs _____

Picture Symbols _____

Tactile Symbols _____

Letters _____

Words _____

What other forms of Assistive Technology does the student currently use?

Are there any other students in the classroom that use AAC?

What activities/classes does the student enjoy?

What activities/classes does the student NOT enjoy?

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