Checklist for Augmentative Communication:

Please complete the following sections for the student you are referring. All sections need to be completed. Thank you!

Name:	**Date of Birth:**
School:	**Grade:**
Primary Eligibility:	**Secondary Eligibility:**
Case Manager:	**Person(s) Completing Referral:**
Date of Referral:	

1. Student's present means of communication:
*(Check all that are used, and then **circle** the primary method the student uses.)*

☐Changes in breathing patterns   ☐Body position changes
☐Pointing   ☐ Single words:_____
☐Eye-gaze/eye movement   ☐Vocalizations, list examples:_____
☐Sign Language approximations   ☐ Sign Language (# signs_____)
☐Facial Expressions   ☐Vowel, vowel combinations:_____
☐Gestures   ☐Real objects:_____
☐Reliable No   ☐Reliable yes
☐Two word utterances   ☐Three- word utterances
☐Semi-intelligible speech, estimate: _____% intelligible
☐Communication board:_____   ☐Photos: _____size
☐Line Drawings: _____size   ☐Pictures/words:_____
☐Combination of symbols:_____   ☐Writing:_____
☐Intelligible speech   ☐Voice output device:_____
☐Words:_____   ☐Other:_____

2. What is your student's reading level?:

☐No reading ability

☐Pre-primer reading ability - Reading at _____level

3. Who understands the student's communication attempts: *(check best descriptor?)*

	Most of the time	Part of the time	Rarely	N/A
Strangers	☐	☐	☐	☐
Teachers/therapist	☐	☐	☐	☐
Peers	☐	☐	☐	☐
Siblings	☐	☐	☐	☐
Parent/Guardian	☐	☐	☐	☐

4. **Student's communication interaction skills:** *(check best descriptor?)*

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	☐	☐	☐	☐	☐
Interacts with peers	☐	☐	☐	☐	☐
Aware of listeners attention	☐	☐	☐	☐	☐
Initiates interaction	☐	☐	☐	☐	☐
Asks questions	☐	☐	☐	☐	☐
Responds to communication	☐	☐	☐	☐	☐
Requests clarification	☐	☐	☐	☐	☐
Repairs communication breakdown	☐	☐	☐	☐	☐
Requires frequent verbal prompts	☐	☐	☐	☐	☐
Requires frequent physical prompts	☐	☐	☐	☐	☐

Desires to communicate: ☐ Yes   ☐ No Describe:

Can a person unfamiliar with the student understand the response? ☐ Yes   ☐ No

To indicate **"yes" and "no",** the student:
☐ Shakes head   ☐ Signs   ☐ Vocalizes
☐ Gestures   ☐ Eye Gazes   ☐ Points to board
☐ Uses word approximation   ☐ Does not respond consistently

5. Student's current level of *receptive language*:
 Age   approximation: _____
            If formal test used, name and scores: _____
            If formal testing not used, please give an approximate
            age of developmental level of functioning: _____
            Explain your rationale for this estimate: _____

6. Student's current level of *expressive language*:
        Age approximation: _____
            If formal test used, name and scores _____
            If formal testing not used, please give an approximate
            age of developmental level of functioning: _____
            Explain your rationale for this estimate: _____

7. Communication Functions:

Student Has	Student Needs	
☐	☐	Greetings/Closing
☐	☐	Commenting
☐	☐	Gain Attention
☐	☐	Request Assistance
☐	☐	Request object/action
☐	☐	Answers yes/no questions
☐	☐	Protest/Reject (by tantrums)
☐	☐	Choice making
☐	☐	Attention to another person, action, object
☐	☐	Turn taking
☐	☐	Answers who, what, when, where, why questions
☐	☐	Ask questions

8. **Please answer the following questions as thoroughly as possible.**

    A. **What do you hope to gain out of this referral?**

    B. **List specific tasks you hope assistive technology will help your student accomplish:**
       (Examples: *Participate in calendar activities with peers; Participate in free choice time with peers; Request assistance for help; Participate on the playground with peers; Be understood by unfamiliar listeners)*

    C. **In a short narrative, please describe your student's communication disabilities/abilities during specific situations or tasks throughout the school day:**

Send completed form to AT Specialist or bring to IEP meeting to discuss as a team.

AAC Checklist