



**OKLAHOMA ASSISTIVE TECHNOLOGY CENTER
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DIVISION OF REHABILITATION SCIENCES – COLLEGE OF ALLIED HEALTH
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**AUGMENTATIVE/ALTERNATIVE COMMUNICATION (AAC)
EVALUATION CHECKLIST**

Appointment start: _____ Appointment end: _____ Date: _____

Name: _____ SS#: _____

DOB: _____ Age: _____ Evaluation Site: _____

Parent/Primary Contact: _____

Address: _____ Telephone: _____

Diagnosis: _____

Referral Source: _____

Reason for Referral: _____

Team Members Present: _____

Current AT Equipment: _____

Physician: _____

Funding Source: _____

Hearing: Normal Mild Loss Moderate Loss Severe/Profound Loss

Describe amplification: _____

Localize to Sound: Yes No

Respond to Voices: Yes No

Vision: Normal/functional Impaired

Describe correction: _____

Eye Contact: Adequate Fair Poor

Visual Tracking: Adequate Fair Inconsistent Poor

Mobility: Ambulatory with no support

Ambulatory with support: _____

Non-ambulatory (describe p & m, including supports needed): _____

Pointing: Consistent Slow movements, spasticity None

With isolated finger R L With whole hand R L

With arm or other body part: _____

Pointing device: _____

If no pointing, describe voluntary movements:

Eyes: _____

Head: _____

Arms: _____

Legs: _____

Feet: _____

Oral Motor: Functional Mild impairment Moderate to severe impairment
 Drooling Special dietary needs Tongue thrust

Motor Implications for Communication: _____

CURRENT COMMUNICATION INVENTORY

Current means of communication/Expressive communication:

- Vocalizations Facial Expressions Gestures
 Object Interaction Sign Language Yes/No Eye Gaze
 Speech (describe): _____
 Written language: _____
 Low-tech system: _____
 High-tech system: _____
 Other: _____

Communication Partners: Parents/Family Teachers Peers/Co-workers Friends Other

Receptive Language (cognition):

Two-Dimensional Recognition: Photos Color line drawings B & W line drawings
 Letters/words Other symbols None

Answers Yes/No: Consistently Inconsistently Not able

Respond to Simple Commands: Yes No

Respond to Multi-Part Commands: Yes No

Operates Cause & Effect Items: Unprompted With verbal or gestural prompt
 With physical prompt No

Answers Yes/No: Consistently Inconsistently Not able

Answers "Wh" Questions: Consistently Inconsistently Not able

Turn-taking: Appropriate Needs occasional cues Needs frequent cues

Describe child's typical schedule/routine: _____

Describe means for expressing likes/pleasure: _____

Describe means for expressing dislikes/displeasure: _____

Describe communication interventions tried in the past: _____

Describe benefits/successes of past interventions: _____

Describe shortcomings of past interventions: _____

Describe goals for child's communication: _____

Describe child's motivators/reinforcers: _____

PREVIOUS AAC EXPERIENCE

None, skip to next section

Non-Electronic: Comm. boards Comm. books Comm. displays in environment

Other: _____

Describe, including symbol size, number and layout: _____

Electronic/Voice Output: Single-message switch 2, 3 or 4 message device

Single-level device w/ more than 4 messages Multi-level device

Dynamic display device Minspeak/Unity system Computer based system

Other: _____

Name(s) of device(s): _____

Describe, including symbol size, number and layout: _____

Access Method: Direct selection: _____

Pointing tool: _____

Scanning: Circular Linear Row-Column Group-Item Auditory

Switch type, placement: _____

AAC System Placement/Mounting: _____

Symbol Set: Objects Photos Color line-drawings B & W line-drawings

PCS PIC DynaSyms Picsyms Rebus Blissymbols

Morse Braille Minspeak Other

Primary Planner/ Programmer: _____

Settings Where System Was Used: Home Community Work Special Ed Class

Regular Ed Class Cafeteria PE/Playground Church Other:

DIRECT ASSESSMENT OF SYMBOL USE

Symbol Recognition – Does the individual recognize symbols? Can he/she identify the symbol for a given referent? (Note symbol size on chart)

Referent	Object	Photograph	Line Drawing	Printed Word

Assess at a later date

Expressive Use of Single Symbols – Can the individual use symbols expressively to communicate a choice/want/need?

Referent	Object	Photograph	Line Drawing	Printed Word

Assess at a later date

Symbol Sequencing – Can the individual sequence 2 or more symbols to create a phrase? (Assess if individual is not already sequencing with present system but does use symbols expressively):

List symbol sequences attempted: _____

____ 1 symbol messages ____ 2 symbol messages ____ 3 symbol messages

 Assess at a later date**Symbol Categorization and Association – Can the individual assign symbols to categories or groups? (Assess if individual does use symbols expressively):**

Classify by:

- Object name Function Part/whole Category
 Place Association Color None
 Assess at a later date

Complex symbol sequencing – Can the individual use categorization and sequencing abilities together? (Assess if the individual can sequence and categorize):

Concrete Phrase or Sentence	Symbol Sequence

 Assess at a later date**Letter Recognition (R=Reported, O=Observed):**

- Knows all upper case R O Knows all lower case R O
 Knows some upper and lower case but not all R O
 Unsure None

Reading: Reported reading level: Some sight words

- Reads sentences Reads connected text (approx. level: _____)
 Unsure None

If unsure, directly assess. Use Glennen's "Sight Word Reading Checklist"

- Pre-Primer Primer Level 1 Level 2

Spelling: None reported Emerging skills Adequate, with some mistakes

- Proficient, few mistakes Unsure

If unsure, directly assess. Use Glennen's Letter Spelling procedure.

- Level 1 Level 2 Level 3

Writing: None Writes name, functional words Writes sentences

- Writes connected text Unsure

Handwriting: Legible Legible but slow, effortful

- Legible only if familiar Illegible (attach sample)

Word Prediction: Already uses Unsure None

If unsure, assess using Glennen's Word Prediction procedure.

Score: # correct ____/# missed ____

Abbreviation Expansion: Already uses Unsure None

If unsure, directly assess using Glennen's Memory for Abbreviation Expansion Procedure.

- Easy sequences # correct: _____ Difficult sequences # correct: _____

- Single words # correct: _____

Family/Caregiver/Teacher comments about potential AAC system: _____

ACCESS METHOD

- Direct Selection:** None Exerts adequate pressure Consistently accesses targets Uses eyes
- Requires significant response time
 - Requires large target area
 - Has difficulty crossing midline
 - Has difficulty accessing a portion of array: top bottom left side right side
 - Requires use of pointing tool: _____
 - Can use standard mouse Can use joystick Can use head mouse or eye gaze mouse
 - Can use alternative keyboard Can use trackball/trackpad
 - Assess at a later date

If unable to use direct selection:

- Can use single switches (complete switch assessment)
- Can use multiple switches (complete switch assessment)
- Assess at a later date

Switch	Activation Site	Location/ Mount	Activate	Hold/ Maintain	Release	Reactivate

- Scanning Method:** Direct Inverse Auditory Assess at a later date
- Visual: Circular Linear Row-column Group-item

FEATURE MATCH

AAC System Inventory:

System Features	Required	Desired (Not Required)	Not Required	If Required, Give Rationale
Direct Selection				
Alternative mouse or keyboard access				
Visual scanning				
Auditory scanning				
Voice output				
Printed output				
Text to speech				
Minspeak				
Activity based overlays				
Dynamic displays				
Compatible with ECU				
Portable				
Lightweight				
Wheelchair Mountable				
Ease of programming				
Durable / Moisture-Resistant				

- Complete at a later date

Systems that have required and desired features:

1. _____
2. _____
3. _____

- Decide at a later date

Recommendations: _____

Follow-up: _____

Completed by:

Name & Title Date
