Simplified Speech Solutions, LLC

Bonnie Vaillancourt M.S. CCC-SLP
Speech Language Pathologist
E:bonnievaillancourt@simplifiedspeechsolutions.com
P: 603•352• 4199 F: 603•352• 9177
148 Key Road • Suite B • Keene • NH 03431

AAC • Consultation • Diagnostics • Therapy

Client Questionnaire Form for Augmentative Alternative Communication Evaluation

Client Information	
Today's Date:	**Person Completing Questionnaire:**
Client Name:	**Relationship to Client:**
Date of Birth:	

Parent/Guardian Information	
Name:	**Home Phone:**
Email:	**Cell Phone:**
Address:	

Medical Information	
Medical Diagnosis:	**Communication Diagnosis:**
Hearing: **Has the client's hearing been tested?** ☐ **Yes** ☐ **No** **When:** **Where:** **Results:** **Does the client wear hearing aids, use an FM system or have a cochlear implant?** ☐ **Yes** ☐ **No**	**Vision:** **Has the client's vision been tested?** ☐ **Yes** ☐ **No** **When:** **Where:** **Results:** **Does the client wear glasses?** ☐ **Yes** ☐ **No**
Does the client have seizures? ☐ **Yes** ☐ **No** **If yes, please specify the type and frequency:**	

Educational/ Facility Setting

School/Facility Name:		**Contact Person/Case Manager:**	
Address:		**Email address:**	
Phone Number:		**Grade (If applicable):**	
Special Education Services: (fill in all that apply)			
Type of Therapy	**Number of Sessions x mins/ week**	**Type of Therapy**	**Number of Sessions x mins /week**
Speech Therapy		**Occupational Therapy**	
Physical Therapy		**Special Education**	
Other:			

Communication

Does the client currently: (Check all that apply)

- ☐ **Understand simple directions? Example:**
- ☐ **Understand name for people and objects?**
- ☐ **Understand names of body parts?**
- ☐ **Answer simple questions? Example:**
- ☐ **Understand prepositions (in, under, on)?**
- ☐ **Understand Color and Size words?**

Which of the following describe(s) how the client currently communicates? (Check all that apply)

- ☐ **Pointing, gesturing**
- ☐ **Eye contact**
- ☐ **Pulls person to desired object/location**
- ☐ **Objects/tangible items**
- ☐ **Communication board/books**
- ☐ **Single Words**
- ☐ **Sentences with some errors**
- ☐ **Communication device (if yes see page 3)**
- ☐ **Other (please specify):**
- ☐ **Vocalizing**
- ☐ **Facial Expressions**
- ☐ **Babbling**
- ☐ **Pictures**
- ☐ **Sign language**
- ☐ **Two word phrases**
- ☐ **Writing**

If the client uses communication boards/books to communicate, please provide additional information below:

Symbol Type: (check all that apply)

- ☐ Text
- ☐ PECS (Picture Exchange Communication System)
- ☐ Mayer Johnson PCS
- ☐ Photographs
- ☐ Objects
- ☐ Other

Number of Symbols per page:

Number of pages in book:

Presentation:
☐ Removable Icons ☐ Static Grid

Access:
☐ Point ☐ Symbol Exchange
☐ Other:

What is the purpose of the client's communication: (Check all that apply)

- ☐ Ask for wants/needs?
- ☐ Get attention?
- ☐ Label people, things, or pictures around him/her?
- ☐ Ask questions?
- ☐ Greet people?
- ☐ Ask for help?
- ☐ Share Information?

What does the client do when not understood? Please explain (e.g. repeat message, modifies message, stops communicating, etc.):

If the client speaks, do you have difficulty understanding his/her speech? If yes, please explain:

Do others have difficulty understanding his/her speech? If yes, please explain.

Please complete if the client is using/has used a communication device.

History of device use
Name of device (s) :
Age of device:
Is the device currently being used? Yes /No
If no, please explain why:

Environments where device is used: (check all that apply)
☐ Structured school activities ☐ In therapy ☐ At home during structured tasks
☐ Spontaneously at home for social interactions ☐ Spontaneously in the community/school

Access: (check all that apply)
☐ Direct selection (touch screen) ☐ Keyguard ☐ yes ☐ no
☐ Joy stick ☐ Head mouse
☐ Scanning ☐ Eye gaze
If yes: Type of switch Number of switches
Type of scanning
☐ Other:

Physical Status

Gross Motor Status:

- ☐ Walks independently
- ☐ Walks using assistive device (i.e. crutches, walker, cane)
- ☐ Can walk short distances with physical assistance of another person
- ☐ Unable to walk

Fine Motor Status:

- ☐ Has no problem using both hands for feeding, writing, etc
- ☐ Has functional use of left hand only
- ☐ Has functional use of right hand only
- ☐ Has great difficulty functionally using hands
- ☐ Can write for short periods of time
- ☐ Can isolate a finger or thumb to activate a 1 inch target
- ☐ Other (please specify):

Positioning Assisted Transportation:

- ☐ Uses a stroller which is pushed by someone
- ☐ Uses a wheelchair which is pushed by someone
- ☐ Propels a manual wheelchair themselves
- ☐ Drives a power wheelchair

  If yes, please indicate how the client drives the chair (i.e. joy stick, head switch array, etc.)
- ☐ Stander
- ☐ Walker or gait trainer
- ☐ Other:

Please list make and model of wheelchair or stroller:

Can easily control movements of :

☐ Eyes ☐ Head ☐ Right hand ☐ Left hand
☐ Left foot ☐ Right foot ☐ Other body part _____

☐ Adaptive access ☐ The client does not independently access the computer.

Behavior

Describe typical behavior:	List preferred toys, foods, songs, videos, etc.
How long will client attend to an activity he/she is interested in?	Does client exhibit any aggressive/self injurious behaviors? ☐ Yes ☐ No If yes, is he/she currently receiving behavioral intervention? ☐ Yes ☐ No

Goals of Evaluation
What is/ are your desired outcome(s) for the client following this evaluation?
Additional Comments: