

**Augmentative and Alternative Communication (AAC)
Guided Assessment – Daily Communication Partners**

This Guided Assessment is intended to provide the child's team with information about the child to help plan steps in the initial assessment process and for further team planning. The term "child" is used it refers to any child or youth who has a complex communication need.

Complete all sections that are appropriate to the child. Omit any sections that you feel you cannot complete.

It is suggested that each team member from the child's Daily Communication Partners (e.g., parent(s), nanny, child care worker, teacher, educational assistant, etc.) complete a separate form.

The AAC Clinic at the Children's Treatment Centre has resources available for daily communication partners and local teams. Direct consultation may or may not be necessary. For many children, this information is enough for daily communication partners to begin to develop appropriate communication goals and decide on appropriate strategies and tools.

Referral to the Children's Treatment of Chatham-Kent AAC Clinic is appropriate if all of the following criteria are met:

- the child/youth is younger than 19 years of age**
- the child/youth is a direct accessor (is able to point directly to items)**
- the child/youth is an intentional communicator with picture discrimination (combination of core and fringe vocabulary)**
- the child/youth has more than one communication function beyond requesting**
- the child/youth's receptive language (understanding) is significantly better than expressive language abilities**
- child/youth's communication system is used and supported at home (in addition to daycare, school, or other environments)**

If a child has complex physical needs which make it difficult for him/her to point to books or displays directly with his/her finger, then the child may need "alternate access". Children requiring alternate access should be referred directly to the Thames Valley Children's Centre ACS Expanded Level Clinic.

Form Completed by:

Name	Role	Date Completed

Please complete form in black ink.

Child's Name:

Date of Birth:

GC#

**Augmentative and Alternative Communication (AAC)
Daily Communication Partners – Guided Assessment**

AAC Local Team Members:

Role	Name	Where they work (agency / address)	Phone number and e-mail address
Parent(s)/Guardian(s)			
Teacher & School/Daycare			
Resource Teacher			
Assistants			
Speech-Language Pathologist			
Occupational Therapist			
Physical Therapist			
Service Coordinator			
Other Agency/Specialist			
Other Agency/Specialist			
Other Agency/Specialist			

CHILD

1. How well do you feel the child communicates?						
Please rate:						
Very poorly	1	2	3	4	5	Excellent
Comments:						

Child's Name: _____

Date of Birth: _____

GC# _____

What is the child's diagnosis? _____

Who made the diagnosis and when? _____

Are there any hearing/vision concerns? _____

1. Does the child use a mobility device(s) or other support(s)?:

Support	Yes	No	Comments
Walker			
Wheelchair (power or manual)			
Crutches, canes			
AFOs, splints			
Stroller			
Supportive seating (wheelchair insert, special chair)			
Hand splints			
Other: specify			

2. How does the child access materials?

Access Ability	Yes	No	Comments
Is the child able to point to small pictures in books directly with his/her finger(s)?			
Is the child's independent pointing to objects, pictures, or words easy for most partners to understand?			
Is the child able to push buttons or individual computer keys?			
Is the child able to use a mouse/track pad/track ball?			

Which finger/body part does the child use most often (and accurately) for pointing?

Child's Name:

Date of Birth:

GC#

3. Language / Learning Skills:

Skill Area	Comments / Description
Describe the child's current classroom/grade placement (i.e., regular, special, amount of integration, etc.).	
Describe in your own words what you think the child understands.	
Describe in your own words how the child expresses thoughts/ ideas.	
Describe in your own words the child's literacy and numeracy skills.	

4. Behavioural:

Are there any behaviours (positive and negative) that significantly impact the child's performance?

Behaviour	Comment / Describe
<input type="checkbox"/> motivation <input type="checkbox"/> arousal level <input type="checkbox"/> aggressive <input type="checkbox"/> attention <input type="checkbox"/> self-stimulatory <input type="checkbox"/> sensory seeking <input type="checkbox"/> other _____ <input type="checkbox"/> other _____	

5. Communication interaction skills:

a. How **often** does the child communicate with people?

FREQUENTLY
 OCCASIONALLY
 NEVER

Comments:

b. How does the child indicate **YES and NO**?

<input type="checkbox"/> Shakes head	<input type="checkbox"/> Vocalizes	<input type="checkbox"/> Uses word approximations
<input type="checkbox"/> Points to board	<input type="checkbox"/> Facial Expressions/Gestures	<input type="checkbox"/> Does not respond consistently
<input type="checkbox"/> Signs	<input type="checkbox"/> Eye gazes	
<input type="checkbox"/> Other (describe):		

Child's Name:

Date of Birth:

GC#

c. Can a **person unfamiliar** with the child understand the child's YES and NO responses?

Comments:	<input type="checkbox"/> ALWAYS <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> NEVER
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d. Can a **person unfamiliar** with the child understand the child's communication attempts?

Comments:	<input type="checkbox"/> ALWAYS <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> NEVER
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e. Describe strategies the child uses **if not understood**: [i.e., keeps trying, changes message, points to location, gestures, starts to cry, etc.]

6. Parent/Guardian Feedback on Child's Preferences:

Preferences	Describe as many as possible (write specific examples)	The child shows this by doing.... (How do you know?)
Likes / Favourites		
Most favourite activities (something the child always likes to do)		
Most favourite objects (something the child always likes)		
Dislikes / Frustrations		
The child does not like...		
The child becomes frustrated when...		

Other Comments about the child's likes and dislikes:

Child's Name:

Date of Birth:

GC#

6. Ways the child communicates:

Please check the people that understand the different ways the child communicates.

Please check all that apply.	Close Family Members (parents)	Good Friends and Relatives	Acquaintances (classmates)	Paid Workers (teacher, attendant)	Unfamiliar People (store clerks)
Eye gaze					
Facial expressions/body language					
Gestures					
Pointing to objects, places					
Pointing to photos, pictures					
Vocalizations (i.e., speech sounds not always understood by others)					
Manual Sign language/sign language approximations					
Verbal speech – single words					
Verbal speech – two words together					
Verbal speech – three words or more together					
Word approximations					
Writing/drawing					
Communication board/book with photos					
Communication board/book with pictures					
Communication board/book with words and alphabet (reading, spelling)					
Simple communication device – describe:					
Complex communication device – describe:					
Special communication software used on a computer – name of software:					
Phone					
e-mail					
Combination of methods – describe:					
Other – describe:					
What methods and tools has the child <i>tried</i> in the past but is <i>no longer</i> using:					
Please rate how well the child’s communication is understood: <div style="display: flex; justify-content: space-between; align-items: center;"> 1 2 3 4 5 </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 5px;"> Very few people understand Most people understand </div>					

Child's Name:

Date of Birth:

GC#

7. Different reasons the child communicates: [check all that apply]

Does the child...?	How Frequently?		
	Never	Occasionally	Frequently
...interact and take his/her communication turn with: 1. familiar partners 2. with peers 3. with unfamiliar partners			
...address you when he/she wants you to help him/her achieve a goal? (i.e., vocalizes or pulls your hand when wanting to be positioned, fed, take a ride, etc.)			
...refuse an offered object, food, clothing, or anything that he/she dislikes? (i.e., shakes head, frowns, and/or vocalizes when handed undesired food item)			
...direct your attention for the purpose of having you notice an object or event? (i.e., vocalizes with excitement and looks at you when seeing a fire truck or police car racing down the street)			
...answer questions...? 1. YES/NO questions (i.e., shakes or nods head when asked "Do you want to go outside?") 2. CHOICE questions (i.e., stares or points at picture or object when asked "Do you want to eat a banana or drink juice?") 3. WH questions (i.e., points at kitchen when asked "Where do you want to go?")			
...greet or show a social response upon appearance of a family member or in response to other's greetings? (i.e., looks towards person entering the room and smiles), signal thanks and/or wave goodbye?			
...make a comment while attending to objects or actions? (i.e., touches picture of "upset" to tell you about how he is feeling)			
...express his/her opinion or judges the value of something or someone? (i.e., shows dissatisfaction with facial expression to indicate refusal toward a particular cloth item)			
...comment about past events? (i.e., tells you that he/she got hurt at school by pointing at his/her leg and then to picture of school)			
...ask questions? (i.e., during dinner time, points to sibling's empty chair, vocalizes while looking at you, and then waits for a response)			
...use a sense of humour? (i.e., expresses or does something silly with the only purpose to evoke laughter or amusement)			
...try repairing communication breakdowns? (i.e., corrects him/herself, provides new information to make him/herself clear or expresses non comprehension)			
...try justifying his actions? (i.e., says no, then touches his/her head and frowns when asked to go out to indicate that he/she does not want to go because he/she is having a headache)			
... make predictions? (ie. looks outside and asks for a coat on a cloudy day)			

Child's Name:

Date of Birth:

GC#

ENVIRONMENT AND PARTNERS

1. **Where** does the child spend time? (check all that apply and describe activities in the environment)

<input type="checkbox"/> Home	
<input type="checkbox"/> Daycare	
<input type="checkbox"/> School	
<input type="checkbox"/> After School Care	
<input type="checkbox"/> Community	
<input type="checkbox"/> IBI/ABA	
<input type="checkbox"/> Respite	
<input type="checkbox"/> Other	

TASKS

1. What are the daily or regular activities (tasks) that the child is expected or desired to be able to do that he/she is currently unable to due to lack of augmentative and alternative communication tools or strategies?

Child's Name:

Date of Birth:

GC#

TOOLS

1. What augmentative and alternative communication **tools** does the child currently use (be specific)?

Type of Tool	For Input (partner uses to help child understand)	For Output (child uses to help partner understand)
No Tech Strategies: (i.e., gestures, eye gaze, facial expressions, body language, partner strategies, sign language, etc.)		
Low Tech Tools: (i.e., visual supports, schedules, communication board/book, picture exchange, etc.)		
High Tech Tools: (i.e., speech-generating devices, computer equipment, switches, special mouse, etc.)		

NEXT STEPS

1. Are there **communication goals** for the child?

YES I DON'T KNOW NO

If Yes, list the child's communication goals:

- 1.
- 2.
- 3.

2. How are goals being worked on?

Please rate: Not at all 1 2 3 4 5 Completely

Comments:

Child's Name:

Date of Birth:

GC#

3. What **supports** have been accessed for the child? [please list]

People: (i.e., daily communication partners, school/Board support staff, ASD Consultants, specialists, medical teams, Early Interventionists, etc.)

Training: (i.e., Hanen, sign language, computer software, trainings, workshops, individual coaching, etc.)

Materials/Resources: (i.e. websites, books, articles, etc.)

4. What are the next steps for the child?

5. Do the Daily Communication Partners have the skills and knowledge to proceed?

If No, what are the gaps/needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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6. If further consultation is needed, what do you hope will be achieved from a referral to the AAC Clinic?

<input type="checkbox"/> Strategies to improve child's expressive communication (i.e., needs/ideas, vocabulary)	<input type="checkbox"/> Strategies to help clarify a child's speech that is not understood by most partners.
<input type="checkbox"/> Strategies to assist child in communicating more with peers, school staff, and others.	<input type="checkbox"/> Help identify vocabulary needs for communication book/display.
<input type="checkbox"/> Assistance with assessment and goal setting.	<input type="checkbox"/> Help design a communication book/ display.

Other/Comments: