

AAC CASE HISTORY ADDENDUM

Client Name: _____ **DOB:** _____

Reason for Assessment: _____

CURRENT MEAN/MODE OF COMMUNICATION

If individual speaks:

Do you have difficulty understanding him or her?

Do others have difficulty understanding his or her speech?

Does he/she child speak in ___ syllables ___ words ___ phrases ___ sentences

How does this individual attempt to communicate the following:

Wants/needs:

Yes/no:

Get your attention:

Greet people:

Label people, things or pictures:

Make comments:

Ask questions/ask for help:

What does this individual do when not understood?

Please indicate all means of communication currently used. Please **rank order** from the most to least frequently used (**1** = most frequently used).

- | | |
|---|--|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Natural Gestures |
| <input type="checkbox"/> Facial Expressions | <input type="checkbox"/> Eye Gaze |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Yes/No Responses |
| <input type="checkbox"/> Vocalizations (sounds) | <input type="checkbox"/> Verbalizations (words) |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Picture Communication Symbols (PCS) |
| <input type="checkbox"/> Picture Exchange System (PECS) | <input type="checkbox"/> Communication Boards |
| <input type="checkbox"/> Communication Books | <input type="checkbox"/> Speech Generating Device |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Keyboarding |
| <input type="checkbox"/> Other: | |

Which system(s) are being used successfully?

Describe the situations where the augmentative communication system is being used:

Does this individual demonstrate knowledge of cause/effect? yes no

Please describe the activities in which this individual demonstrates this skill. For example, does he/she realize that by activating a switch, the picture on the computer screen will change?

HISTORY OF AUGMENTATIVE COMMUNICATION USE

Please indicate the type(s) of augmentative communication system(s) that has/have been used in the past:

- | | |
|---|--|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Natural Gestures |
| <input type="checkbox"/> Facial Expressions | <input type="checkbox"/> Eye Gaze |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Yes/No Responses |
| <input type="checkbox"/> Vocalizations (sounds) | <input type="checkbox"/> Verbalizations (words) |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Picture Communication Symbols (PCS) |
| <input type="checkbox"/> Picture Exchange System (PECS) | <input type="checkbox"/> Communication Boards |
| <input type="checkbox"/> Communication Books | <input type="checkbox"/> Speech Generating Device |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Keyboarding |
| <input type="checkbox"/> Other: | |

How long did this individual use the system(s) described?

Was/were the system(s) successful? yes no

Comments:

FINE AND MOTOR SKILLS:

<i>Skill</i>	<i>Independent</i>	<i>Requires Assistance</i>	<i>Unable</i>
Holds head steady			
Sits			
Walks			
Feeds self			
Isolates finger and points			

ADDITIONAL INFORMATION:

What motivating activities do you do with this individual? What interests does he/she have?

Any behavior concerns? (Circle: frustration, hitting, grabbing, crying, etc.). If so, please provide examples.

What suggestions do you have for high interest activities to do during the evaluation?

Can you bring familiar items for those activities from home? yes no; and if so, what can you bring? (These could include books, music, toys, leisure activities. etc.)

List 3 things you would like this individual to be able to readily communicate:

1. _____
2. _____
3. _____

Please provide any other information about this individual that you feel would be helpful in getting to know his/her strengths and weaknesses, communication needs, motivation, etc. Feel free to include reports from therapists (e.g., speech/language pathology, occupational, therapy, physical therapy, psychology, and physician) that you think would be helpful. Continue on back as necessary

Completed by: _____

Date: _____

Relationship: _____