

AAC CASE HISTORY ADDENDUM - CHILD

Client Name: _____ **DOB:** _____

Reason for Assessment: _____

CURRENT MEAN/MODE OF COMMUNICATION

If your child speaks:

Do you have difficulty understanding him or her?

Do others have difficulty understanding his or her speech?

Does your child speak in ___ syllables ___ words ___ phrases ___ sentences

How does your child 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 your child 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 your child demonstrate knowledge of cause/effect? yes no

Please describe the activities in which your child demonstrates this skill. For example, does your child 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 your child 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 do they have?

Any behavior concerns? (Circle: frustration, hitting, grabbing, crying, etc.) and if so, give 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 the individual to be able to readily communicate:

1. _____
2. _____
3. _____

Please provide any other information about your child 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: _____