

LOUISIANA TECH UNIVERSITY
CENTER FOR REHABILITATION ENGINEERING,
SCIENCE & TECHNOLOGY

AUGMENTATIVE/ALTERNATIVE COMMUNICATION

**Communication History and
Current Status Form**

Please return this form to:

Kitty Carter
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Center for Biomedical Engineering
and Rehabilitation Science
711 S. Vienna
Ruston, LA 71270
(318) 257-4562 or (800) 310-4251

(To be completed by consumer's speech-language pathologist, or person working on communication if no communication specialist is available).

_____, is being referred to the Center for Rehabilitation Science and Biomedical Engineering. Your input is needed in order to adequately assess this person's communication needs. We recognize the time involved in completing this form. However, the information will be valuable in determining the most effective communication system. We greatly appreciate your effort.

SERVICE PROVIDER (e.g., speech pathologist)

Name and Title: _____

Facility and Address: _____

Telephone: (_____) _____

HISTORY OF THERAPY

1. How long has this consumer received speech/language therapy? _____

2. How long have you been working with this consumer? _____

3. What model of service delivery is being used?

(a) Direct Therapy (address all that apply)

Individual _____ How often? _____

Group _____ How often? _____

(b) Being served by consultant

By whom? _____ How often? _____

Where? _____

(Continued on back)

4. Name of day placement program (if applicable): _____

Address: _____
City State Zip

Type of program: _____

Consumer's program supervisor: _____

COGNITIVE/SOCIAL STATUS

5. Does the consumer have:

- | | | | |
|-----|--|-----------|----------|
| (a) | the ability to attend to speech for brief periods of time? | Yes _____ | No _____ |
| (b) | basic turn-taking skills? | Yes _____ | No _____ |
| (c) | appropriate eye contact most of the time? | Yes _____ | No _____ |
| (d) | the ability to initiate conversation? | Yes _____ | No _____ |
| (e) | means-ends relations(i.e.reaches for object out of reach)? | Yes _____ | No _____ |
| (f) | object permanence(i.e.finds objects hidden behind a screen)? | Yes _____ | No _____ |
| (g) | causality (i.e., attempts to reinitiate a familiar game)? | Yes _____ | No _____ |
| (h) | symbolic play (i.e., purposeful exploration of objects)? | Yes _____ | No _____ |

COMMUNICATION STATUS

6. Please check areas about which you are most concerned:

- _____ motivation to communicate
- _____ ability to understand speech and language
- _____ frustration the consumer experiences in association with poor communication skills
- _____ inability to read/write
- _____ available alternatives for improving communication
- _____ consumer's/family's willingness to accept communication aid
- _____ improving speech
- _____ modification of communication aid already being used
- _____ other _____

7. A. How does the consumer let you know that he/she (check all that apply)

	<u>Eye Gaze</u>	<u>Points</u>	<u>Gestures</u>	<u>Verbalizes</u>	<u>Device</u>
wants your attention	_____	_____	_____	_____	_____
wants to eat	_____	_____	_____	_____	_____
is thirsty	_____	_____	_____	_____	_____
wants to play	_____	_____	_____	_____	_____
needs help	_____	_____	_____	_____	_____
needs bathroom	_____	_____	_____	_____	_____
wants to sleep	_____	_____	_____	_____	_____
other _____	_____	_____	_____	_____	_____

B. Does he/she use any other technique to communicate?

8. Has this communication pattern changed over the last year?

Yes _____ No _____ Explain _____

9. When the following are named, can the consumer identify:
 From a group of: 2 3 4 More than 4
 objects _____ _____ _____ _____
 pictures _____ _____ _____ _____
 people _____ _____ _____ _____
 written words _____ _____ _____ _____

10. How does consumer make the above selection? (check all that apply, indicating most prevalent method)
 eye gaze _____ scanning _____ pointing _____ touching _____ other _____

11. Does the consumer understand "yes and "no"? Does understand ____ Does not understand ____.
 How does the consumer indicate "yes" and "no" to you? _____
 Is the yes/no response consistent? Consistent _____ Inconsistent _____

12. Does the consumer have an augmentative communication device(e.g. communication board, book, wallet or electronic aid)? Yes _____ No _____

13. If yes, describe the device as follows:
 A. Non-electronic communication aid:
 Made by _____
 Size (e.g. 10" x 12") _____ Number of keys/targets/cells _____
 Size of square (e.g. 1" x 1") _____ Size of symbol in square (e.g. 1/2") _____
 What type of symbols are used? (check all that apply)
 pictures _____ objects _____ rebus _____ photographs _____
 alphabet _____ bliss _____ words _____ line drawings _____
 other _____
 How long has he/she been using this device? _____

Please attach a sketch of the board and a list of the objects/words/symbols used on the board.

B. Electronic device:
 Name of device _____
 Made by _____
 Software used (if any) _____
 What type of symbols are used? (check all that apply)
 pictures _____ objects _____ rebus _____ photographs _____
 alphabet _____ bliss _____ words _____ line drawings _____
 other _____

Please attach a list of words/symbols contained in the device.

14. How does he/she make a selection on the device?
 Headstick _____ Electronic switch (describe) _____
 Eye gaze _____
 Finger pointing _____ Other _____
 T-Bar _____
 Optical pointer _____

15. Have you included any specific organizing principles in the system? (check all that apply)

color codes _____ categories _____ social phrases _____ other _____

Please specify _____

16. Does the consumer communicate in: (check all that apply)

single words _____ three or more words _____
 two words _____ complete sentences _____

17. When does the consumer use the device?

18. How does the consumer communicate when the device is not available?

19. With whom does the consumer use this device? (check all that apply)

parents _____ teacher _____ siblings _____
 speech therapist _____ peers _____ other (describe) _____

20. What type of output does the device have? (check all that apply)

digitized speech _____ Infrared _____
 synthesized speech _____ computer interface _____
 print-out _____ other _____

21. Does the consumer use the device to: (check all that apply)

greet others _____	answer questions _____
give information _____	tell jokes _____
comment on events _____	express original, spontaneous statements _____
request objects _____	indicate desire for further communication _____
request actions _____	other _____
request information _____	

22. During a typical day, approximately how often does the consumer use the device to initiate communication?

never _____ 1-3 times _____ 4-10 times _____ > 10 times _____

23. Please give some examples of what the consumer has said using the devices during the past week?

24. What situations create the most problems for use of the device (shopping, meals, riding bus, etc.)?

25. What changes would you like to see in this communication device?

26. Do you think that use of this device is worth the effort?

Yes____ No____ Why?_____

27. In general, how does the consumer feel about him/herself?

28. Please list any activities, items, etc. that the consumer particularly likes or dislikes/fears:

LIKES

DISLIKES

Does consumer exhibit any unusual or aggressive behaviors (e.g., cries easily, bites, tantrums, etc.)? _____

If yes, please specify _____

Any additional information may be written here:
