



# ASSISTIVE TECHNOLOGY COMMUNICATION INTAKE QUESTIONNAIRE

(TO BE COMPLETED BY EDUCATIONAL TEAM AND PARENT/GUARDIAN)

STUDENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

CLASSROOM PLACEMENT: \_\_\_\_\_ DESCRIPTION OF DISABILITY: \_\_\_\_\_

LANGUAGE SPOKEN IN THE HOME: \_\_\_\_\_

WHAT ARE THE PRIMARY CONCERNS REGARDING THE STUDENT'S ABILITY TO COMMUNICATE? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RECEPTIVE COMMUNICATION:** PLEASE CHECK ALL THAT APPLY.

RESPONDS TO: \_\_\_ HIS/HER NAME \_\_\_ FAMILIAR NOISES (LOOKS AT RINGING PHONE, KNOCK AT DOOR)

RECOGNIZES: \_\_\_ NAMES OF FAVORITE PEOPLE \_\_\_ NAMES OF FAVORITE FOOD, TOY, PLACE, ETC.

UNDERSTANDS: \_\_\_ YES/NO QUESTIONS \_\_\_ CHOICE QUESTIONS \_\_\_ WH QUESTIONS (WHO, WHAT, WHEN, WHERE, WHY)  
\_\_\_ SINGLE WORDS \_\_\_ PHRASES \_\_\_ SENTENCES \_\_\_ CONVERSATION \_\_\_ MOST \_\_\_ ALL

FOLLOWS DIRECTIONS: \_\_\_ ONE STEP \_\_\_ TWO STEP \_\_\_ THREE STEP

RECOGNIZES: \_\_\_ LETTERS \_\_\_ WORDS (APPROXIMATELY HOW MANY?) DOES YOUR CHILD READ? YES \_\_\_ NO \_\_\_

**EXPRESSIVE COMMUNICATION:**

HOW DOES THE STUDENT COMMUNICATE WANTS AND/OR NEEDS? PLEASE CHECK ALL THAT APPLY.

GESTURES \_\_\_ SPEECH \_\_\_ : # OF WORDS \_\_\_ VOCALIZATIONS \_\_\_ EYE GAZE \_\_\_

SIGN LANGUAGE \_\_\_ : # OF SIGNS \_\_\_ FACIAL EXPRESSIONS \_\_\_ BODY LANGUAGE \_\_\_

DO YOU THINK THE STUDENT UNDERSTANDS WHAT YOU ARE SAYING? YES \_\_\_ NO \_\_\_

HOW DOES THE STUDENT COMMUNICATE WITH UNFAMILIAR PEOPLE? \_\_\_\_\_

DESCRIBE SUPPORTS CURRENTLY USED FOR COMMUNICATION (I.E. SCHEDULE, PICTURES, COMMUNICATION DEVICE, ETC)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST THE CHILD'S FAVORITE ACTIVITIES AND/OR INTERESTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CAN WE COLLABORATE WITH YOUR CHILD'S PRIVATE CLINICIAN REGARDING HIS/HER COMMUNICATION STATUS?

\_\_\_ YES \_\_\_ NO

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_