ADULT AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) EVALUATION APPLICATION

Please provide the following information in addition to the Kay Armstrong Center for Communication Disorders Adult Speech and Language Evaluation Application.

Name:	Did someone help you complete this form? ☐ Yes ☐ No
Date of Birth:	Who?

Medical Diagnosis:	Speech or language diagnosis if known: □ dysarthria □ apraxia/dyspraxia □ aphonic (without voice) □ expressive aphasia □ phonological delay □ receptive-expressive language delay

SUPPORT SYSTEM:

Spouse/Partner's name:
Children's names and ages:
Caretaker's name(s):
Who will you rely on to help with equipment set up and maintenance and to call tech support when needed?

COMMUNICATION:

How do you currently communicate? □ gestures □ sign language □ eye gaze □ facial expressions □ vocalizations (non-words) □ AAC (communication book, board, or device) □ unintelligible or partially intelligible speech ____% understood by family ____% understood by unfamiliar people
How do you indicate "yes" and "no"?
How do you get someone's attention?

Where do you regularly communicate?	With whom do you regularly communicate?
□ home □ work □ school/higher education □ community (stores, restaurants, parks, etc.) □ therapies □ medical offices □ hobbies: _____ _____	□ spouse/partner □ children (minors) □ adult children □ other family members □ co-workers □ customers □ community members □ friends □ caretakers □ health professionals □ therapists □ other:_____ _____
Do you regularly communicate with people with any of the following: □ visual difficulties □ hearing difficulties □ difficulties reading (including young children) □ only communicate by phone	
Where will you need to use your communication system? □ At a table top □ From wheelchair □ In bed □ Carried between locations □ While standing	

AUGMENTATIVE COMMUNICATION EXPERIENCE:

Describe AAC systems which you have tried in the past or are currently using including communication boards or books, voice output or communication devices, other devices with spelling capabilities (smart phones, iPads, etc.):	
1.	Problems or limitations:
2.	Problems or limitations:
3.	Problems or limitations:

MOTOR ABILITIES:

Gross motor skills:	Fine motor access:
□ Walk unassisted □ Walk with assistance □ Use walker or cane □ Primarily in bed □ Require wheelchair to be pushed or operated □ Push manual wheelchair independently □ Operate electric wheelchair	□ Can point with one finger to pictures/objects □ Point with multiple fingers or hand □ Cannot use hands to point □ Can activate a single switch □ Can use a standard keyboard □ Can use a standard mouse □ Can write with pen/pencil
Most reliable body part to activate a device or switch:	Dominant side/hand: □ right □ left
Can you move your head up-down and right-left? □ Yes □ No	

Additional information about motor skills:

SENSORY SYSTEM:

Describe any visual impairments and requirements:
Describe any hearing impairments and requirements:

COGNITION:

Describe any difficulties with memory:
Describe any difficulties with concentration or attention:
Do you require time to process information before responding? □ yes □ no
Highest level of education completed:
Describe any difficulties with reading, writing, or spelling:

Describe your comfort level with electronics:			
□ not comfortable; no or limited experience	□ somewhat comfortable; some experience	□ comfortable; experienced	□ very comfortable; significant experience

SOCIAL-EMOTIONAL:

Describe how your communication impairment affects your social and emotional well-being:

What do you hope Augmentative and Alternative Communication or a communication device will provide?