

**Communication Questionnaire
Related Issues**

Consumer's Name: _____

Receptive Communication Skills

Does Individual:

- | | | | |
|-----------------------------------------------------------------------|--------------|----------------------------------|--------------|
| Need visual or tactile cues to understand most words or instructions? | ___yes ___no | Respond to his/her name? | ___yes ___no |
| Understand familiar noises? | ___yes ___no | Recognize action words? | ___yes ___no |
| Recognize names of favorite people? | ___yes ___no | Follow simple one step commands? | ___yes ___no |
| Recognize names of favorite things? | ___yes ___no | Understand common phrases? | ___yes ___no |
| Follow two step commands? | ___yes ___no | Understand everything? | ___yes ___no |
| Follow most conversations? | ___yes ___no | Enjoy watching television? | ___yes ___no |
| Enjoy listening to music? | ___yes ___no | Enjoy being read to? | ___yes ___no |
| Enjoy listening radio? | ___yes ___no | | |

Expressive Communication Skills

Does the individual attempt to communicate? _____

Does the individual initiate communication or try to gain attention? _____ If yes, how? _____

Does the individual respond to other person's communication? _____

Does the individual make requests make choices express feelings

Describe how the person indicates:

Yes: _____ Is it reliable? _____

No: _____ Is it reliable? _____

Present Means of Communication (Check all that apply)

- | | | |
|--------------------------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Changes in breathing patterns | <input type="checkbox"/> Body position changes | <input type="checkbox"/> Eye-gaze movements |
| <input type="checkbox"/> Facial Expressions | <input type="checkbox"/> Gestures | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Vocalizations (makes sounds) | <input type="checkbox"/> Vowel sounds | <input type="checkbox"/> Single words (how many?) |
| <input type="checkbox"/> 2 words phrases | <input type="checkbox"/> 3 words phrases | |

If person talks, how intelligible is speech? _____

If individual has speech, does he/she?

- Use fragmented speech Make up words Display word finding problems Use words in incorrect order

Does the individual use any of the following when attempting to communicate?

- Objects photos pictures/symbols written words

Does the person use Sign Language approximations Sign Language (Type) _____

of signs _____ # of signs used in combinations _____

Augmentative Communication

Does the individual use any type of augmentative communication system or device? Describe fully: _____

Name of device(s): _____ How many vocabulary items on device? _____

What is the size of the pictures/symbols/letters: (Attach copy of board/display) _____

How does the person access the system (pointing, scanning(type), etc. _____

What is the most reliable access site: head hand arm knee foot other _____

How long has the system been in use? _____ Describe successes and difficulties in using the current system: _____

Describe trials and use of other devices and systems: _____

Functional Communication

How effective is the communication with different people and in different situations? _____

Please summarize how the individual communicates

Can the person read? _____ Does the person read? _____ How proficiently? _____

Does the person write? _____ How proficiently? _____

Does the individual spell? _____ How proficiently? _____

If person does not read, does the person recognize?

Objects: yes ___ no ___ Photos: yes ___ no ___ Pictures: yes ___ no ___

Symbols: yes ___ no ___ Environmental Print (McDonald's, cereal boxes, etc.): yes ___ no ___

Does the individual understand?

Cause & effect: yes ___ no ___ Turn taking: yes ___ no ___ Waiting for turn: yes ___ no ___

Other Pertinent Information:

_____ (completed by)

_____ (relationship to consumer)

_____ (date)

Your assistance in completing this form is greatly appreciated

Please return to: