

Assistive Technology Skills Inventory

AAC

Please complete only the sections that relate to the concerns of the team and return to mary.perkins@wflboces.org

| | | |
|-------------------------------|--------|-------|
| Student Name: | DOB: | Date: |
| Case Manager: | Grade: | SLP: |
| Medical Diagnosis (if known): | | |

Area of Difficulty

Based on IEP Goals, briefly describe the tasks with which the student has challenges.

| | |
|----|--|
| 1. | |
| 2. | |

Those Who Understand Student's Communication Attempts

| | Most of the Time | Some of the Time | Rarely | Not Applicable |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strangers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Teachers/Therapists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Student's Present Means of Communication

| | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Body language <input type="checkbox"/> Changes in breathing pattern <input type="checkbox"/> Communication board <ul style="list-style-type: none"> <input type="checkbox"/> Tangibles <input type="checkbox"/> Pictures <input type="checkbox"/> Words <input type="checkbox"/> Pictures/Words <input type="checkbox"/> Eye Gaze <input type="checkbox"/> Eye gaze/eye movement <input type="checkbox"/> Facial expressions <input type="checkbox"/> Gestures <ul style="list-style-type: none"> <input type="checkbox"/> Intelligible speech <input type="checkbox"/> Semi-intelligible speech <input type="checkbox"/> Reliable "no" response <input type="checkbox"/> Picture symbols List: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Reliable "yes" response <input type="checkbox"/> Sign language <input type="checkbox"/> Single words <input type="checkbox"/> Two-word utterance <input type="checkbox"/> Three-word utterance <input type="checkbox"/> Less than 20 words? Number _____ <input type="checkbox"/> Vocalizations <input type="checkbox"/> Voice output device <ul style="list-style-type: none"> Number of Buttons: _____ Button Size: _____ <input type="checkbox"/> Writing <input type="checkbox"/> Uses behaviors as a means of communication? <input type="checkbox"/> Other |
|--|--|

Current Level of Receptive and Expressive Language

| | Expressive | Receptive |
|---|------------|-----------|
| Age Approximation | | |
| Formal Test Scores | | |
| Rational for estimated developmental level or age | | |

Communication Interaction Skills - Part 1

Desires to communicate: Yes No

To indicate "yes and "no", the student: Shakes head Signs Vocalizes Gestures Eye gazes Points to board
 Uses word approximation Does not respond consistently

Communication Interaction Skills - Part 2

| | Always | Frequently | Occasionally | Seldom | Never |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Turns towards speaker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interacts with Peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aware of listener's attention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiates interaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Asks questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responds to communication interaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requests clarification from communication partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Repairs communication breakdown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requires frequent verbal prompts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requires frequent physical prompts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintains communication exchanges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Terminates communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Communicative Function (check all that apply):

| | | |
|--|--|--|
| <input type="checkbox"/> Gain attention | <input type="checkbox"/> Indicate pain or discomfort | <input type="checkbox"/> Tell you about something or someplace |
| <input type="checkbox"/> Request help | <input type="checkbox"/> Protest or reject something | <input type="checkbox"/> Answer "wh" questions |
| <input type="checkbox"/> Express preference | <input type="checkbox"/> Greeting or closing | <input type="checkbox"/> Take turns |
| <input type="checkbox"/> Request a break | <input type="checkbox"/> Answer "yes-no" questions | <input type="checkbox"/> Ask questions |
| <input type="checkbox"/> Basic Needs (i.e., bathroom, thirsty) | <input type="checkbox"/> Sensory needs/regulation | <input type="checkbox"/> Other _____ |

Student's Needs Related to Devices/Software

| | | |
|--|--|--|
| <input type="checkbox"/> Walks | <input type="checkbox"/> Uses wheelchair | <input type="checkbox"/> Carries device under two lbs. |
| <input type="checkbox"/> Drops or throws things frequently | <input type="checkbox"/> Requires digitized (human) speech | <input type="checkbox"/> Device with large number of words/phrases |
| <input type="checkbox"/> Other | | |

Fine Motor Skills Related to Communication

| | |
|--|---|
| Grasp <input type="checkbox"/> Pincer <input type="checkbox"/> Tripod | Handwriting <input type="checkbox"/> Legible <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Laborious <input type="checkbox"/> Quick |
| <input type="checkbox"/> Uses pointer | Keyboarding skills <input type="checkbox"/> Automatic <input type="checkbox"/> Developing <input type="checkbox"/> Emerging |
| <input type="checkbox"/> Crosses midline | <input type="checkbox"/> Other |

Pre-reading and Reading Skills Related to Communication (Check all that apply):

| | |
|---|--|
| <input type="checkbox"/> Object/picture recognition | <input type="checkbox"/> Selects initial letter of words |
| <input type="checkbox"/> Auditory discrimination of words/phrases | <input type="checkbox"/> Puts two symbols/words together to express idea |
| <input type="checkbox"/> Sight word recognition | <input type="checkbox"/> Auditory discrimination of sounds |
| <input type="checkbox"/> Symbol Recognition (tactile, etc.) | <input type="checkbox"/> Follows simple directions |

Platforms That Have Been Tried

| |
|--|
| <input type="checkbox"/> ChatWrap <input type="checkbox"/> Eye Gaze <input type="checkbox"/> iPad <input type="checkbox"/> NovaChat <input type="checkbox"/> Other |
|--|

Software That Has Been Tried

| | | |
|--|---|--|
| <input type="checkbox"/> Accent <input type="checkbox"/> Clicker Communicator <input type="checkbox"/> Communicator 5 <input type="checkbox"/> Go Talk Now <input type="checkbox"/> Grid 3 | <input type="checkbox"/> LAMP Words for Life <input type="checkbox"/> PODD <input type="checkbox"/> Proloquo2Go <input type="checkbox"/> Proloquo4Text <input type="checkbox"/> Snap+Core First | <input type="checkbox"/> SnapScene <input type="checkbox"/> Sonoflex <input type="checkbox"/> TouchChat with WordPower HD <input type="checkbox"/> Verbally + <input type="checkbox"/> Other |
|--|---|--|

Other Technologies That Have Been Tried

| | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Communication Board | <input type="checkbox"/> Talking Brix | <input type="checkbox"/> Quick Talker |
| <input type="checkbox"/> PECS Book | <input type="checkbox"/> Step-by-Step | <input type="checkbox"/> ProxTalker |
| <input type="checkbox"/> Little/Big Mack | <input type="checkbox"/> 7-Level Communicator | |

