

# Assistive Technology Skills Inventory

## AAC/Communication

Please complete only the sections that relate to the concerns of the team and return to [mary.perkins@wflboces.org](mailto:mary.perkins@wflboces.org)

Student Name:	DOB:	Date:
Case Manager:	Grade:	SLP:
Medical Diagnosis (if known):		
Reason for Request for AT Evaluation:		

### Area of Difficulty

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

1.
2.
3.

**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**

<input type="checkbox"/> Body language <input type="checkbox"/> Changes in breathing pattern <input type="checkbox"/> Communication board <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 <input type="checkbox"/> Intelligible speech <input type="checkbox"/> Semi-intelligible speech <input type="checkbox"/> Reliable "no" response <input type="checkbox"/> Picture symbols List: _____	<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 Number of Buttons: _____ Button Size: _____ <input type="checkbox"/> Writing <input type="checkbox"/> Uses behaviors as a means of communication? <input type="checkbox"/> Other
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**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
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**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
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**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	<input type="checkbox"/> Other