

AAC Checklist (Modified Gamel-McCormick & Dymond, 1994)

Individual Functional Analysis

The questions in this protocol are designed to help you collect information with which you can make decisions about symbolic augmentative communication systems. The questions are in no way comprehensive and can not anticipate all the needs and variables of all students and their communication environments. The protocol will, however, help point you towards a system that may facilitate communication.

Name: _____

Date: _____

COGNITIVE

- Amount time child can Attend _____
- Lengthened response time _____
- Identifies # objects _____
- Identifies # pictures _____
- Object permanence- locate hidden or partially hidden item _____
- Understands cause & effect- attempts to get reaction from activated toy _____
- Function of Objects _____
- Eye Contact _____

RECEPTIVE LANGUAGE

- Follows simple directions, e.g. give me _____
- Unable to assess at this time _____
- Responds to name _____
- Plays simple games, e.g. Peek a boo _____

EXPRESSIVE/SOCIAL LANGUAGE

What methods does the student currently use to expressively communicate? _____

Smiles _____ Laughs _____ Frowns _____ Cries _____
Gestures _____ Points _____ Signs _____ Vocalizations _____
Words _____ Eye Gaze _____ Takes adult to item _____

- Request objects, Items: _____
- Continue an action: _____
- Stop an action: _____
- Request social interaction: _____
- Express a feeling: _____
- Make a choice: _____
- Initiate an interaction: _____
- Terminate an interaction: _____
- Request assistance: _____
- Communicates Yes _____ No _____

Speech Intelligibility: _____

Pre-verbal _____

Vowels _____

Consonants _____

Mean Length of Utterance _____

Jargon _____

Single Words _____

Phrases _____

FINE MOTOR

- Ability to move arm? _____ Hand? _____
Hand preference? right ___ left ___ none _____
- Ability to reach?
Yes _____ No _____
- Ability to grasp?
Yes _____ No _____

- Ability to grasp and release?
Yes _____ No _____

- Ability to isolate a finger? _____ If "yes," which finger(s)?

- Ability to point?
Yes _____ No _____

- Hand & wrist strength? _____

- Requires HOH? _____ Elbow support _____
- Eye Gaze? _____

MOBILITY

- Limited control of head, trunk, or extremities? _____
- Fixed position and posture _____

- Support used to sit _____

- Support used to stand _____
- Support used for feeding _____

Needs assistance to eat

- Cannot take in food orally _____
- Needs suctioning routinely _____
- Is medically fragile _____
- Seizures limit alertness _____

VISION

- Within Normal Limits _____
- Corrective lenses _____
- Requires large pictures _____
- Requires high contrast pictures _____
- Scans items _____

HEARING

- Hearing within normal limits _____
- Hearing loss _____

**Augmentative Communication Checklist
Device-Equipment Features-Functions**

MOTOR/SELF CARE

- Wheelchair
- supportive classroom chair
- stander
- walker
- braces or supports
- feeding tube
- OTHER _____

COGNITIVE/COMMUNICATION

- cause and effect
- object permanence
- function of objects (ball,car,cup)
- sign language

Communication Board

- choice between # _____ objects
- choice between # _____ pictures
- PODD - HOH _____ Eye Gaze _____

Voice Output with pictures? Objects?

1 2 3 4 5 6 7 8

- Big Mac #items: 1
- Twin Talk #items: 2
- Cheap Talk#items: 4
- Proxtalker #items: 5
- IPad – _____
- Eye Gaze

FINE MOTOR

- joystick
- touch screen
- jelly switch
- adapted feeding utensils
- braces or splints
- OTHER _____

HEARING

- hearing aid(s) – rt _____ left _____

VISION

- corrective lenses
- enlarged print
- taped books
- textured adapted materials
- eye tracking
right to left _____
up-down _____
- optimal distance from item _____

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