

# Student Information Guide

## SECTION 2

### Communication

#### 1. Student's Present Means of Communication

(Check all that are used. Circle the primary method the student uses.)

- Changes in breathing patterns       Body position changes       Eye-gaze/eye movement  
 Facial expressions       Gestures       Pointing  
 Sign language approximations       Sign language (Type \_\_\_\_\_ # signs \_\_\_\_\_  
# combinations \_\_\_\_\_ # signs in a combination \_\_\_\_\_)

Vocalizations, list examples: \_\_\_\_\_

Vowels, vowel combinations, list examples \_\_\_\_\_

Single words, list examples & approx. # \_\_\_\_\_

2-word utterances       3-word utterances

Semi intelligible speech, estimate % intelligible: \_\_\_\_\_

Communication board     Tangibles     Photos     Symbols     Visual Scenes

Combination of symbols and words

2 symbol combinations- list examples \_\_\_\_\_

3 or more symbol combinations – list examples \_\_\_\_\_

Communication book/binder – number of pages in book/binder \_\_\_\_\_

Does student navigate to desired page/message independently?     yes     no

Schedule board(s) – list examples \_\_\_\_\_

Speech Generating device(s) - please list: \_\_\_\_\_

Multiple overlays or levels on speech device– list examples \_\_\_\_\_

Partner Assisted Scanning – please describe strategies and communication system \_\_\_\_\_

Intelligible speech     Writing     Other \_\_\_\_\_

Comments about student's present means of communicating \_\_\_\_\_

#### Purposes of Communication

Does the student communicate:

Wants/Needs – list examples \_\_\_\_\_

Social interactions – list examples \_\_\_\_\_

Social etiquette - list examples \_\_\_\_\_

Denials/rejections – list examples \_\_\_\_\_

Shared information, including joint attention – list examples \_\_\_\_\_

**2. Those Who Understand Student’s Communication Attempts** (Check best descriptor.)

|                     | Most of the time         | Part 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"/> |
| Peers               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Siblings            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent/Guardian     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. Current Level of Receptive Language**

Age approximation \_\_\_\_\_

If formal tests used, name and scores \_\_\_\_\_

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. \_\_\_\_\_

**4. Current Level of Expressive Language**

Age approximation: \_\_\_\_\_

If formal tests used, name and scores \_\_\_\_\_

If formal testing is not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. \_\_\_\_\_

**5. Communication Interaction Skills**

Desires to communicate  Yes  No

To indicate *yes* and *no* the student

Shakes head  Signs  Vocalizes  Gestures  Eye gazes

Points to board  Uses word approximations  Does not respond consistently

Can a person unfamiliar with the student understand the response?  Yes  No

*(Continued on next page)*

**Does the student** (check best descriptor)

|  | Always                   | Frequently               | Occasionally             | Seldom                   | Never                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Turn toward speaker                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Get other's attention                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interact with peers                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Show awareness of listener's attention           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiate interactions                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ask questions                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respond to communication interaction             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Request clarification from communication partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Repair communication breakdowns                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Require verbal prompts                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Require physical prompts                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintain communication exchange                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Terminate communication                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Describe techniques student uses for repair (e.g. keeps trying, changes message, points to first letter etc.).

\_\_\_\_\_

**6. Student's Needs Related to Devices/Systems** (Check all that apply.)

- Walks
- Uses wheelchair
- Carries device under 2 pounds
- Drops or throws things frequently
- Needs digitized (human) speech
- Needs device w/large number of words and phrases
- Requires scanning
- Requires auditory preview of messages when scanning
- One reliable switch site
- More than one reliable switch site
- Other \_\_\_\_\_

**7. Pre-Reading and Reading Skills Related to Communication** (Check all that apply.)

- Yes  No Object/picture recognition
- Yes  No Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.) Number of symbols \_\_\_\_\_
- Yes  No Auditory discrimination of sounds
- Yes  No Auditory discrimination of words, phrases
- Yes  No Selects initial letter of word
- Yes  No Follows simple directions
- Yes  No Sight word recognition Number of words \_\_\_\_\_
- Yes  No Recognizes environmental print

List any other reading or pre-reading skills that support communication \_\_\_\_\_

**8. Visual Abilities Related to Communication** (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Maintains fixation on stationary object   | <input type="checkbox"/> Looks to right and left without moving head |
| <input type="checkbox"/> Visually recognizes people                | <input type="checkbox"/> Scans matrix of symbols in a grid           |
| <input type="checkbox"/> Visually recognizes common objects        | <input type="checkbox"/> Scans line of symbols left to right         |
| <input type="checkbox"/> Visually recognizes photographs           | <input type="checkbox"/> Visually shifts horizontally                |
| <input type="checkbox"/> Visually recognizes symbols or pictures   | <input type="checkbox"/> Visually shifts vertically                  |
| <input type="checkbox"/> Needs additional space around symbol      | <input type="checkbox"/> Looks at communication partner              |
| <input type="checkbox"/> Requires high contrast symbols or borders | <input type="checkbox"/> Benefits from “zoom” feature                |

Is a specific type (brand) of symbols or pictures preferred? \_\_\_\_\_

What size symbols or pictures are preferred? \_\_\_\_\_

What border thickness of symbols is preferred? \_\_\_\_\_ inches

Does student seem to do better with black on white, white on black, or a specific color combination for figure/ground discrimination? \_\_\_\_\_

Explain anything else you think is significant about the communication system the student currently uses or his/her needs (Use an additional page if necessary) \_\_\_\_\_

**9. Sensory Considerations:**

Does the student have sensitivity to:

- Velcro
- Synthesized (computer generated) voices
- Volume
- Switch feedback (clicking noise)
- Tactile sensations
- Other

Explain student’s reaction to any of the checked items \_\_\_\_\_

**What are the communication expectations for the student in different environments?**

School (regular and special ed., with peers, formal and informal- such as lunch room settings)

\_\_\_\_\_

Home

\_\_\_\_\_

Community (stores, restaurants, church, library, etc.)

\_\_\_\_\_

**Summary of Student's Abilities and Concerns Related to Communication including past AT used to support student's communication**

\_\_\_\_\_