



LA SPEECH PATHOLOGY SERVICES, INC.

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5280 E Beverly Blvd Suite C #106, Los Angeles, CA 90022
www.laspeechpathologyservices.com

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION FORM

IDENTIFYING INFORMATION-CONFIDENTIAL

<p>Name of Child: _____</p> <p>Name of person Completing Form: _____</p> <p>Relationship to Child: _____</p> <p>Who referred this student? _____</p> <p>Why were you referred? _____</p> <p>List any medical diagnosis the child has:</p> <table border="0"> <thead> <tr> <th><u>Diagnosis</u></th> <th><u>Date first diagnosed</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Diagnosis</u>	<u>Date first diagnosed</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p>Date of Birth: _____</p> <p>Today's Date: _____</p> <p>Child's Address: _____</p> <p>Child's Phone #: _____</p> <p>With whom has the child lived? _____</p> <p>What do you hope to accomplish by coming to this clinic? _____</p> <p>Has the child in the past, or does he/she currently use an augmentative communication device or any assistive technology at home or at work? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes to above, briefly explain why he/she is currently not using: _____</p> <p>Who evaluated the child for the augmentative communication device or assistive technology? _____</p>
<u>Diagnosis</u>	<u>Date first diagnosed</u>												
_____	_____												
_____	_____												
_____	_____												
_____	_____												
_____	_____												

EDUCATIONAL & VOCATIONAL INFORMATION

<p>Educational Level: _____</p> <p>If post-high school, indicate area of specialization: _____</p>	<p>Occupation: _____</p> <p>Employer: _____</p> <p>Last Date of Employment: _____</p>
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FAMILY INFORMATION

<p>Marital Status: <input type="checkbox"/>single <input type="checkbox"/>married <input type="checkbox"/>separated <input type="checkbox"/>divorced <input type="checkbox"/>remarried</p> <p>Name of spouse: _____</p> <p># Years married: _____</p> <p>Address of spouse: _____</p>	<p>Spouse Occupation: _____</p> <p>Spouse Work Phone: _____</p> <p>Children (names/ages): _____</p> <p>_____</p> <p>_____</p>
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COMMUNICATION STATUS

1. How would you describe the child's current communication ability (check all that apply):

- Almost never communicates
- Sometimes communicates
- Communicates frequently
- Is fairly easy for me to understand when I know the topic of conversation
- Is difficult for me to understand when I know the topic of conversation
- Is very easy for me to understand if I DON'T know the topic of conversation
- Is fairly easy for me to understand if I DON'T know the topic of conversation
- Is difficult for me to understand if I DON'T know the topic of conversation
- Is usually understood by other people who don't know him/her well
- Is usually NOT understood by other people who don't know him/her well

2. In your own words, please describe how the child communicates:

In general: _____

He/She communicates what he/she wants or needs by: _____

He/She communicates things that happened in the past or will happen in the future by: _____

He/She gives or asks for information by: _____

He/She communicates in social situations by: _____

3. In your own words, please describe how the child communicates:

In general: _____

He/She communicates what he/she wants or needs by: _____

He/She communicates things that happened in the past or will happen in the future by: _____

He/She gives or asks for information by: _____

He/She communicates in social situations by: _____

4. What other things does he/she do to communicate (e.g. cry, whine, and look at something he wants)?

5. What sounds does the child make? (e.g. "b", "duh", "ee" as in eat) _____

6. What words does this child say or write? _____

7. What gestures does this child make (e.g. pointing, motioning, to "come here", tugging for attention?) _____



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8. What manual signs (or sign language) does the child use? _____

9. What other services does the child have now? What has he/she had in the past? _____

10. Has now / had before? (If any below, describe):

Physical Therapy _____ Occupational Therapy _____

Speech-Language Therapy _____ Psychological or Behavioral Counseling _____

Nutritional Services _____ Vocational Counseling _____

Other (describe): _____

EDUCATIONAL INFORMATION

Child's School: _____

School Address: _____

School Phone: _____ Placement/Grade: _____

Teacher's Name: _____

Does the child have an aide with him/her in school?

Yes No

If yes, is the aide with the child (checkbox): All day

About half of the day Less than half the day

Does this aide work with (checkbox): Just this child

Several children The entire class

DEVELOPMENTAL INFORMATION

Check which is applicable: This is our biologic _____ foster _____ adopted _____ child

How many pregnancies has the mother had? _____ Which was this child? _____

Mother's age at the time of this pregnancy? _____

Any medical problems before this pregnancy? _____ If yes, describe:

Did the mother have any of the following during pregnancy?

German measles _____ Toxemia _____ Anemia _____ Kidney infection _____

Accidents, injures (describe):

Did the mother take any prescription and or nonprescription medications during this pregnancy?

Yes _____ No _____

Describe medications: _____



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Was the pregnancy full term? _____ Premature? _____ Number of months? _____

Was the delivery normal? _____ Length of hard labor? _____ Were forceps used? _____

Caesarian/Breech? _____

Comments:

Give the name of physician and hospital:

Child's weight at birth? Any birth injuries?

Was the child an RH baby? Was the child jaundiced?

Did the child require oxygen?

What special medication or treatment did the child receive at birth, if any?

Breast or bottle fed? If breast fed, for how long?

Did the infant have feeding problems? If "yes", explain

Swallowing or choking difficulty? Yes _____ No _____ If "yes" explain:

Sat alone _____ months. Fed self _____ months. Walked alone _____ months.

Determined handedness (age).

Toilet trained during the day (age). Toilet trained during the night (age).

Physical development has been: rapid _____ normal _____ slow _____.

Coordination is: good _____ clumsy _____.

Does the child use any of the following? (Check all that apply).

_____ Wheelchair

_____ Walker

_____ Special Chair

_____ Other special equipment (describe)

Feeding difficulty: Yes _____ No _____. If "yes", explain:



Check all those that apply to the child:

	Yes	No	Explain: provide age if possible
Eating problems			
Sleeping problems			
Toilet trained problems			
Difficulty concentrating			
Needs a lot of discipline			
Interactive			
Excitable			
Laughs easily			
Cries a lot			
Difficult to manage			
Overactive			
Sensitive			
Personality problems			
Gets along with adults			
Emotional			
Stays with an activity			
Makes friends easily			
Happy			
Irritable			
Would the child separate easily for therapy?			

What are your primary concerns about your child?

SPEECH AND LANGUAGE HISTORY

Was the child responsive as an infant? (Smile or laugh appropriately) Yes _____ No _____
 If "no", explain:

When did the child first make sounds? _____ months
 Examples of early sounds

Did the child begin to babble and then stop? Yes _____ No _____

When did the child say his/her first words: _____ months
 Examples of early sounds

When did the child say his/her first words: _____ months
 Examples of first words:

When did the child first use phrases: _____ months
 Examples of phrases:



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When did the child first use sentences: _____ months

Examples:

When were you first concerned about the child's speech or language?

What caused the concern?

How does the child communicate at this time? Provide examples of his present communication:

Can child be understood by:

Mother _____ Relatives _____ Other children _____

Father _____ Strangers _____

Is child having difficulties in any area other than speech? Yes _____ No _____

If "yes", explain:

What words does this child say or write?

What gestures does this child make (e.g. pointing, motioning to "come here," tugging for attention)?

When does he/she use these gestures?

What manual signs (or sign language) does the child use?

When does he/she use these signs?

What other things does he/she do to communicate (e.g., for look at something he wants, blink eyes)?



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MEDICAL HISTORY

Check all those that apply to the child:

	No	Yes	If yes, mild, moderate or severe?
Adenoidectomy			
Heart problem			
Allergies			
High fevers			
Asthma			
Influenza			
Blood disease			
Mastoidectomy			
Cataracts			
Measles			
Chicken pox			
Meningitis			
Convulsions seizures			
Muscle disorder			
Cross-eyed			
Nerve disorder			
Croup			
Orthodontia			
Dental problems			
Pneumonia			
Diphtheria			
Polio			
Encephalitis			
Rheumatic fever			
Headaches			
Scarlet fever			
Head injuries			
Tonsillectomy			
Vision Problems			
Whooping cough			

Describe any other illnesses, accidents, injuries, operations, and hospitalization of the child (include the age of the child and length of hospitalization):

Is the child's health Good? _____ Fair? _____ Poor? _____

Is the child now under medical treatment or on medication? Yes _____ No _____

Please describe any treatment or medication:



HEARING HISTORY

Does the child have a history of ear infections or otitis media?

How many occurrences or ear problems?

At what ages? Age of onset?

How long did each ear problem last?

What treatments (medications) were prescribed?

Has the child ever been treated by an Ear, Nose, and Throat doctor?

Who? When?

Says "huh?" or "what?" at least five or more times a day? Yes No

Do you ever question the child's ability to hear normally?

Why?

Has the child complained of noises in his ears?

Is hearing the same from day to day? When does it change?

Does the child become confused with direction of sound?

Does the child seem to hear less well in noise?

Does the child seem annoyed by a noisy environment or loud sounds?

Does the child favor one ear? Which one? Left Right

Does the child favor one ear? Which one? Left _____ or Right _____

Does the child watch the speaker's face?

Does the child respond to vibration?

Has the child ever worn a hearing aid?

Is the child easily distracted?

Does the child have difficulty following directions?

Does the child localize to environmental sounds?

Does the child have difficulty following auditory directions?