

## Communication Assessment

Individual's Name: \_\_\_\_\_

|   | Yes | No | Comments |
|---|-----|----|----------|
| Can communicate verbally?   |     |    |          |
| Can communicate wants/needs to non-familiar persons?  |     |    |          |
| Initiates communication?  |     |    |          |
| Independently operates a telephone?   |     |    |          |
| Can communicate independently with non-familiar persons on the telephone?   |     |    |          |
| Uses sign language to communicate?<br>Indicate type: <input type="checkbox"/> ASL <input type="checkbox"/> Contact Sign/PSE<br><input type="checkbox"/> Signed English <input type="checkbox"/> Home Signs <input type="checkbox"/> Other |     |    |          |
| Reads lips?   |     |    |          |
| Uses adaptive equipment to communicate by telephone?  |     |    |          |
| Communicates using gestures?  |     |    |          |
| Communicates using pictures or symbols?   |     |    |          |
| Communicates using letters or words?  |     |    |          |
| Uses augmentative communication device?   |     |    |          |
| Is <u>willing</u> to use augmentative communication device? (if recommended)  |     |    |          |
| Can manipulate books & newspapers to read independently?  |     |    |          |
| Can read text without pain or losing place?   |     |    |          |
| Can see text to read it?  |     |    |          |
| Uses alternate formats: <input type="checkbox"/> Large Print<br><input type="checkbox"/> Braille <input type="checkbox"/> Audio tape  |     |    |          |
| Needs written information printed on colored paper? State color.  |     |    |          |
| Communicates ideas in written format at expected level of proficiency?  |     |    |          |
| Can physically produce written information?   |     |    |          |
| Requires adaptive device to communicate in writing?   |     |    |          |
| Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>  |     |    |          |

# Communication Assessment

Medical/disability restrictions that would affect this individual's ability to communicate:

## Potential Communication Adaptations/Recommendations

### Evaluations:

Augmentative Communication Device:

Adaptive Computer Equipment:

Other:

### Training:

Literacy:

Use of Adaptive Equipment:

Other:

### Equipment:

Icon-Based Communication Device:

Letter-Based Communication Device:

# Communication Assessment

Computer-Based Device:

Amplified Phone:

Big Button or Braille Phone:

TTY/TDD:

Relay System:

Adaptive Writing Aids:

Page Turner/Book Holder:

Scanning & Read System:

Low Vision Aids:

Voice Output:

# Communication Assessment

Large Print Text:

Recorded Materials:

Talking Word Processor:

Talking Calculator:

Adapted Computer System:

Adapted Software:

Signature Stamp:

Other:

EC Name: \_\_\_\_\_

Date: \_\_\_\_\_