

ACCESS TO COMMUNICATION AND LEARNING Request for an AAC Assessment

Please comple	ete this form	as fully as	possible.
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Please **do attach** any other documents you feel may be relevant to this referral.

Communication Needs

1.	Briefly describe the learner's main communication need – including
	understanding and expressive strategies for communicating (please include
	additional reports if appropriate).

- 2. How does the learner **demonstrate** the following? / How does the learner **communicate** the following? (Please describe)
 - Communicating 'yes' and 'no'
 - Providing information / directing others
 - Requesting

Used for:

Repairing breakdown in communication

პ.	Does the learner use the following methods of communication?
	☐ Facial expression Used for:
	☐ Eye pointing / gaze Used for:
	□ Gesture



What does the learner like / dislike?

☐ Vocalisation / sounds
Used for:
□ Speech
Used for:
☐ Spelling/text
Used for:
☐ Gesture and / or Signs (e.g. Makaton / BSL)
Used for:
☐ Symbols / photos (e.g. Widgit, PCS,)
Used for:
4. In a typical day, how and when are symbols or visuals used? Approximately
how many?
Current use of electronic AAC
Please detail any current electronic AAC systems the learner is using that
Please detail any current electronic AAC systems the learner is using – both hardware and software How is it accessed? (e.g. direct touch, switch, eyegaze)
Have any other electronic AAC devices been tried in the past? Please give details.
Interests



Physical & Sensory Needs

Hearing

Does the learner have a hearing impairment? Yes/No
Is a hearing aid worn?
□ Left ear□ Right ear□ Both ears□ No
Vision
Does the learner have any known visual difficulties? If yes, please give details.
Does the learner wear glasses? Yes/No
Seating, positioning and mobility
obating, positioning and mobility
Does the learner have any special seating in place? Yes/No
Please give details:
Does the learner have any mobility issues? Yes/No
Is there any other information you feel we should know?
Are there any other professionals involved with the learner? (Please add as needed)
Name:
Contact details:



Name:

Contact details: