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? Indicate type: ☐ ASL ☐ Contact Sign/PSE ☐ Signed English ☐ Home Signs ☐ 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 willing 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: ☐ Large Print ☐ Braille ☐ 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:	☐	☐	

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: _____