

Student's Name:	Grade/Age:
School/Classroom:	Date:
AAC Needs Assessment Date:	Completed by:
Student's Current Communicator Level Profile (pick more than one if "bridging"): <input type="checkbox"/> Emergent <input type="checkbox"/> Entry <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	

Multimodal communication and strategies (check all that apply, briefly describe):

<input type="checkbox"/> Body Language: <i>Whole Body/Proxemics</i>	<input type="checkbox"/> Body Language: <i>Facial Expressions</i>	<input type="checkbox"/> Body Language: <i>Gestures</i>	<input type="checkbox"/> Vocal/Verbal Approximations:
<input type="checkbox"/> Eye Gaze:	<input type="checkbox"/> Choice-Making:	<input type="checkbox"/> Modeling/Prompting:	<input type="checkbox"/> Social Scripts:
<input type="checkbox"/> Aided Language Modeling:	<input type="checkbox"/> Partner-Assisted Scanning:	<input type="checkbox"/> Spelling:	<input type="checkbox"/> Other:

Communication tools (No-Tech and Technology) being used (check all that apply, briefly describe):

Name of tool: Describe: <input type="checkbox"/> Part of classroom "toolkit" <input type="checkbox"/> Purchased for student	Language is represented by: Student accesses system by: Funding Source: <input type="checkbox"/> Parent: <input type="checkbox"/> School District: <input type="checkbox"/> Medically-based funding:	Date: MM/DD/YY MM/DD/YY MM/DD/YY
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Device Management:

Passwords:	
Back-Up Information:	
Restrictions (e.g. guided access):	

Goals/Skills we are developing:

<u>Social/Strategic Competence</u>		<u>Linguistic Competence</u>		<u>Operational Competence</u>	
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#		#		#	