

University of North Texas
Augmentative and Alternative (AAC)
Case History Form

Client's Name: _____ Birthdate _____

Individual completing the form: _____ Relationship _____

(You/your refers to the client)

Please describe your goals for the assessment.

Please describe how you would like to improve your communication skills.

Please describe persons that you communicate with **on a regular basis**.

_____	_____
_____	_____
_____	_____
_____	_____

Please describe your current means of communication (check all that apply):

- Speech
- Yes/no responses
- Eye gaze/facial expression
- Pointing
- Gestures
- Sign language (number of signs) _____
- Picture communication board (number of pictures) _____
- Writing
- Electronic device (specify device) _____
- Other (describe) _____

Please check the best description of your communication success using **any method** of communication (speech, gestures, pointing, etc):

- Able to communicate easily with many different people
- Some difficulty communicating successfully, especially with new people
- Frequent difficulty communicating successfully
- Successful communication is limited to people who know me
- Successful communication is limited to basic needs/simple ideas
- Unable to communicate basic needs

Please describe how easily your **speech** is understood by others:

- Understood 75% of the time or more
- Understood 50-75% of the time
- Understood 25 – 50% of the time
- Understood less than 25% of the time

Which of the following describes your mobility (check all that apply)?

- Walk independently
- Walk with walker/cane or assistance
- Use a wheelchair part of the time
- Use a wheelchair all of the time
- Use an electric wheelchair

Which of the following describes your ability to use your arms (check all that apply)?

- No movement or sensation problems
- Limited movement on either side (describe) _____
- Limited fine motor coordination (describe) _____
- No functional movement

Do you have problems with any of the following:

- vision (describe) _____
- hearing (describe) _____
- sitting balance (describe) _____
- head control (describe) _____
- swallowing (describe) _____

Please describe your reading abilities:

Skill	Yes	No
Recognizes objects/pictures		
Recognizes letters		
Reads some (at least 50 words)		
Reads and understands sentences		
Reads and understands books		

Please describe your writing abilities:

Skill	Yes	No
Able to write name, address, some words		
Able to write sentences to communicate		
Legibility of writing is poor		
Able to type on a keyboard		

Have you ever tried using any methods of alternative/augmentative communication (for example, a communication board, a picture book, sign language)? If so, please describe your success with the method(s).

Are you interested in accessing technology for any of the following (check all that apply):

- Environmental control
- Computer/internet access
- Telephone access
- Word processing/written output
- Other (specify) _____

Please describe your interests/activities you enjoy.