tobii dynavox

Augmentative and Alternative Communication Needs Assessment

Name of Individual Using AAC: _____

Date: _____

Person Providing Input/Observation: _____

This needs assessment can be completed as part of an initial AAC evaluation or as part of on-going assessment after AAC strategies and tools have been implemented.

Note: The needs assessment is most effective when completed by multiple members of a team — with as much input from the individual with complex communication needs as possible.

A. Topics – Topics are general things that you like to talk about during conversations. Mark the appropriate column. Name the communication mode most likely to be used (e.g., speech, gesture, facial expression, communication board/book, communication device).

Topics	Can Already Talk About	Would Like to Talk About	Not Important Right Now	Typical Mode/s of Communication	Is Current Mode Effective? Yes	No
Everyday choices (e.g., clothing, food, activities)						
Everyday activities (e.g., play, hobbies, chores)						
Work/school						
Social activities (e.g., games, coffee, cards)						
Community interactions (e.g., bank, pharmacy, bus, restaurant)						
Stories (e.g., past, upcoming events, made-up)						
Directions (e.g., caregiver, locations)						
Current events						

A. Topics / Continued

Feelings and emotions						
Physical needs or problems						
Other						
Other						
Other						

B. Communication Skills – You use a variety of these communication skills in conversation. Mark the appropriate column and name the communication mode most likely to be used.

Communication Skill	Can Do Succssfully	Is Difficult Right Now	Not Important Right Now	Typical Mode/s of Communication	Is Current Mode Effective? Yes	No
Getting attention						
Holding attention						
Introducing myself to others						
Starting conversations						
Maintaining conversations (e.g., turn-taking, making comments)						
Changing or introducing new topics						
Interrupting						
Asking questions						
Answering yes/no questions						
Answering familiar/routine questions (e.g., How are you? How was your weekend? What is your name?)						
Answering less familiar questions						
Answering questions that require a more specific answer (e.g., What did you do for Spring Break? What did you have/cook for dinner?)						
Describe/discuss something more in depth (or detailed information)						
Telling a story or joke						

B. Communication Skills / Continued

Expressing commands						
Telling my communication partner I did not understand						
Knowing my communication partner did not understand me						
Repeating my message when I am not understood						
Restating my message in a different way						
Giving my communication partner clues when I am not understood						
Spelling						
Finding information that I know I have in my communication device						

C. Communication Environment – In which environments or situations do you communicate and how often? Mark the appropriate column and name the communication mode most likely to be used.

Communication Environment/Situation	How often? (daily, weekly, monthly, other)	Is Difficult Right Now	Not Important Right Now	Typical Mode/s of Communication	Is Current Mode Effective?	
					Yes	No
At home						
At school/work						
In the community						
Face to face						
In groups						
On the phone						
With familiar people (family/friends)						
With unfamiliar people						
With caregivers who are familiar with AAC						
With caregivers who do not understand AAC						
Written communication						
Other						
Other						

D. Communication Partners – What is important that your communication partners learn to do? Check all that apply.

- ☐ Do not interrupt
- ☐ Do not guess what I am saying
- ☐ Guess what I am saying
- ☐ Give me extra time to say what I want
- ☐ Ask me questions to narrow down the topic
- ☐ Give me opportunities to communicate
- ☐ Slow down when talking to me
- ☐ Use writing, drawing or gestures to help me understand
- ☐ Simplify questions and statements
- ☐ Help me find things in my communication book/device
- ☐ Other:

Who is your:

- Best Communication Partner:

- Most Frequent Communication Partner:

- Favorite Communication Partner:

Notes: