



Owned and Operated by
Speech-Language Pathologists
EIN: 26-0060915
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**AUGMENTATIVE AND ALTERNATIVE COMMUNICATION
ADULT SCREENING FORM**

Client name: _____ DOB: _____

Parent name (if under 18): _____ Date: _____

Client's current most frequent mode of communication (e.g., spoken language, sign languages, gestures, picture communication): _____

What type of AAC are you seeking? _____

	Y/N	Comments
Do you have any visual impairments?		
Do you have any hearing impairments?		
Do you have any physical limitations?		
Can you extend only your pointer finger to point at objects or touch pictures?		
Do most people understand your current attempts to communicate?		
Do you currently use a form of augmentative or alternative communication (AAC) such as picture communication cards, an iPad/tablet, etc?		

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