



Owned and Operated by
Speech-Language Pathologists
 EIN: 26-0060915
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**AUGMENTATIVE AND ALTERNATIVE COMMUNICATION
 CHILD 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
Does your child have any visual impairments?		
Does your child have any hearing impairments?		
Does your child have any physical limitations?		
Can your child extend only his/her pointer finger to point at objects or touch pictures?		
Can your child follow simple, one-step directions (e.g., "touch", "look")?		
Do most people understand your child's attempts to communicate?		
Does your child have a diagnosis of receptive or expressive language disorder or childhood apraxia of speech (CAS)?		
Does your child currently use a form of augmentative or alternative communication (AAC) such as picture communication cards, an iPad/tablet, etc?		
Can you (the parent/guardian) commit to learning the selected AAC method and modelling appropriate use to your child?		

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