Communication Success Screening

1. Does the individual have a diagnosis (e.g., autism, CP, aphasia, ALS, etc.) that puts him/her at risk for speech and language challenges?  Yes___ No___

2. Does the individual have less than 20 words or signs/signals that can be understood by unfamiliar listeners?  Yes___ No___

3. Does the individual have difficulty communicating his/her ideas (e.g., asking for a desired item, telling a story, expressing an idea)?  Yes___ No___

4. Does the individual have difficulty having basic needs met?  Yes___ No___

5. Does the individual attempt to communicate verbally, but attempts are unintelligible to most listeners (e.g., Apraxia, dysarthria)?  Yes___ No___

6. Does the individual become frustrated and exhibit inappropriate behaviors when unable to communicate with others?  Yes___ No___

7. Does the individual show an interest in social interaction, but lacks the verbal skills to do so?  Yes___ No___

8. Does the individual have difficulty initiating interaction with others?  Yes___ No___

9. Does the individual use objects, photographs or picture symbols primarily for requesting but needs a way to increase language function?  Yes___ No___

10. Does the individual fall below either developmental milestones for expressive language or previous expressive levels?  Yes___ No___

11. Does the individual lack a reliable yes/no response?  Yes___ No___

12. Does the individual have difficulty participating appropriately in conversations with peers?  Yes___ No___

13. Does the individual benefit from help from a familiar communication partner to communicate effectively with others?  Yes___ No___

14. Is the individual non-verbal and communicates most successfully using facial expression, body language, gestures and behaviors (either socially appropriate behaviors or challenging behaviors)?  Yes___ No___

15. Do pictures seem to increase both comprehension and expression?  Y Yes___ No___

16. Is it difficult for the individual to successfully participate in meaningful day-to-day activities (e.g., routine classroom activities, work, leisure)?  Yes___ No___
Communication Success Screening (con’t)

Count the number of **YES** responses and write it here __________

If you have 5 or more YES responses, then this individual might be a good candidate for augmentative communication intervention.

Use the space below to write any additional concerns or questions that you want to discuss.

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