

## AAC DEVICE CUSTOMIZATION & INTEGRATION

### SCHOOL DATA FORM

This form is used to assist in gathering the necessary information to customize your student's communication system and to guide system integration within the classroom. Please answer all questions as completely as possible.

STUDENT'S NAME \_\_\_\_\_ ESTIMATED GRADE LEVEL \_\_\_\_\_

1. Give a brief description of a routine day at school:

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2. List names of classmates and significant staff involved in child's educational program including care needs. Use separate sheet if necessary.

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3. To the left of each subject, indicate whether AAC Device is (R)equired, (D)esired, or Optional (O). Mark which device feature(s) are most appropriate for the activity - (P)rint-out, (S)poken, (C)omputer access. Check all the participation formats which describe the manner in which you would like the student to be able to participate.

Usage			Subject or Activity	Feature			Participation Format		
R	D	O		P	S	C	a, b, c, .. T/F	Open-ended	Single-Word
			Math						
			Spelling						
			Language Arts						
			Composition						
			Reading						
			Phonic						
			Science						
			Social Studies						
			Health						
			Circle						
			Morning Meeting						
			Other:						
			Other						

4. Mark (x) the communicative functions the child spontaneously uses in the classroom. Mark (√) the communicative functions that are current communication goals. Next, list sample statements which you feel that the student needs to express, or would like to express in the classroom and in the therapies.

Requests for information \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requests for materials/objects \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requests for assistance \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Greetings \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Social Exchange (i.e. complements, etc) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Protest (i.e., I don't want to. etc) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Interpretive Statements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Feedback (i.e., It's too hard, I don't understand. etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Communication Goals/Needs: Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Pragmatics                   | <input type="checkbox"/> Syntax                |
| <input type="checkbox"/> Concept Development          | <input type="checkbox"/> Spelling              |
| <input type="checkbox"/> Learning Device Contents     | <input type="checkbox"/> Device Operation      |
| <input type="checkbox"/> Vocabulary contents/location | <input type="checkbox"/> Categorization skills |

6. List any therapy or extra curricular activities that the student is involved in and describe communication needs for each activity.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Please attach the child's IEP for specific education and communication goals and activities.

Form completed by: \_\_\_\_\_

Date: \_\_\_\_\_