

Vocabulary Questionnaire to Support Vocabulary Selection for Augmentative & Alternative Communication

Student Name: _____ Date: _____
 Nickname (if applicable) _____ DOB: _____
 School Student attends _____
 Student home address and phone number (*for emergency information on communication system*) _____

This questionnaire is designed to aid in the selection of the most important and meaningful vocabulary for students using or beginning to use an augmentative and/or alternative communication system (such as a voice output communication device or communication board). The words you choose will help the team develop a communication system that offers more meaningful and power vocabulary.

Note: If you don't know an answer, leave it blank!

Does he/she recognize line-drawn symbols (i.e., Boardmaker) Y N

Does he/she require photographs? Y N

Name of person completing questionnaire	Relationship to student	Date

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!

* You may cross out words in the checklists and write in any of the child's unique terms. For example, you may want to cross out the word "dinner" and write in "supper."

[illegible]

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PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!


Where dad works/what he does: _____


What I like to do with Mom: _____

What I like to do with Dad: _____

What I call Mom's parents (Ex.: grandmother –Nana, grandfather-Pops):

What I call Dad's parents (Ex.: grandmother –Nana, grandfather-Pops):

PETS 	
Type of Pet	Pet's name

 OTHER PEOPLE IMPORTANT TO THE CHILD	
Relation to child (ex. Neighbor)	What your child calls the person to the left (for example: neighbor – Mrs. Smith)

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!



PROFESSIONALS CHILD ENCOUNTERS FREQUENTLY (outside of school)

Professional	Name: What your child calls the person to the left (for example: pediatrician – Dr. Smith)




SCHOOL PEOPLE Adults the child interacts with in his/her school


School Personnel	What your child calls the person to the left (for example: teacher – Mrs. Smith)

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!

 SCHOOL FRIENDS Students child interacts with in his/her school environment	

PLACES:

 SCHOOL PLACES – Places child goes within and outside of the school building	
Place	What child calls place listed on left

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!

Where does your child go after school (home, sitter, caretaker, daycare center...):

Who child sees after school (family, friends, care takers, therapists...)

HOME PLACES:

SOME OF CHILD'S FAVORITE PLACES TO GO ARE:

Some of my child's favorite places to go are: (ex. inside, outside, Bobby's house, etc.)

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!



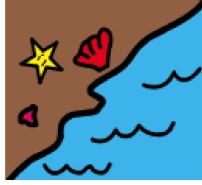
STORES: Which specific stores does the child visit in the community?
(ex. Target, Acme, etc,)



RESTAURANTS: Which specific restaurants does the child visit in the community?
(ex. McDonald's, Applebees, etc,)

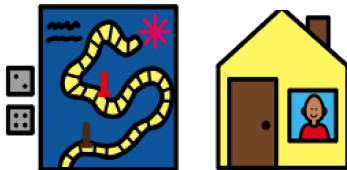
PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!



VACATION SPOTS: Which specific vacation does the child visit?
(ex. beach, Ocean City, Poconos, etc.).

HOME ACTIVITIES:



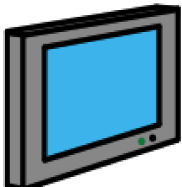
FAVORITE HOME ACTIVITIES: Which specific activities does your child like to play at home? (ex. puzzles, reading, cooking, eating, playing cars and trucks, listening to music, computer, dolls, games, etc.) Please be specific and name toys, games, toy parts, book names, etc. (Use back for additional space)

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!



FAVORITE MUSIC/ARTISTS: Please name specific music, songs, artists your child enjoys.



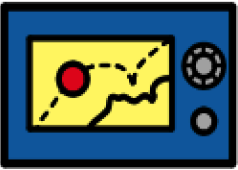
**FAVORITE TV SHOWS/STARS/MOVIES/
DVDS/CDS/CHANNELS:** Please name specific music, songs, artists your child enjoys.

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!

Child typically watches TV with the following people:

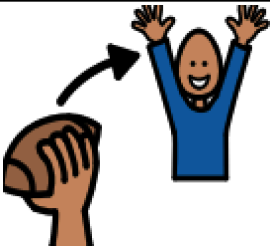
Where /how the child likes to watch:

VIDEO GAMES	
	<p>If applicable, Please list favorite video game system (i.e., Leap pad, V-Smile, PlayStation3, DS Lite, Xbox, Wii, etc,) and specific games played on these systems (i.e., Mario Brothers, etc.)</p>

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!

FAVORITE SPORTS to WATCH/ATTEND	
	<p>If applicable, please list favorite sports/teams (professional and local) your child likes to watch or attend.</p>

FAVORITE SPORTS to PLAY	
	<p>If applicable, please list favorite sports your child likes to play. Please name teams if appropriate.</p>


PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!

* Are there any specific vocabulary items that should be included about parts of the body or hygiene?

CLOTHING – Place a check beside the words the child would use.

- | | |
|-------------|----------------|
| * shirt | * sweatshirt |
| * pants | * shirt |
| * shorts | * t-shirt |
| * jeans | * skirt |
| * dress | * pajamas |
| * underwear | * bathing suit |
| * socks | * coat |
| * shoes | * mittens |
| * boots | * gloves |
| * sandals | * hat |
| * sneakers | * scarf |

	CLOTHING: Are there any other vocabulary items that should be included about clothing?

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!

Foods/Drinks and Eating –

FAVORITE FOOD/DRINKS: What specific favorite foods and drinks would the child comment on or request?	

LEAST FAVORITE FOOD and DRINKS: What foods and drinks does the child DISLIKE that he/she would communicate about?	

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!

*Is the child **allergic** to anything they may need to tell someone about?

Slang/Jokes/and Swearing (swearing for teenagers only)

What slang, jokes, swear words (teenagers only) or other unique phrases would your child want to use?	

GREETINGS/MANNERS:

* Are there any other vocabulary items that should be included to express greetings or politeness?

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!

POSITIONING/ADAPTIVE EQUIPMENT/PERSONAL CARE:

Are there any specific words related to physical positioning, adaptive equipment, or other personal care needs that the child would need to say?

(ex. stander, wheelchair, suction, change positions, etc.)	

PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!