

## Communication Success Screening

If you know an individual who has difficulty communicating with others, the following checklist may help you determine whether you should explore some communication tools that could help. You can use this screening in a few different ways:

- Complete this screening on your own and then discuss with the appropriate individual (e.g., physician, speech-language pathologist, educator, etc).
  - Have each member of the intervention team (e.g., speech-language pathologist, family members, educators, job coach, etc.) answer these questions individually and then come together to discuss.
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\_\_\_

## Communication Success Screening (con't)

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? 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\_\_\_

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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.*

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

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