

**ASSISTIVE DEVICES RESOURCE SERVICE
Questionnaire: Face to Face Communication**

PLEASE PRINT AND COMPLETE IN FULL
To be submitted with the ADRS Referral Form.

Client name:	
DOB: (dd/mm/yyyy)	Client E#:

Current profile: Check any that apply

Communication challenges are experienced at: home school

Client demonstrates cause and effect skills/awareness.

Client initiates/demonstrates a desire to communicate: _____

Client intentionally communicates: _____

Client uses the following to communicate:

gestures signs objects photographs

PECS (Picture Exchange Communication System)

PCS (Picture Communication Symbols)

other: _____

If using the above, client is able to choose from a presentation of how many items at once?

2 3-4 5 or more combines 2 or more to communicate

If using gestures/signs/symbols, client has how many in his/her vocabulary?

less than 20 20 - 50 more than 50 combines 2 or more to communicate

Other speech services involved:

Agency/service name: _____

SLP and contact information: _____

Additional information and/or past communication device/system use: _____

Completed by:	Date completed:
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