

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.
