

Assistive Devices Resource Service

VOCABULARY QUESTIONNAIRE

Please return this form to _____ by the following date _____.

Failure to complete this form by the date indicated above will result in a delay of service.

Please take some time to fill in this form with words or messages that your child would want to say. Include things that are meaningful or motivating to your child (what would he/she like to ask for or talk about?)

Remember, these are words and phrases that your child would want to use, NOT things you would like to tell your child or things you want your child to say. For example, you might want your child to eat broccoli, but if he/she does not like broccoli and would never ask for it, do not include 'broccoli' in the list. Similarly, you might want your child to tell you when he/she is 'frustrated', but if he/she does not yet understand the word 'frustrated', this should not be included.

To ensure a more complete list of the types of messages that would be helpful throughout your child's day/week at home/school, you may want to enlist help from those people who are most involved with your child on a daily basis. Feel free to add any additional vocabulary in the blank table at the end of this form.

Please specify desired picture or colour if your child has a preference (E.g. minigo yogurt picture for yogurt, red coloured ball for ball).

ABOUT ME:

Name:	
Address:	
Birthday:	Age:
Siblings names:	
Favourite t.v. show:	
Favourite song:	
Favourite movie:	
Favourite activity:	
Pets (please list names and type of animal):	
Other:	

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PEOPLE

Please list names of family, friends, classmates, teachers etc.

Family:
Friends:
Classmates:
Teachers:
Educational Assistants:
Other:

FOOD & DRINK:

E.g. – water, juice, pizza, apple, grapes

ACTIVITIES:

E.g. – read a book, watch TV, play on computer

GREETINGS

E.g. – Hey, How's it going?, What's up, Bye, See you later!

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PERSONAL HYGIENE/MEDICAL NEEDS

E.g. – I'm having pain, I have a stomach ache, I need to use the washroom

FEELINGS

E.g. – happy, sad, scared, excited

CLOTHES

PLACES

THINGS/OBJECTS

Please list any items your child refers to..e.g. pencil, crayons etc.

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GAMES/SONGS

SCHOOL

Please list any Family/Classroom Activities and some of the messages/information typically shared during these activities:

E.g. – Circle Time: Today is (day of week), It is sunny, cloudy etc.

SCHOOL PLACES

Please list any places around the school your child would request or any areas within the classroom.

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OTHER/MISCELLANEOUS

Please use this area for any additional vocabulary you would like to add.
