

**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
<input type="checkbox"/> Communication challenges are experienced at: <input type="checkbox"/> home <input type="checkbox"/> school <input type="checkbox"/> Client demonstrates cause and effect skills/awareness. <input type="checkbox"/> Client initiates/demonstrates a desire to communicate: _____ <input type="checkbox"/> Client intentionally communicates: _____ <input type="checkbox"/> Client uses the following to communicate: <input type="checkbox"/> gestures <input type="checkbox"/> signs <input type="checkbox"/> objects <input type="checkbox"/> photographs <input type="checkbox"/> PECS (Picture Exchange Communication System) <input type="checkbox"/> PCS (Picture Communication Symbols) <input type="checkbox"/> other: _____ <input type="checkbox"/> If using the above, client is able to choose from a presentation of how many items at once? <input type="checkbox"/> 2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5 or more <input type="checkbox"/> combines 2 or more to communicate <input type="checkbox"/> If using gestures/signs/symbols, client has how many in his/her vocabulary? <input type="checkbox"/> less than 20 <input type="checkbox"/> 20 - 50 <input type="checkbox"/> more than 50 <input type="checkbox"/> combines 2 or more to communicate <input type="checkbox"/> Other speech services involved: Agency/service name: _____ SLP and contact information: _____ <input type="checkbox"/> Additional information and/or past communication device/system use: _____ _____ _____ _____ _____

Completed by:	Date completed:
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