

Augmentative Communication Evaluation Simplified (ACES)

Case History and Evaluation Summary

Person(s) referring for evaluation: _____

Reason for evaluation: _____

I. Identifying Information

Individual's Name:	Date:
Date of Birth: Age:	Referring Physician:
Person completing form: Staff /Parent/Guardian/Caregiver (circle) Name: Position (if appropriate)	Main contact name:
	Main contact mobile phone:
Insurance(s): 1) 2) 3)	Main contact email:

II. Medical History and Background Information

Medical diagnosis (e.g., Developmental Delay, Autistic, Traumatic Brain Injury, other _____):	
Date of onset/diagnosis:	
Is the individual currently receiving speech therapy? <input type="checkbox"/> yes <input type="checkbox"/> no	
Where/Name of school/agency:	
Has the individual previously received speech therapy? <input type="checkbox"/> yes <input type="checkbox"/> no	
Where/Name of school/agency:	
Approximately how many months of speech therapy has the individual received?	
Name of speech pathologist:	Phone:
Email:	
Is the individual currently receiving physical therapy? <input type="checkbox"/> yes <input type="checkbox"/> no occupational therapy? <input type="checkbox"/> yes <input type="checkbox"/> no	
Name of therapist(s):	Phone:
What is the individual's first language?	Any other language spoken at home?
Current Medications (please list and what for)	
Where living? <input type="checkbox"/> home <input type="checkbox"/> host home <input type="checkbox"/> group home <input type="checkbox"/> skilled nursing	
Whom do they live with?	
If adult, do they work? (or previous occupation)	

Other pertinent medical or background information: (continue on back as needed)

I. Hearing and Vision Status

Does the individual have a history of hearing loss/impairment?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the individual wear hearing aids?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the individual have any difficulty with vision beyond what can be managed with corrective lenses (glasses or contacts)? If yes, please describe below.	<input type="checkbox"/> yes <input type="checkbox"/> no
When was last hearing evaluation completed?	Date: Not Sure
When was last vision evaluation completed?	Date: Not Sure

II. Communication Skills

How do they communicate? Please rate the individual's communicative effectiveness in following modalities on a 5 point scale with a rating of "1" indicating not effective to a rating of "5" indicating very effective . Check NA if the question is Not Applicable to this individual or DK if you don't know .	
How well does the individual understand simple instructions? (e.g., "Look at me." "Turn your head." "Open your mouth.")?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Do they demonstrate appropriate attending skills?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Do they demonstrate a desire to interact with others?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Does the individual answer simple Yes/No questions? (e.g., "Are you feeling ok?" "Do you want to take a nap?") If so, then indicate how (head nod, verbalize, thumbs up, sign, etc.)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Do they indicate BASIC needs? (if inconsistent, circle what they can do -get attention, indicate hunger, thirst, comfort, need help, make choices given opportunity)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Do they clearly indicate a variety of needs & desires?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Do they appropriately indicate if they don't want something? – or don't want to do something?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Do they let you know when they want to continue / stop an activity or an interaction?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Do they greet others? (communicate hi – or bye appropriately)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
If the individual does not do at least 5 of the above consistently, then skip to III.	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Do they use social courtesy forms? (please, thank you, etc.)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Do they express feelings appropriately?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Are they able to give personal information when asked? (name, age, address, phone, etc.)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Can they direct the actions of others appropriately?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Can they express humor?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK

Do they make comments about people/situations?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Can the start and maintain a conversation? (circle: simple or complex)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
When the individual is trying to communicate something, and it is not clear, do they try other things to get the message across? (Circle; repeat message, points, gestures, play "20 questions" with them, spell message, , other _____)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Other	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK

III. Present Means of Communication

How do they communicate? Please rate the individual's communicative effectiveness in following modalities on a 5 point scale with a rating of "1" indicating not effective to a rating of "5" indicating very effective . Check NA if the question is Not Applicable to this individual or DK if you don't know .	
Look at something	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Uses pointing &/or gestures to indicate what they want	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Takes you to what they want	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Vocalizes (makes utterances)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Verbalizes (words or attempts at words)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Signs (examples)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Uses objects as symbols	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Uses pictures (circle: board / book / key ring / PECS) (Approximately how many pictures?)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Uses a simple communication device with single message	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
We play "20 –questions"—I ask questions one-by-one and they indicate "no" until I get it right and then they indicate "yes".	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Uses a communication device (Name: _____)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Spells words (circle – writes, points to letters on alphabet board, uses computer) (Examples of words: _____)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
Other:	

IV. What FORMS do they use when they communicate?

For Case History, please complete section below as best you can and providing examples when possible.	Clinical Observations
Approximately how many words can they speak? None 1 – 10 10 – 25 25 – 50 50 – 100 100+	Examples
How much do you understand (please estimate)? With familiar listeners ____% unfamiliar listeners ____% NA	Observations:
How many signs do they use? None 1 – 10 10 – 25 25 – 50 50 – 100 100+	Examples
No matter what form they use, (verbal, device, signs, etc.) how do they usually communicate? (Circle: in single words, 2-3 words, phrases, sentences). Give example of a phrase they might use spontaneously: _____ Give example of a sentence they might use spontaneously: _____ _____	New word combinations Routine phrases Novel phrases/sentences
Response to voice output device <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> sometimes	
If using a device, do they use mainly preprogrammed messages? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> sometimes	
If using a device, can they create their own sentences? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> sometimes	
If using a device, what do they use? <input type="checkbox"/> pictures <input type="checkbox"/> pictures w/ words <input type="checkbox"/> words <input type="checkbox"/> spelling page <input type="checkbox"/> word prediction	Types of words used: <input type="checkbox"/> nouns <input type="checkbox"/> verbs <input type="checkbox"/> preps <input type="checkbox"/> adjectives <input type="checkbox"/> plurals <input type="checkbox"/> tenses <input type="checkbox"/> other
Other:	

V. Communication Situations/Partners:

Who are the people whom they talk/communicate with? <input type="checkbox"/> family <input type="checkbox"/> friends <input type="checkbox"/> relatives <input type="checkbox"/> staff <input type="checkbox"/> community personnel <input type="checkbox"/> primary partners (Please list top 3):
Where do they usually go and need to communicate? <input type="checkbox"/> school <input type="checkbox"/> home <input type="checkbox"/> daycare <input type="checkbox"/> other _____ <input type="checkbox"/> community settings (Please list):
Where will augmentative communication tools and strategies be used? <input type="checkbox"/> home <input type="checkbox"/> school <input type="checkbox"/> daycare <input type="checkbox"/> other <input type="checkbox"/> community settings (Please list):
Who will be doing the programming (if required)? <input type="checkbox"/> home <input type="checkbox"/> school <input type="checkbox"/> other (list who)
If using a device, what do they use? <input type="checkbox"/> pictures <input type="checkbox"/> pictures /words <input type="checkbox"/> words <input type="checkbox"/> spelling page <input type="checkbox"/> word prediction

VI. Physical Abilities and Positioning

Mobility	Does the individual have any difficulty walking?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
	Comments:	
Seating/Positioning	Does the individual have any special seating/positioning needs?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
	Comments:	
Upper Extremity Functioning	Does the individual have any difficulties using his or her hands and arms independently to perform activities of daily living (e.g. dressing, feeding, playing?)	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
	Comments:	
Head Control	Does the individual have any difficulties controlling their head and or problems with fatigue of the neck muscles?	Not effective <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Very effective NA / DK
	Comments:	

VII. Tell me more about their interests?

What motivating activities do you do with this individual? What interests do they have?

Any behavior concerns? (Circle: frustration, hitting, grabbing, crying, etc.) and if so, give examples.

What suggestions do you have for high interest activities to do during the evaluation?

Can you bring familiar items for those activities from home? yes no; and if so, what can you bring? (These could include books, music, toys, leisure activities. etc.)

List 3 things you would like the individual to be able to readily communicate:

1.

2.

3.

VIII. Other Information

Please provide any other information about this individual that you feel would be helpful in getting to know his/her strengths and weaknesses, communication needs, motivation, etc. Feel free to include reports from therapists (e.g., speech/language pathology, occupational, therapy, physical therapy, psychology, and physician) that you think would be helpful. Continue on back as necessary

Anything else we need to know.

Form completed by: _____
Relationship to individual

Date: _____