



Vocabulary Questionnaire to Support Vocabulary Selection for Augmentative & Alternative Communication

Student Name: _____ **Date:** _____
Nickname (if applicable) _____ **DOB:** _____
School Student attends _____
Student District of Residence _____
Student home address and phone number (for emergency information on communication system) _____

This questionnaire is designed to aid in the selection of the most important and meaningful vocabulary for students using or beginning to use an augmentative and/or alternative communication system (such as a voice output communication device or communication board). The words you choose will help the team develop a communication system that offers more meaningful and power vocabulary.

Note: If you don't know an answer, leave it blank!


Does he/she recognize line-drawn symbols (i.e., Boardmaker) Y N

Does he/she require photographs? Y N

| Name of person completing questionnaire | Relationship to student | Date |
|---|-------------------------|------|
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PLEASE PRINT CLEARLY!!
If you don't know, leave it blank!!

PEOPLE:

| | |
|---|---|
|  | FAMILY |
| Family Members and other people close to child at home (mom, dad, brother, sister, etc.) | What your child calls the family member to the left (for example: brother – Billy, mom – Momma) |
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Where mom works/what she does: _____

Where dad works/what he does: _____

What I like to do with Mom: _____


PLEASE PRINT CLEARLY!!
If you don't know, leave it blank!!


Enders/McGowan with format and content largely borrowed from questionnaire by Janice Light 5/11

What I like to do with Dad: _____

What I call Mom's parents (Ex.: grandmother –Nana, grandfather-Pops):

What I call Dad's parents (Ex.: grandmother –Nana, grandfather-Pops):

| PETS | |
|---|------------|
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| Type of Pet | Pet's name |
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|  OTHER PEOPLE IMPORTANT TO THE CHILD | |
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| Relation to child (ex. Neighbor) | What your child calls the person to the left (for example: neighbor – Mrs. Smith) |
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**PROFESSIONALS CHILD ENCOUNTERS FREQUENTLY
(outside of school)**

| Professional | Name: What your child calls the person to the left (for example: pediatrician – Dr. Smith) |
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**SCHOOL PEOPLE
Adults the child interacts with in his/her school**

| School Personnel | What your child calls the person to the left (for example: teacher – Mrs. Smith) |
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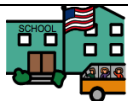


SCHOOL FRIENDS

Students child interacts with in his/her school environment

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PLACES:



SCHOOL PLACES –

Places child goes within and outside of the school building

| Place | What child calls place listed on left |
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Where does your child go after school (home, sitter, caretaker, daycare center...):

Who child sees after school (family, friends, care takers, therapists...)

HOME PLACES:

SOME OF CHILD'S FAVORITE PLACES TO GO ARE:

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| Some of my child's favorite places to go are: (ex. inside, outside, Bobby's house, etc.) |
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STORES: Which specific stores does the child visit in the community?
(ex. Target, Acme, etc,)

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PLEASE PRINT CLEARLY!!

If you don't know, leave it blank!!



RESTAURANTS: Which specific restaurants does the child visit in the community?
(ex. McDonald's, Applebees, etc.)

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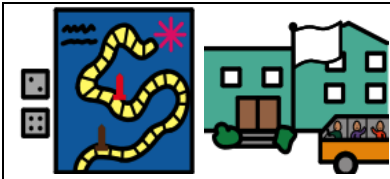


VACATION SPOTS: Which specific vacation does the child visit?
(ex. beach, Ocean City, Poconos, etc.).

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SCHOOL ACTIVITIES:



SCHOOL ACTIVITIES: Which specific activities does your child do/enjoy/dislike at school? (ex. puzzles, reading, writing, cooking, eating, cars and trucks, listening to music, computer, games, etc.) Please be specific and name toys, games, toy parts, book names, etc. (Use back for additional space)

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FAVORITE MUSIC/ARTISTS: Please name specific music, songs, artists your child enjoys.

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VIDEO GAMES



If applicable, Please list favorite video game system (i.e., Leap pad, V-Smile, PlayStation3, DS Lite, Xbox, Wii, etc,) and specific games played on these systems (i.e., Mario Brothers, etc.)

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FAVORITE SPORTS to WATCH/ATTEND

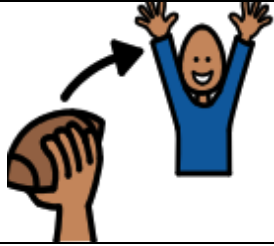


If applicable, please list favorite sports/teams (professional and local) your child likes to watch or attend.

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FAVORITE SPORTS to PLAY



If applicable, please list favorite sports your child likes to play. Please name teams if appropriate.

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COMMUNITY ACTIVITIES:

COMMUNITY ACTIVITIES



If applicable, please list community activities in which your child participates
(ex. church, scouts, music lessons, etc.)

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* Are there any vocabulary items that should be included about nature?

* Are there any vocabulary items that should be included about specific household items?

* Are there any specific vocabulary items that should be included about parts of the body or hygiene?

CLOTHING – Place a check beside the words the child would use.

- | | |
|-------------|----------------|
| * shirt | * sweatshirt |
| * pants | * shirt |
| * shorts | * t-shirt |
| * jeans | * skirt |
| * dress | * pajamas |
| * underwear | * bathing suit |
| * socks | * coat |
| * shoes | * mittens |
| * boots | * gloves |
| * sandals | * hat |
| * sneakers | * scarf |

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CLOTHING: Are there any other vocabulary items that should be included about clothing?

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Foods/Drinks and Eating –

FAVORITE FOOD/DRINKS: What specific favorite foods and drinks would the child comment on or request?

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GREETINGS/MANNERS:

* Are there any other vocabulary items that should be included to express greetings or politeness?

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POSITIONING/ADAPTIVE EQUIPMENT/PERSONAL CARE:

Are there any specific words related to physical positioning, adaptive equipment, or other personal care needs that the child would need to say?

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| (ex. stander, wheelchair, suction, change positions, etc.) | |
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