

**Augmentative and Alternative Communication (AAC) Screening**

**Questions/Observations When Exploring Communication Needs**

**1. Does the person have a hearing impairment?**

Hearing impairment may be a contributing factor to communication problems. If the person has a hearing impairment (e.g., has/had a hearing aid) or you suspect a hearing impairment (e.g., the person doesn’t seem to hear you when you speak with average conversational volume in a quiet room), ask if the individual’s hearing was ever checked. Ask if s/he has ever had a hearing aid, and if so, was it was lost or damaged in the emergency/disaster. Verify that the hearing aid (if there is one) is still appropriate and in working order. If it does not seem to be working, ask if the person needs batteries. **If the person is Deaf and uses American Sign Language, interpreter services need to be provided. *Note: The FEMA “Communication Kit” includes basic personal assistive listening devices (e.g, Pocket Talker) that may be used when interviewing individuals who appear to have a hearing loss.***

**2. Does the person primarily speak a language other than English?**

Inability to understand the language that is spoken to the individual will impede his/her ability to respond appropriately. **If the person is a native speaker of a language other than English, spoken language interpreter services need to be provided.** There are also various picture communication boards that may be printed out, e.g. at <http://disabilities.temple.edu/aacvocabulary/e4all.shtml> (English; Spanish; Haitian Creole).

**3. Is the person’s SPEECH understood by familiar communication partners**

(e.g., people who know and interact frequently with the person such family members)?

**4. Is the person’s SPEECH understood by unfamiliar communication partners**

(e.g., individuals who do not frequently interact with the person, including the interviewer)?

1. **Is the person successful in communicating through any of the following?**

\_\_\_ Speech

\_\_\_ Vocalizations/sounds

\_\_\_ Gestures

\_\_\_ Formal sign language (e.g., American Sign Language)

\_\_\_ Informal signs/home sign

\_\_\_ Writing

\_\_\_ Typing

\_\_\_ Eye gaze/eye contact

\_\_\_ Crying

\_\_\_ Picture communication board

\_\_\_ Letter communication board

\_\_\_ Augmentative communication device/speech generating device (SGD)

1. **Does the person have a low-tech communication aid (e.g., alphabet board or picture album that does not “talk”)?**

\_\_\_ Yes, has and uses

\_\_\_ Yes, has but does not use because it is broken

\_\_\_ Yes, has but does not use because no one can help him or her use it

\_\_\_ Does not have

\_\_\_ Had, but it is lost or damaged

\_\_\_ Not applicable; speech is understood ALL OF THE TIME

**Go to** [**https://harveyaac.recovers.org**](https://harveyaac.recovers.org) **to list needed device(s) and services. Help in providing a low-tech communication board may be available.**

1. **Does the person have a high-tech communication aid (e.g., augmentative communication device/speech generating device or “talking computer”)?**

\_\_\_ Yes, has and uses

\_\_\_ Yes, has but does not use because it is broken

\_\_\_ Yes, has but does not use because no one can help him or her use it

\_\_\_ Does not have

\_\_\_ Had but it is lost or damaged: **SPECIFY DEVICE NAME/MODEL and any other information that would be helpful in providing a device loan. Was/Is a speech-pathologist involved in providing supports needed to use the device? (Provide contact information if known). Go to** [**https://harveyaac.recovers.org**](https://harveyaac.recovers.org) **to list needed device(s) and services.**

\_\_\_ Not applicable; speech is understood ALL OF THE TIME