

**Vocabulary Questionnaire to**

**Support Vocabulary Selection for Augmentative & Alternative   
 Communication**

**Student Name:**   **Date:**

**Nickname (if applicable)**   **DOB:**    
**School Student attends**

**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**

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| Name of person completing questionnaire | Relationship to student | Date |
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\* You may cross out words in the checklists and write in any of the child's unique terms. For example, you may want to cross out the word "dinner" and write in "supper."

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| **List any words that you feel the child *ABSOLUTELY NEEDS* to communicate in order to function in his/her life.** | |
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**PEOPLE:**

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| **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:

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):



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| **PETS** | |
| **Type of Pet** | Pet’s name |
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| **OTHER PEOPLE IMPORTANT TO THE CHILD** | |
| **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:**

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| **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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| **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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**HOME ACTIVITIES**:

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| **FAVORITE HOME ACTIVITIES:** Which specific activities does your child like to play at home? (ex. puzzles, reading, cooking, eating, playing cars and trucks, listening to music, computer, dolls, games, etc.) Please be specific and name toys, games, toy parts, book names, etc. (Use back for additional space) |
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**SCHOOL ACTIVITIES**:

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| **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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| **FAVORITE TV SHOWS/STARS/MOVIES/ DVDS/CDS/CHANNELS:** Please name specific music, songs, artists your child enjoys. |
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Child typically watches TV with the following people:

Where /how the child likes to watch:

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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:**

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| **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

\* pants

\* shorts

\* jeans

\* dress

\* underwear

\* socks

\* shoes

\* boots

\* sandals

\* sneakers

\* sweatshirt

\* shirt

\* t-shirt

\* skirt

\* pajamas

\* bathing suit

\* coat

\* mittens

\* gloves

\* hat

\* 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** –

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| **FAVORITE FOOD/DRINKS:** What specific favorite foods and drinks would the child comment on or request? | |
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| **LEAST FAVORITE FOOD and DRINKS:** What foods and drinks does the child **DISLIKE** that he/she would communicate about? | |
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\*Is the child **allergic** to anything they may need to tell someone about?

**Slang/Jokes/and Swearing (swearing for teenagers only)**

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| What slang, jokes, swear words (teenagers only) or other unique phrases would your child want to use? | |
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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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