

# Preliminary AAC Information Checklist

## Context-specific information regarding the planning recipient's current use of AAC

Communication Context	Frequency of AAC Communication Attempts	Key Communication Partner (Obtain contact info)	Use of Communication Facilitator?	Key Communication Facilitator (Obtain contact info)
Home	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Very seldom <input type="checkbox"/> Never		<input type="checkbox"/> Yes <input type="checkbox"/> No	
School / Day Program	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Very seldom <input type="checkbox"/> Never		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational Training Program / Job	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Very seldom <input type="checkbox"/> Never		<input type="checkbox"/> Yes <input type="checkbox"/> No	
After-School Program / Evening Recreation Program	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Very seldom <input type="checkbox"/> Never		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Activities	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Very seldom <input type="checkbox"/> Never		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Very seldom <input type="checkbox"/> Never		<input type="checkbox"/> Yes <input type="checkbox"/> No	