

Communication Summary Form

Directions:

Complete this form by reviewing the student's records and interviewing the student's parents, peers, teachers, and speech-language pathologist.

Name of student: _____

Date last revised: _____

Unaided Systems	Responds to receptively		Uses expressively		If yes, describe special instructions/procedures
	Y	N	Y	N	
Nonsymbolic behaviors*					
Vocalizations	Y	N	Y	N	_____
Affect	Y	N	Y	N	_____
Body movement	Y	N	Y	N	_____
Gestural	Y	N	Y	N	_____
Physiological	Y	N	Y	N	_____
Visual	Y	N	Y	N	_____
Symbolic behaviors*					
Gestures	Y	N	Y	N	_____
Sign language	Y	N	Y	N	_____
Speech	Y	N	Y	N	_____
Pictures	Y	N	Y	N	_____
Printed word	Y	N	Y	N	_____
Braille	Y	N	Y	N	_____

* Attach vocabulary lists or sample overlays from communication devices.

Communication Summary Form *(Continued)*

Aided Systems	Responds to receptively		Uses expressively		If yes, describe special instructions/procedures
Nonelectronic devices*					
Single-sheet	Y	N	Y	N	_____
Multiple-sheets	Y	N	Y	N	_____
Electronic devices*					
Tape recorder	Y	N	Y	N	_____
Personal computer	Y	N	Y	N	_____
Dedicated aids (e.g., Touch Talker, Wolf, or SpeechPac)	Y	N	Y	N	_____
_____	Y	N	Y	N	_____
_____	Y	N	Y	N	_____
Vocabulary displays*					
Objects	Y	N	Y	N	_____
Photographs	Y	N	Y	N	_____
Line drawings	Y	N	Y	N	_____
Symbols	Y	N	Y	N	_____
Printed words	Y	N	Y	N	_____
Brailled	Y	N	Y	N	_____
Methods of using the devices					
Direct selection	Y	N	Y	N	_____
Scanning	Y	N	Y	N	_____

*Attach vocabulary lists or sample overlays from communication devices.

Note. From *Student Portfolio: A System for Documenting the Strengths, Needs, and Abilities of Students Who Are Deaf-Blind* by Kansas State Board of Education, 1996, Topeka, KS: Author. Reproduced with permission.