

I CAN Centre for Assistive Technology - Adult Communication Skills

- Please return with completed “Request for Services” form and supporting documents.

MAIL

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Name	Date of Birth (yyyy-Mon-dd)
<p>This form should be completed by the client, with assistance from the family if needed, and the client’s speech-language pathologist if available.</p> <p>The information is being gathered in order to assist the I CAN Centre to assess you / your client.</p> <p>Please include with this form</p> <ul style="list-style-type: none"> ■ Recent reports relating to speech and language skills ■ Copies of sample displays if currently used for communication. <i>Please remember to bring these materials in with you for your Assessment Appointment.</i> ■ For clients who have aphasia, please include results from the <i>Multimodal Screening Test for Aphasia*</i> (Garrett & Lasker) and complete <i>Adult Communication Skills Communicator Types for Aphasia</i> 	
<p>■ I have difficulty understanding language (receptive language skills) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If formal tests of receptive language available, names and scores _____</p>	
<p>I have difficulty understanding these words in conversation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single words <input type="checkbox"/> Sentences <input type="checkbox"/> Following instructions <input type="checkbox"/> Following complex or multiple directions <input type="checkbox"/> Understanding yes/no questions <input type="checkbox"/> Understanding general questions 	
<p>■ I have difficulty speaking (expressive language skills) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If formal tests of expressive language available, name and score _____</p>	
<p>■ I can communicate in these ways Check all the methods used to communicate with other people and provide additional information as required:</p> <p><input type="checkbox"/> Vocalizations</p> <p>List examples _____</p> <p>_____</p>	

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- Single word approximations
Approximate number used _____
- Speech
Estimate speech intelligibility _____
- Pointing and gestures _____
- Writing _____
- Sign language
 - Total number of signs used _____
 - Number of signs used in a combination _____
- Communication display containing symbols which are *(check all that apply)*
 - Photos
 - Pictures, such as PCS or other symbol set
 - Pictures with words
 - Words
 - Words and phrases
- Speech generating communication device *(provide name of device currently being used)* _____

Describe how the vocabulary is organized in the communication device *(for example grid size, number of cells, number of pages, how pages are linked, name of pre-programmed vocabulary set if used)* _____

■ I can indicate “yes” and “no” by

- Speaking
- Head movements
- Eye blinks
- Pointing to printed words
- Other _____

■ These people can understand me when I communicate

Communication Partners	Never Always									
	1	2	3	4	5	6	7	8	9	10
Family	1	2	3	4	5	6	7	8	9	10
Good Friends	1	2	3	4	5	6	7	8	9	10
Acquaintances	1	2	3	4	5	6	7	8	9	10
Therapist/caregivers, etc	1	2	3	4	5	6	7	8	9	10
Unfamiliar partners	1	2	3	4	5	6	7	8	9	10

When someone does not understand me, this is what I do:

- stop after one attempt
- keep trying using same technique
- become upset
- try another way to get the message across
- do not realize partner has not understood me
- Other _____

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■ **Describe your primary means of communication – that is, the way you prefer to communicate most of the time with most partners** _____

■ **Communication Supports**

I need help to communicate and prompts from partners help me Yes No

If yes, please check all that apply:

Physical prompts

Verbal prompts

Written prompts

Picture prompts

Other prompts Describe _____

■ **Social Communication Skills**

I want to communicate with others Yes No

I usually wait for other people to approach me before communicating Yes No

I become frustrated when I'm unable to communicate with others Yes No

I can communicate in these ways (communicative functions) *Please check all that apply.*

Respond to questions

Make comments

Share information

Greet other people

Ask questions

Change the topic of a conversation

■ **Reading skills related to communication:**

I can Recognize pictures/objects

Recognizes symbols and letters

Selects initial letter of words

Has sight word recognition

No concerns about reading skills

■ **Visual abilities** Describe any vision concerns _____

Wears corrective lenses

Benefits from special lighting

Requires high contrast

Can read if text enlarged to size _____

Visual field neglect

Visual field cut

Other (describe) _____

■ **Hearing status:**

Normal corrected

Hard of Hearing

Deaf

Describe any hearing concerns _____

■ **Other issues**

Are there any other issues around the client's communication skills that we should be aware of? _____

■ **Summary.** Please summarize your concerns related to communication and reason for referral to the I CAN Centre for Assistive Technology _____

Speech-Language Pathologist (Print Name)

Date (yyyy-Mon-dd)

Client/Family Signature (Print Name)

Date (yyyy-Mon-dd)