

**Killeen Independent School District
Parent Assistive Technology Communication Questionnaire**

This form will be used to gather the necessary information to customize an augmentative communication system for your child. Please answer all questions if possible.

Student's Name: _____ Birth date: _____
Home phone: _____ Mother's Work #: _____ Father's Work #: _____

Does your child attend a child care facility after school? Yes No

Family Information:

Names of relatives and friends with whom your child interacts on a regular basis: _____

Questions you would like answered by this assessment are: _____

Favorite Activities

T.V. (Name of Show(s) and Characters)

Reading (Name of Books)

Toys

Arts and Crafts

Community Outings

Hobbies and Games

Special interest: (Circle all that apply) Swings Puzzles Camping Fishing
Other (specify): _____

Favorite Food and Drinks: _____

Daily Home Routine (Give brief description of a typical day's activities): _____

Routinely Scheduled After School Activities: _____

Conversational Needs (List 6 things you would like your child to be able to communicate):

Your Child's Dislikes and/or Fears: _____

Form Completed By: _____ Date: _____