

Utah Augmentative, Alternative, Assistive Communication & Technology Team

Teacher Questionnaire

Date: _____

Dear Teacher: _____

RE: _____

Would you please take a minute and fill out the following questionnaire in regards to your student. Your input will be greatly appreciated and valued as we conduct our evaluation.

1. List your student's current means of communication and/or attempts to communicate or make needs known, i.e., signs (type and number), gestures, communication aide, symbol systems (type and number) or speech/vocalizations.
2. How successful are communicative attempts? Do you think he/she gets frustrated? Are there persons within the environment with whom he/she may communicate effectively? Please describe.
3. Does your student have a way of indicating "yes" and "no"? If so, please describe.
4. Do you think your student understands more than he/she is able to express? Why?
5. Are there activities in your classroom you feel he/she cannot participate in or participate equally in due to speech involvement? Please describe.
6. How comfortable would you be with your student using a communication device or some other form of assistive technology?
7. How is this student positioned during the time they are in your classroom?

8. What would you consider the greatest obstacle for this student in terms of communication?
Please describe.

9. What IEP goals do you feel the student might be more successful in reaching with the use of a communication device or assistive technology product?

Thank you for your time. Your input is very valuable to us. Please return this form to: _____

by: _____

Sincerely,

Case Manager