Screen form: Communication assistive products

TAP

1. Information about the person

First name:		Family name:		Gender:	Male ☐ Female ☐ Other ☐
Age:	0-5 ☐ 6-18 ☐ 19-39 ☐ 40-54 ☐ 55+ ☐			Telephone:	
Address:					

2. Screening questions

Abilities		
Are you using any of the following **ways to communicate**? *Tick all that apply.*	Speech ☐ → Which of these apply? Can only be understood by some people ☐ Spoken words or phrases frequently do not make sense ☐ Cannot be used in some situations ☐	**If it is difficult to communicate with the person** → Ask if family member or caregiver can interpret **If you are still having difficulty including the person in the conversation** ☞ Refer to a rehabilitation service and → Continue with screen
	Sounds other than speech ☐	
	Facial expressions ☐	
	Sign language or other gestures ☐	
	Pointing with hands or another part of your body ☐	
	Looking (pointing with your eyes) ☐	
	Writing or drawing ☐	
	Other ✎	

Encourage the person to use the ways they communicate to answer the following questions.	**Yes**	**No**	
Are you **unable to hear people** speaking in most situations (even when using hearing aids)?	☐	☐	**If Yes** ☞ Refer to ear and hearing professional and → Continue with screen
Are you **unable to see** words or pictures (even when using prescription spectacles)?	☐	☐	**If Yes** ☞ Refer to vision and/or rehabilitation service and stop screening
Speech	**Yes**	**No**	
Adults and children: Have you had an **unexplained change** in your speech?	☐	☐	**If Yes** ☞ Refer to a health professional and → Continue with screen
Parents/caregivers: Is your child using **very limited or different** speech compared to other children of the same age?	☐	☐	**If Yes** ☞ Refer to a health professional and → Continue with screen
Impact on daily life	**Yes**	**No**	
Do you have difficulties **getting your message across** using speech?	☐	☐	**If Yes** → Continue with screen using the person's abilities identified above
Does your difficulty with speech **affect your relationships** with family and friends?	☐	☐	**If Yes to any** → Continue with screen **If No to any** → A communication aid is not needed
Does your difficulty with speech or understanding make it difficult to **participate in activities** that are important to you?	☐	☐	
Environment	**Yes**	**No**	
Do you have **access to electricity** to keep a smartphone or tablet charged?	☐	☐	**If Yes** → Consider **both** communication books and boards and electronic communication aids **If No** → Consider **only** communication books and boards

☞ Referral recommended ✎ Write notes here

Notes: ✎

3. Other assistive products

Do you have difficulty with:	Vision ☐ Hearing ☐ Self care ☐ Mobility ☐ Cognition (thinking/remembering) ☐	**If any** → Other assistive products and/or ☞ Referral to other services may assist

4. Plan

Consent to provide communication aids
***Discuss**: The benefits of communication aids. If the person and/or their caregiver prefers not to be provided with a communication aid encourage them to return to the service if they change their minds at any time.*

Assess:	Communication books and boards ☐ Electronic communication aids ☐ Both ☐	
Refer:	Health professional ☐ Rehabilitation service ☐ Ear and hearing professional ☐ Eye health professional ☐ Other: ✎	
Teach:	Benefits of communication aids ☐	
Screen:	Vision ☐ Hearing ☐ Self care ☐ Mobility ☐ Cognition (thinking/remembering) ☐	Follow up date: ✎