**Learning on TAP**

# Assistive technology
Screen form: Communication assistive products

| 1. Information about the person | | |
|---|---|---|
| First name: ✎ | Family name: ✎ | Preferred language: ✎ |
| Age: 0-5 ☐ 6-18 ☐ 19-39 ☐ 40-54 ☐ 55+ ☐ | | Gender: Male ☐ Female ☐ Other ☐ |
| Address: ✎ | | Telephone: ✎ |

| 2. Screening questions | | | |
|---|---|---|---|
| **Abilities** | | | |
| **Ask:** Are you using any of the following ways to communicate?<br>*Tick all that apply.* | **Speech** ☐ → Which of these apply? | Can only be understood by some people ☐ | **If it is difficult to communicate with the person** → Ask if family member or caregiver can assist. |
| | | Only includes a few words that are useful for communication ☐ | |
| | | Is not possible in some situations ☐ | |
| | 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** | |
|---|---|---|---|
| Do you have difficulty hearing people speak in most situations (even when wearing hearing aids) | ☐ | ☐ | **Yes** ☞ Refer to ear and hearing professional and ⃠ Stop screen. |
| Do you have difficulty seeing words or pictures (even when wearing prescription spectacles)? | ☐ | ☐ | **Yes** ☞ Refer to eye health professional and ⃠ Stop screen. |
| **Speech** | **Yes** | **No** | |
| **Adults and children:** Have you noticed your speech getting worse recently and you are not sure why? | ☐ | ☐ | **Yes** ☞ Refer to a health professional. |
| **Parents/caregivers:** Is your child using very limited or different speech compared to other children of the same age? | ☐ | ☐ | **Yes** → Check if they have been assessed by a health professional and if not ☞ Refer to a health professional. |
| **Impact on daily life** | **Yes** | **No** | |
| Do you have difficulties getting your message across using speech? | ☐ | ☐ | **Yes** → Continue with screen using the person's communication abilities identified above. |
| Does your difficulty with speech or understanding of other people's speech affect your relationships with family and friends? | ☐ | ☐ | **Yes to any** → A communication aid may assist.<br>**No to both** → A communication aid is not needed. |
| Does your difficulty with speech or understanding of other people's speech make it difficult to participate in activities that you want or need to do? | ☐ | ☐ | |

☞ Referral recommended ✎ Write notes here ⃠ Stop screen

| **Language and environment** (If your service has electronic aids available, ask these questions.) | **Yes** | **No** | |
|---|---|---|---|
| Check: Are the language/s used by the person available on the electronic communication aid? | ☐ | ☐ | **Yes to both** → Consider **both** communication books and boards and electronic communication aids. |
| Do you have access to electricity to keep a smartphone or tablet charged? | ☐ | ☐ | **No to any** → Consider **only** communication books and boards. |
| **Notes:** ✎ | | | |

| **3. Other assistive products** | | |
|---|---|---|
| **Ask:** Do you have difficulty with: | Vision ☐ Hearing ☐ Self care ☐ Mobility ☐ Cognition (thinking/remembering) ☐ | **Any** → Other assistive products may assist and/or ☞ Refer to other services |

| **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. | | |
| **Next actions** | | |
| **Assess** | Communication books and boards ☐ Electronic communication aids ☐ | |
| **Refer** | Health professional ☐ Ear and hearing professional ☐ Eye health professional ☐<br>Other: ✎ | |
| **Screen** | Vision ☐ Hearing ☐ Self care ☐ Mobility ☐<br>Cognition (thinking/remembering) ☐ | Follow up date: ✎ |

☞ Referral recommended ✎ Write notes here ⃠ Stop screen