



Classroom Word List for Students Using AAC

For implementation planning and AAC system customization!

Student(s) Name(s)	
School/District	
Person(s) Completing Form	
Contact Email/Phone	
Teacher(s)' Name	
SLP's Name	
Date of Form Completion	

Names of additional therapists and school staff

Names of students in child's classroom

Names of other important friends and peers

What materials do you use in class? (mark all that apply)

- pencil
- pen
- colored pencils
- markers
- crayons
- paper
- glue
- Smart Board
- iPad
- Chromebook
- laptop
- folder
- workboxes
- notebook
- bookbag

Other:

What are the common places at school students visit? (Check all that apply)

- Bathroom
- Bus Port
- Front Office
- Nurse's Office
- Cafeteria
- Music Room
- Library
- Speech Therapy Room
- Sensory Room
- OT / PT
- Gym
- Auditorium
- Playground
- Outside- Sports field

Other:

What centers or workstations do you have in your classroom?

Does your students change classes? if so, please list the classes.

Do you go on CBI, outings or field trips? If so, where do you go?

Do you have leisure activities in your class? (Check all that apply)

- | | | |
|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> iPad | <input type="radio"/> videos | <input type="radio"/> movie |
| <input type="radio"/> tablets | <input type="radio"/> YouTube | <input type="radio"/> drawing |
| <input type="radio"/> inside swing | <input type="radio"/> bike | <input type="radio"/> coloring |
| <input type="radio"/> puzzles | <input type="radio"/> resting mat | <input type="radio"/> bean bag |
| <input type="radio"/> books | <input type="radio"/> trampoline | <input type="radio"/> take a walk |
| <input type="radio"/> toys | <input type="radio"/> sensory Items | <input type="radio"/> Other: |

Please provide additional information and/or words the leisure activities checked off.

What General Education subjects is the student learning?

- | | |
|-------------------------------------|--------------------------------------|
| <input type="radio"/> English | <input type="radio"/> Science |
| <input type="radio"/> Language Arts | <input type="radio"/> Social Studies |
| <input type="radio"/> Math | |

Please provide additional information and/or words for the subjects checked off.

What Adapted Curriculum(s) are you using?

- Tell Me AAC
- Read it Once Again
- Unique Learning
- News-2-You
- Boardmaker Core First Learning
- Boardmaker Reading Avenue
- Boardmaker Expedition Education
- Boardmaker Book Bridge 2nd-3rd Grade Band
- Boardmaker Book Bridge 4th-5th Grade Band

Please provide additional information and needs for your adapted curricula.

What activities does your class routinely engage in?

- class/household chores
- life skills
- cooking
- recycling
- coffee shop
- school store
- morning meeting/circle time
- calendar/weather time
- arrival/dismissal

Please list other routine classroom activities:

Do you have snacks or drinks in your classroom? If so, please list what they are.

If you have additional information or words you want to add to your students' vocabulary, please list them here.

Please share photos of the following:

- important school staff (teachers, paraprofessionals, support staff)
- classmates and important peers
- specific areas of your classroom that may be helpful for your student to be able to talk about. (ex: specific centers, desk, etc)
- photos of specific areas around school that your students regularly visit (bus port, office, cafeteria) if these are helpful for your student(s) to understand

These can be emailed to your SLP or AAC/AT Specialist for inclusion on developing AAC systems.