

## Home Word List for Students Using AAC

For implementation planning and AAC system customization!

Student's Name				
School/District				
Person(s) Completing Form & Relationship (parent, sibling)				
Contact Email/Phone				
Teacher's Name				
Date of Form Completion				
lames of private therapists and a	any othor h	nolnoro		
——————————————————————————————————————	my other n	leipers ————————————————————————————————————		
Vho are the important people in y	our child's	s life? (Family, Friend	s, Doctors, etc	c)?
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/ho are the important people in y	our child's	s life? (Family, Friend	s, Doctors, etc	c)?
			s, Doctors, etc	c)?
			s, Doctors, etc	c)?
	our home?		s, Doctors, etc	c)? Garage
/hat are the common places in y	our home?	? Check all that apply.		
/hat are the common places in y  ○ Bathroom	our home?	? Check all that apply.  Dining room	0	Garage
/hat are the common places in y  ○ Bathroom  ○ Kitchen	our home?	<b>? Check all that apply.</b> Dining room  Bedroom	0	Garage

What does your child to do for fun (toys, videos, books, outdoor activities, others)?						
f your child watches TV or videos, what shows and characters do they like?						
Does your child have any favorite places (parks, recreation areas, etc.)?						
What are your child's favorite foods?						



What	stores do you regularly visit?				
0	Walmart	0	Aldi	0	Dollar Tree
0	Publix	0	Ross	0	Dollar General
0	Kroger	0	Ingles	0	Michael's
0	Food Lion	0	Best Buy	0	Hobby Lobby
0	Target	0	Walgreens		
0	Big Lots	0	CVS		
Other	Retailers?				
What	restaurants, if any, do you regu	larly	v visit?		
0	McDonald's	0	Hardee's	0	Pizza Hut
0	Burger King	0	Chili's	0	CiCi's Pizza
0	Wendy's	0	Applebee's	0	Domino's
0	Chick-Fila	0	Cheeseburger Bobby's	0	Little Ceasar's
0	Bojangles	0	Five Guys		
0	Krystal's		•		
Other	Restaurants?				
lf vou	have additional information or		do vou wort to odd to vour obile	4'.	AAC communication
_	have additional information or with the matter of the matt	wor	as you want to add to your child	JS	AAC communication
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## Please share photos of the following:

- Family members living in home
- Other friends and family
- Photos of specific local places your family visits
- Family pets
- Specific favorite items

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

