

AAC Home Use Questionnaire

Child's Name: _____

Date: _____

Name(s) of people within the household (indicate ages and relationships):

Any special nicknames for the child or other family members:

Names of other close adult family, friends or extended family members (name and relationship):

Names and types of pets:

Activities your child enjoys (think throughout the year):

Activities your child dislikes:

Indicate your child's favorite foods:

Indicate foods the child dislikes:

Favorite places the child goes:

Any special trips or vacations?

Favorite toys?

Favorite movies and TV shows?

Favorite Books?

Does your child have any special fears? Particular dislikes?

Special Favorites:

Song -

Color -

Fast Food -

Sport(s) -

Other -

Special phrases used at home?

Anything else you would like on his/her device?

Thank you!

Created By Tarra Bailey Dec. 2009