

# VOCABULARY SELECTION QUESTIONNAIRE FOR INDIVIDUALS WHO USE AUGMENTATIVE & ALTERNATIVE COMMUNICATION

**\*Level I\***

**Student's Name:**

Name of Person(s) Completing the Form	Relationship	Date
1.		
2.		
3.		
4.		

## The Purpose of the Vocabulary Selection Questionnaire:

- This is designed to help parents, therapists, and teachers select the most important and meaningful vocabulary for individuals who are just beginning to use an augmentative and alternative communication (AAC) system, such as a computer-based speech output system or communication/picture board.
- The words you choose and list can be included in the individual's AAC system to help build language skills and provide more communicative power.

## Suggestions for Completing the Questionnaire:

- Think about what the child would want to say throughout the day.
- Try to answer each question and fill out all sections to the best of your knowledge.
- Feel free to leave a question blank if it is not relevant to your experience.
- You may cross out words in the checklists and write in any of the child's unique terms. For example, you may want to cross out the word "train" and write in "choo-choo."

## 1. People:

● Please check the words the child would use to communicate about **people**, and then fill in the **names** of specific family members and friends.

- |                                                |                                     |
|------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> mom/mommy             | <input type="checkbox"/> sister(s)  |
| <input type="checkbox"/> dad/daddy             | <input type="checkbox"/> brother(s) |
| <input type="checkbox"/> grandpa(s)            | <input type="checkbox"/> grandma(s) |
| <input type="checkbox"/> aunt(s)               |                                     |
| <input type="checkbox"/> uncle(s)              |                                     |
| <input type="checkbox"/> cousin(s)             |                                     |
| <input type="checkbox"/> friend(s) from school |                                     |

friend(s) from neighborhood

teacher(s)

aide(s)

nurse(s)

speech therapist(s)\_=

occupational therapist(s)

physical therapist(s)\_=

other professionals at school/home

• Please check any other words your child would use to communicate about **people**.

boy  girl  baby  adult  kid  child  female  male

• Please list any additional **people** the child may wish to communicate about/with.

## 2. Places:

• Please check the words the child would use to communicate about **places**, and then fill in the **names** of specific locations that may be important to the child.

home

school

day care

religious school/place of worship

doctor(s) office

park/playground

McDonald's  Wendy's  Burger King  Dunkin Donuts  Rita's  Stewart's

other restaurant(s)

Wal Mart  Shop Rite  K Mart  Path Mark  Costco  Barnes & Noble

Toys 'R Us  Kids 'R Us  Target  clothing store  food store  shoe store

other store(s)

- outside       backyard       yard       farm       barn       mall  
 ocean       shore       beach       city       camp       boardwalk  
 Disney World       Disney Land       Six Flags       Dorney Park       amusement park
- Please list any additional **places** (including vacations) the child may wish to communicate about.

### 3. Activities:

- Please check the words the child would use to communicate about **home activities**.

- bath time       nap time       bed time       snack time       breakfast time  
 lunch time       dinner time       dessert time       play time       story time  
 other routine(s)

- baking cookies       playing outside       playing house       playing computer  
 board games       Candy Land       Guess Who       Clue  
 Chutes & Ladders       Zingo Bingo       BINGO       Cranium  
 Trouble       card games       Go Fish       Memory  
 iPod       iPad       Internet       tape player  
 other board/card game(s):

- computer games/activities:

- television       TV       cartoons       TV shows       Disney Channel  
 Nickelodeon       iCarly       Blue's Clues       Barney       Dora the Explorer  
 Mickey Mouse Club       Hannah Montana       Scooby Doo  
 Suite Life of Zack & Cody       Wizards of Waverly Place       SpongeBob Square Pants  
 Phineas & Ferb       Power Rangers       Winnie the Pooh  
 Sesame Street       Yo Gabba Gabba       The Wiggles  
 other TV programs/shows:

- movies       DVDs       DVD player       Pixar movies       alien movies  
 Disney movies       scary movies       action movies       animated movies       superheroes  
 Cars       Toy Story       Harry Potter       High School Musical       Cinderella  
 Little Mermaid       Lion King       Finding Nemo       Sleeping Beauty       The Incredibles  
 Batman       Superman       Spiderman       Alice in Wonderland       Aladdin  
 other movies/genres:

- Please list any additional words or phrases about **TV and movies** (favorite characters, theme songs, etc.) that the child may wish to communicate about.

- Please list any additional words or phrases the child would use to communicate about **home activities**.

- Please check the words the child would use to communicate about **school activities**.

- computers       art       dress-up       playground       story time  
 housekeeping       coloring       movies       snack time       speech therapy (ST)  
 sand table       painting       music       lunch       physical therapy (PT)  
 water play       drawing       recess       nap time       occupational therapy(OT)  
 field trip       bus       van       driver       snoezelen room  
 toy library       circle time       calendar       seasons       show-and-tell  
 numbers       letters       year       months       days of the week  
 cooking       carnival       reading       writing       counting

- Please list any additional words or phrases the child would use to communicate about **school activities**.

- Please check the names of the **songs/singers** the child may want to communicate about.

- Wheels on the Bus       Do Your Ears Hang Low       Down By The Bay  
 Hokey Pokey       Chicken Dance       Ring Around the Rosie  
 Happy Birthday       If You're Happy & You Know It       Clean Up Song  
 Old MacDonald       Row, Row, Row Your Boat       Twinkle Twinkle Little Star  
 Mary Had a Little Lamb       Are You Sleeping       The Fresh Beat Band  
 Itsy Bitsy Spider       Head & Shoulders, Knees & Toes       London Bridge is Falling Down  
 BINGO       Raffi       Kidsongs  
 Miley Cyrus       Justin Bieber       Selena Gomez  
 Jonas Brothers       High School Musical       Taylor Swift

- Please list any additional **songs or singers** the child may want to communicate about.

- Please check the words the child would use to communicate about **community activities**.

- sports       art class       therapy       church  
 swimming       play group       horseback riding       Hebrew school  
 ballet       dance       music lessons       Sunday school

- List any additional words/phrases the child would use to communicate about **community activities**.

- Please check the words the child would use to communicate about relevant **social events** and list any specific **holidays celebrated**.

( ) birthday      ( ) birthday party      ( ) parade      ( ) fireworks      ( ) present  
 ( ) Holidays:

- Please check the **phrases/play routines** that the child would wish to communicate about.

( ) 1, 2, 3...      ( ) hide and seek      ( ) upsie downsie      ( ) this little piggy  
 ( ) ready or not      ( ) patty cake      ( ) peek-a-boo      ( ) 10 little monkeys  
 ( ) here I come!      ( ) clap clap clap      ( ) fuzzy wuzzy      ( ) 10 little indians

- List any additional words/phrases the child would use to communicate about **community activities**.

#### 4. Toys

- Please check the words the child would use to communicate about **toys**.

( ) ball      ( ) cars      ( ) planes      ( ) submarine      ( ) Barbie  
 ( ) blocks      ( ) trucks      ( ) bicycle      ( ) wheels      ( ) Ken  
 ( ) doll      ( ) dump truck      ( ) tent      ( ) monster      ( ) Mr. Potato Head  
 ( ) baby      ( ) tractor      ( ) fort      ( ) ghost      ( ) play kitchen  
 ( ) playhouse      ( ) bulldozer      ( ) water toys      ( ) bubbles      ( ) play food  
 ( ) clubhouse      ( ) train      ( ) boats      ( ) dinosaur      ( ) play farm  
 ( ) teddy bear      ( ) action figures      ( ) Power Rangers      ( ) Transformers      ( ) Dora the Exploder  
 ( ) Bratz      ( ) Legos      ( ) Elmo      ( ) toy drum      ( ) farm animals

- List any other **specific toys** the child may wish to communicate about.

- What **pretend/make believe** situations does the child use during play? (For example, playing dress up, cooking, house, monsters, etc.)

#### 5. School Materials

- Please check the words the child would use to communicate about **school materials**.

( ) book      ( ) pencil      ( ) stickers      ( ) glue      ( ) smart board  
 ( ) coloring book      ( ) crayons      ( ) puzzles      ( ) play-doh      ( ) computer  
 ( ) paper      ( ) markers      ( ) scissors      ( ) switch      ( ) touch screen

backpack       glasses       tray       wheelchair       folder

- Please check the **books/authors** that your child may wish to communicate about.

Dr. Seuss       Mother Goose       Where The Wild Things Are  
 Green Eggs & Ham       Goodnight Moon       The Very Hungry Caterpillar  
 Go, Dog Go       I Love You Forever       Brown Bear, Brown Bear, What Do You See  
 Are You My Mother       Rainbow Fish       Harold & The Purple Crayon  
 Cat in the Hat       Curious George       Chicka Chicka Boom Boom  
 Hop On Pop       Runaway Bunny       One Fish, Two Fish, Red Fish, Blue Fish  
 Put Me in the Zoo       Three Little Pigs       If You Give A Mouse A Cookie

- List any other **specific books or nursery rhymes** the child may wish to communicate about.

## 6. Animals/Pets

- Please check the words the child would use to communicate about **animals**, and fill in the names of any specific **pets**:

dog(s)       cat(s)       fish  
 hamster(s)       guinea pig(s)       bird(s)  
 other pet(s)

rabbit       snake       duck       goose       cow       horse  
 pony       pig       goat       chicken       hen       rooster  
 whale       shark       dolphin       frog       lizard       turtle  
 spider       ant       bumblebee       sheep       lion       tiger  
 bear       deer       groundhog       skunk       alligator       moose  
 polar bear       squirrel       zebra       raccoon       parrot       fox  
 kangaroo       chipmunk       giraffe       monkey       gorilla       bat  
 baby animals       horsey       puppy       kitty       bunny       birdie  
 amphibians       ocean animals       farm animals       wild animals       mammals       insects  
 moo       neigh       baaa       quack       chirp       buzz  
 woof       meow       ribbit       oink

- List any other words related to **animals** or **pets** that the child may wish to communicate about.

## 7. Nature

- Please check the words the child would use to communicate about items in **nature**:

flower       sky       weather       fog       lake       shells

- |                                 |                                  |                                   |                                       |                                    |                                |
|---------------------------------|----------------------------------|-----------------------------------|---------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> tree   | <input type="checkbox"/> stars   | <input type="checkbox"/> snow     | <input type="checkbox"/> lightning    | <input type="checkbox"/> mountains | <input type="checkbox"/> dunes |
| <input type="checkbox"/> grass  | <input type="checkbox"/> moon    | <input type="checkbox"/> rain     | <input type="checkbox"/> thunder      | <input type="checkbox"/> galaxy    | <input type="checkbox"/> sand  |
| <input type="checkbox"/> rocks  | <input type="checkbox"/> planets | <input type="checkbox"/> clouds   | <input type="checkbox"/> snowman      | <input type="checkbox"/> Earth     | <input type="checkbox"/> waves |
| <input type="checkbox"/> bugs   | <input type="checkbox"/> sun     | <input type="checkbox"/> sunshine | <input type="checkbox"/> solar system | <input type="checkbox"/> ocean     | <input type="checkbox"/> beach |
| <input type="checkbox"/> bushes | <input type="checkbox"/> dirt    | <input type="checkbox"/> weeds    | <input type="checkbox"/> plants       | <input type="checkbox"/> palm tree | <input type="checkbox"/> water |

- List any other words related to **nature** that the child may wish to communicate about.

## 8. Household Items

- Please check the words the child would use to communicate about **household items**:

- |                                   |                                  |                                     |                                   |                                     |                                   |
|-----------------------------------|----------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> bathroom | <input type="checkbox"/> bathtub | <input type="checkbox"/> bedroom    | <input type="checkbox"/> bed      | <input type="checkbox"/> chair      | <input type="checkbox"/> car seat |
| <input type="checkbox"/> potty    | <input type="checkbox"/> shower  | <input type="checkbox"/> drawer     | <input type="checkbox"/> bunk bed | <input type="checkbox"/> high chair | <input type="checkbox"/> sofa     |
| <input type="checkbox"/> toilet   | <input type="checkbox"/> bath    | <input type="checkbox"/> dresser    | <input type="checkbox"/> desk     | <input type="checkbox"/> floor      | <input type="checkbox"/> couch    |
| <input type="checkbox"/> sink     | <input type="checkbox"/> tub     | <input type="checkbox"/> shelves    | <input type="checkbox"/> table    | <input type="checkbox"/> carpet     | <input type="checkbox"/> rug      |
| <input type="checkbox"/> TV       | <input type="checkbox"/> VCR     | <input type="checkbox"/> DVD player | <input type="checkbox"/> remote   | <input type="checkbox"/> phone      | <input type="checkbox"/> room     |
| <input type="checkbox"/> kitchen  | <input type="checkbox"/> window  | <input type="checkbox"/> pillow     | <input type="checkbox"/> blanket  | <input type="checkbox"/> lamp       | <input type="checkbox"/> light    |

- List any other vocabulary words that should be included about **household items**.

## 9. Positions & Equipment

- Please check the types of **positions/equipment** the child prefers:

- |                                   |                                 |                                     |                                        |                                     |                                   |
|-----------------------------------|---------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> on floor | <input type="checkbox"/> on lap | <input type="checkbox"/> piggy back | <input type="checkbox"/> in wheelchair | <input type="checkbox"/> in stander | <input type="checkbox"/> in chair |
| <input type="checkbox"/> wagon    | <input type="checkbox"/> bike   | <input type="checkbox"/> horsy ride | <input type="checkbox"/> on mat        |                                     |                                   |

Other positions:

Other equipment:

## 10. Body Parts

- Please check the words the child would use to communicate about **parts of the body**:

- |                                 |                                  |                                   |                                  |                                |                                        |
|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|--------------------------------|----------------------------------------|
| <input type="checkbox"/> face   | <input type="checkbox"/> nose    | <input type="checkbox"/> hair     | <input type="checkbox"/> hands   | <input type="checkbox"/> knee  | <input type="checkbox"/> bottom        |
| <input type="checkbox"/> mouth  | <input type="checkbox"/> chin    | <input type="checkbox"/> arms     | <input type="checkbox"/> fingers | <input type="checkbox"/> foot  | <input type="checkbox"/> butt          |
| <input type="checkbox"/> tooth  | <input type="checkbox"/> eyes    | <input type="checkbox"/> legs     | <input type="checkbox"/> pinky   | <input type="checkbox"/> feet  | <input type="checkbox"/> private parts |
| <input type="checkbox"/> teeth  | <input type="checkbox"/> cheeks  | <input type="checkbox"/> throat   | <input type="checkbox"/> thumb   | <input type="checkbox"/> toes  | <input type="checkbox"/> elbow         |
| <input type="checkbox"/> lips   | <input type="checkbox"/> ears    | <input type="checkbox"/> stomach  | <input type="checkbox"/> wrist   | <input type="checkbox"/> nails | <input type="checkbox"/> neck          |
| <input type="checkbox"/> tongue | <input type="checkbox"/> head    | <input type="checkbox"/> forehead | <input type="checkbox"/> ankle   | <input type="checkbox"/> belly | <input type="checkbox"/> thigh         |
| <input type="checkbox"/> hips   | <input type="checkbox"/> back    | <input type="checkbox"/> chest    | <input type="checkbox"/> muscle  | <input type="checkbox"/> blood | <input type="checkbox"/> lungs         |
| <input type="checkbox"/> pee    | <input type="checkbox"/> pee pee | <input type="checkbox"/> poop     | <input type="checkbox"/> poo poo |                                |                                        |

- List any other vocabulary words that should be included about **parts of the body**:

## 11. Clothing

- Please check the words the child would use to communicate about **articles of clothing**:

- |                                    |                                    |                                     |                                  |                                    |
|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> shirt     | <input type="checkbox"/> shoes     | <input type="checkbox"/> sweatshirt | <input type="checkbox"/> skirts  | <input type="checkbox"/> rain coat |
| <input type="checkbox"/> pants     | <input type="checkbox"/> sandals   | <input type="checkbox"/> sweater    | <input type="checkbox"/> dress   | <input type="checkbox"/> bandana   |
| <input type="checkbox"/> shorts    | <input type="checkbox"/> socks     | <input type="checkbox"/> tank top   | <input type="checkbox"/> hat     | <input type="checkbox"/> zipper    |
| <input type="checkbox"/> jeans     | <input type="checkbox"/> smock     | <input type="checkbox"/> T-shirt    | <input type="checkbox"/> cap     | <input type="checkbox"/> buttons   |
| <input type="checkbox"/> capris    | <input type="checkbox"/> bib       | <input type="checkbox"/> coat       | <input type="checkbox"/> gloves  | <input type="checkbox"/> shoelace  |
| <input type="checkbox"/> leggings  | <input type="checkbox"/> underwear | <input type="checkbox"/> jacket     | <input type="checkbox"/> mittens | <input type="checkbox"/> tie       |
| <input type="checkbox"/> stockings | <input type="checkbox"/> diapers   | <input type="checkbox"/> sweatpants | <input type="checkbox"/> scarf   | <input type="checkbox"/> belt      |

- List any other vocabulary words that should be included about **articles of clothing**:

## 12. Food & Drinks

- Please check the words the child would use to communicate about **food and drink**, and list the specific foods preferred by the child:

- |                                            |                                            |                                    |                                       |                                   |
|--------------------------------------------|--------------------------------------------|------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> chicken           | <input type="checkbox"/> tuna              | <input type="checkbox"/> pizza     | <input type="checkbox"/> pasta        | <input type="checkbox"/> sandwich |
| <input type="checkbox"/> spaghetti         | <input type="checkbox"/> macaroni & cheese | <input type="checkbox"/> taco      | <input type="checkbox"/> beef         | <input type="checkbox"/> steak    |
| <input type="checkbox"/> eggs              | <input type="checkbox"/> bacon             | <input type="checkbox"/> sausage   | <input type="checkbox"/> waffle       | <input type="checkbox"/> pancake  |
| <input type="checkbox"/> nuggets           | <input type="checkbox"/> noodles           | <input type="checkbox"/> hamburger | <input type="checkbox"/> cheeseburger | <input type="checkbox"/> yogurt   |
| <input type="checkbox"/> other main dishes |                                            |                                    |                                       |                                   |

- |                                                 |                                    |                                          |                                          |                                  |
|-------------------------------------------------|------------------------------------|------------------------------------------|------------------------------------------|----------------------------------|
| <input type="checkbox"/> broccoli               | <input type="checkbox"/> spinach   | <input type="checkbox"/> mashed potatoes | <input type="checkbox"/> potato          | <input type="checkbox"/> carrots |
| <input type="checkbox"/> celery                 | <input type="checkbox"/> cucumber  | <input type="checkbox"/> pepper          | <input type="checkbox"/> corn on the cob | <input type="checkbox"/> corn    |
| <input type="checkbox"/> lettuce                | <input type="checkbox"/> asparagus | <input type="checkbox"/> onions          | <input type="checkbox"/> mushrooms       | <input type="checkbox"/> tomato  |
| <input type="checkbox"/> salad                  | <input type="checkbox"/> beans     | <input type="checkbox"/> peas            | <input type="checkbox"/> zucchini        |                                  |
| <input type="checkbox"/> other vegetables/beans |                                    |                                          |                                          |                                  |

- |                                       |                                      |                                      |                                 |                                      |
|---------------------------------------|--------------------------------------|--------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> apple        | <input type="checkbox"/> banana      | <input type="checkbox"/> watermelon  | <input type="checkbox"/> grapes | <input type="checkbox"/> blueberries |
| <input type="checkbox"/> strawberries | <input type="checkbox"/> raspberries | <input type="checkbox"/> apple sauce | <input type="checkbox"/> orange | <input type="checkbox"/> mango       |
| <input type="checkbox"/> cherries     | <input type="checkbox"/> lemon       | <input type="checkbox"/> lime        | <input type="checkbox"/> kiwi   | <input type="checkbox"/> melon       |
| <input type="checkbox"/> other fruit  |                                      |                                      |                                 |                                      |

- |                                      |                                 |                                  |                                 |                                   |
|--------------------------------------|---------------------------------|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> bread       | <input type="checkbox"/> cereal | <input type="checkbox"/> oatmeal | <input type="checkbox"/> roll   | <input type="checkbox"/> granola  |
| <input type="checkbox"/> granola bar | <input type="checkbox"/> wheat  | <input type="checkbox"/> rice    | <input type="checkbox"/> barley | <input type="checkbox"/> couscous |



other grains

mustard       mayonaise       ketchup       olive oil       garlic  
 cinnamon       ginger       spices       condiments  
 other condiments/spices

milk       water       apple juice       fruit punch       soda  
 orange juice       OJ       smoothie       Pediasure       juice  
 other drinks

cupcake       cake       jello       pudding       cookie  
 ice cream       ice pop       popsicle       marshmallow       chocolate  
 other desserts

peanut butter       jelly       chips       raisins       cheese  
 French fries       muffins       crackers       nuts       almonds  
 cheese stick       walnuts       peanuts       cashews       popcorn  
 other snacks

spoon       fork       knife       cup       bottle  
 straw       puree       bite-size       swallow       chew

• List any other words related to **food & drink** that the child may need to communicate about.

• Please list the child's **favorite foods** that he/she may wish to communicate about.

- Please list the foods the child **does not like** that he/she may wish to communicate about.

- Please list any food/items that the child is **allergic** to and may wish to communicate about.

### 13. Emotions/Feelings

- Please check the words the child would use to communicate about **emotions or feelings**.

- |                                     |                                      |                                        |                                     |
|-------------------------------------|--------------------------------------|----------------------------------------|-------------------------------------|
| <input type="checkbox"/> scared     | <input type="checkbox"/> sleepy      | <input type="checkbox"/> happy         | <input type="checkbox"/> don't care |
| <input type="checkbox"/> afraid     | <input type="checkbox"/> tired       | <input type="checkbox"/> excited       | <input type="checkbox"/> mad        |
| <input type="checkbox"/> frightened | <input type="checkbox"/> hurt        | <input type="checkbox"/> exhausted     | <input type="checkbox"/> angry      |
| <input type="checkbox"/> alarmed    | <input type="checkbox"/> sad         | <input type="checkbox"/> thirsty       | <input type="checkbox"/> love       |
| <input type="checkbox"/> sick       | <input type="checkbox"/> lonely      | <input type="checkbox"/> hungry        | <input type="checkbox"/> like       |
| <input type="checkbox"/> upset      | <input type="checkbox"/> bored       | <input type="checkbox"/> nervous       | <input type="checkbox"/> loving     |
| <input type="checkbox"/> confident  | <input type="checkbox"/> interested  | <input type="checkbox"/> satisfied     | <input type="checkbox"/> shy        |
| <input type="checkbox"/> thankful   | <input type="checkbox"/> glad        | <input type="checkbox"/> cheerful      | <input type="checkbox"/> lucky      |
| <input type="checkbox"/> unlucky    | <input type="checkbox"/> comfortable | <input type="checkbox"/> uncomfortable | <input type="checkbox"/> relaxed    |
| <input type="checkbox"/> surprised  | <input type="checkbox"/> brave       | <input type="checkbox"/> nosy          | <input type="checkbox"/> curious    |

- List any other vocabulary words that should be included to express the child's **feelings**.

### 14. Expressions & "Silly Words"

- Please check the **expressions or silly expressions** that the child may wish to use

- |                                                 |                                               |                                     |                                       |
|-------------------------------------------------|-----------------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> cool                   | <input type="checkbox"/> uh oh                | <input type="checkbox"/> silly      | <input type="checkbox"/> knock knock  |
| <input type="checkbox"/> wow                    | <input type="checkbox"/> ha ha ha             | <input type="checkbox"/> boo boo    | <input type="checkbox"/> who's there? |
| <input type="checkbox"/> woops                  | <input type="checkbox"/> yum                  | <input type="checkbox"/> yuck       | <input type="checkbox"/> silly goose  |
| <input type="checkbox"/> oops                   | <input type="checkbox"/> kowabunga            | <input type="checkbox"/> yummy      | <input type="checkbox"/> goofball     |
| <input type="checkbox"/> cool                   | <input type="checkbox"/> super duper          | <input type="checkbox"/> yucky      | <input type="checkbox"/> goober       |
| <input type="checkbox"/> whoa                   | <input type="checkbox"/> awesome              | <input type="checkbox"/> ew         | <input type="checkbox"/> no way       |
| <input type="checkbox"/> ouch                   | <input type="checkbox"/> crazy                | <input type="checkbox"/> pee-yoo    | <input type="checkbox"/> goofy        |
| <input type="checkbox"/> see ya later alligator | <input type="checkbox"/> in a while crocodile | <input type="checkbox"/> oh my gosh | <input type="checkbox"/> oh my god    |
| <input type="checkbox"/> that hurts             | <input type="checkbox"/> that's cool          | <input type="checkbox"/> holy cow   | <input type="checkbox"/> oh no        |

- List any other **silly words/expressions** that the child may wish to use.

## 15. Social/Greetings

- Please check the words the child would use to **greet others** and **make polite requests**.

- |                                  |                                         |                                       |                                           |
|----------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------|
| <input type="checkbox"/> hi      | <input type="checkbox"/> thank you      | <input type="checkbox"/> night night  | <input type="checkbox"/> keep in touch    |
| <input type="checkbox"/> hey     | <input type="checkbox"/> thanks         | <input type="checkbox"/> what's up?   | <input type="checkbox"/> nice to meet you |
| <input type="checkbox"/> hello   | <input type="checkbox"/> you're welcome | <input type="checkbox"/> how are you? | <input type="checkbox"/> please move      |
| <input type="checkbox"/> bye     | <input type="checkbox"/> please         | <input type="checkbox"/> love ya      | <input type="checkbox"/> please stop      |
| <input type="checkbox"/> see ya  | <input type="checkbox"/> pretty please  | <input type="checkbox"/> love you     | <input type="checkbox"/> excuse me        |
| <input type="checkbox"/> goodbye | <input type="checkbox"/> night          | <input type="checkbox"/> I love you   | <input type="checkbox"/> watch out        |
| <input type="checkbox"/> bye bye | <input type="checkbox"/> goodnight      | <input type="checkbox"/> I like you   | <input type="checkbox"/> miss you         |

- List any other vocabulary words that should be included to express **greetings or politeness**:

## 16. Question Words

- Please check the words the child would use to **ask questions**:

- |                                           |                                         |                                            |                                            |
|-------------------------------------------|-----------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> who?             | <input type="checkbox"/> where is that? | <input type="checkbox"/> what's your name? | <input type="checkbox"/> where?            |
| <input type="checkbox"/> who's that?      | <input type="checkbox"/> where is it?   | <input type="checkbox"/> want to play?     | <input type="checkbox"/> why not?          |
| <input type="checkbox"/> what?            | <input type="checkbox"/> when?          | <input type="checkbox"/> is that yours?    | <input type="checkbox"/> how was your day? |
| <input type="checkbox"/> what's that?     | <input type="checkbox"/> how?           | <input type="checkbox"/> what's wrong?     | <input type="checkbox"/> how do you feel?  |
| <input type="checkbox"/> why?             | <input type="checkbox"/> how come?      | <input type="checkbox"/> who is that?      | <input type="checkbox"/> what if?          |
| <input type="checkbox"/> can I have that? | <input type="checkbox"/> can I do that? | <input type="checkbox"/> who's turn?       | <input type="checkbox"/> is it my turn?    |

- List any other words/phrases that the child may use to **ask questions**:

## 17. Pronouns

- Please check the words the **pronouns** the individual would use:

- |                               |                              |                               |                                |                              |                              |                               |
|-------------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> I    | <input type="checkbox"/> he  | <input type="checkbox"/> she  | <input type="checkbox"/> they  | <input type="checkbox"/> me  | <input type="checkbox"/> she | <input type="checkbox"/> it   |
| <input type="checkbox"/> mine | <input type="checkbox"/> you | <input type="checkbox"/> your | <input type="checkbox"/> yours | <input type="checkbox"/> his | <input type="checkbox"/> her | <input type="checkbox"/> hers |

- List any other **pronouns** the child may use to communicate:

## 18. Verbs/Action Words

- Please check the words the child would use to communicate about **actions**:

<input type="checkbox"/> ask	<input type="checkbox"/> give	<input type="checkbox"/> jump	<input type="checkbox"/> need	<input type="checkbox"/> sleep	<input type="checkbox"/> will
<input type="checkbox"/> bite	<input type="checkbox"/> go	<input type="checkbox"/> kiss	<input type="checkbox"/> open	<input type="checkbox"/> stand	<input type="checkbox"/> watch
<input type="checkbox"/> close	<input type="checkbox"/> goes	<input type="checkbox"/> know	<input type="checkbox"/> play	<input type="checkbox"/> stop	<input type="checkbox"/> wake
<input type="checkbox"/> come	<input type="checkbox"/> hear	<input type="checkbox"/> lie	<input type="checkbox"/> pretend	<input type="checkbox"/> take	<input type="checkbox"/> kick
<input type="checkbox"/> drink	<input type="checkbox"/> help	<input type="checkbox"/> like	<input type="checkbox"/> read	<input type="checkbox"/> talk	<input type="checkbox"/> lick
<input type="checkbox"/> eat	<input type="checkbox"/> hit	<input type="checkbox"/> look	<input type="checkbox"/> run	<input type="checkbox"/> walk	<input type="checkbox"/> throw
<input type="checkbox"/> fall	<input type="checkbox"/> hug	<input type="checkbox"/> love	<input type="checkbox"/> sit	<input type="checkbox"/> want	<input type="checkbox"/> rest
<input type="checkbox"/> peddle	<input type="checkbox"/> drive	<input type="checkbox"/> hit switch	<input type="checkbox"/> steer	<input type="checkbox"/> move	<input type="checkbox"/> navigate
<input type="checkbox"/> hold tight	<input type="checkbox"/> stand tall	<input type="checkbox"/> walk tall	<input type="checkbox"/> peddle fast	<input type="checkbox"/> swing high	<input type="checkbox"/> put legs in

- List any other **verbs or action words** the child would need to communicate:

## 19. Descriptors

- Please check the words the words the child would use to **describe** items in his/her environment:

<input type="checkbox"/> big	<input type="checkbox"/> more	<input type="checkbox"/> short	<input type="checkbox"/> away	<input type="checkbox"/> pretty	<input type="checkbox"/> different
<input type="checkbox"/> large	<input type="checkbox"/> good	<input type="checkbox"/> tall	<input type="checkbox"/> now	<input type="checkbox"/> ugly	<input type="checkbox"/> done
<input type="checkbox"/> small	<input type="checkbox"/> bad	<input type="checkbox"/> skinny	<input type="checkbox"/> never	<input type="checkbox"/> new	<input type="checkbox"/> all gone
<input type="checkbox"/> little	<input type="checkbox"/> great	<input type="checkbox"/> fat	<input type="checkbox"/> before	<input type="checkbox"/> old	<input type="checkbox"/> all done
<input type="checkbox"/> tiny	<input type="checkbox"/> sick	<input type="checkbox"/> clean	<input type="checkbox"/> after	<input type="checkbox"/> right	<input type="checkbox"/> freezing
<input type="checkbox"/> medium	<input type="checkbox"/> hot	<input type="checkbox"/> dirty	<input type="checkbox"/> later	<input type="checkbox"/> wrong	<input type="checkbox"/> sharp
<input type="checkbox"/> lot	<input type="checkbox"/> cold	<input type="checkbox"/> messy	<input type="checkbox"/> nice	<input type="checkbox"/> funny	<input type="checkbox"/> safe
<input type="checkbox"/> many	<input type="checkbox"/> smelly	<input type="checkbox"/> there	<input type="checkbox"/> bad	<input type="checkbox"/> sad	<input type="checkbox"/> dangerous
<input type="checkbox"/> much	<input type="checkbox"/> stinky	<input type="checkbox"/> here	<input type="checkbox"/> mean	<input type="checkbox"/> same	<input type="checkbox"/> cool

- List any other words the child would use to **describe** items in his/her environment.

## 20. Yes/No Responses

- Please check the words the words the child would use to communicate **yes/no** responses.

<input type="checkbox"/> yes	<input type="checkbox"/> yup	<input type="checkbox"/> maybe	<input type="checkbox"/> no	<input type="checkbox"/> I don't know
<input type="checkbox"/> yeah	<input type="checkbox"/> okay	<input type="checkbox"/> uh huh	<input type="checkbox"/> nope	<input type="checkbox"/> I dunno
<input type="checkbox"/> no way	<input type="checkbox"/> definitely	<input type="checkbox"/> totally	<input type="checkbox"/> whatever	<input type="checkbox"/> sure

- List any other words the child would use to **describe** items in his/her environment.

## 21. Other

- Please list any other situations in which the child **needs help** to communicate (e.g. describe pictures).

- Please list any other things the child **dislikes** or situations he/she gets **frustrated** with.

- Please list any things you really want the child to **learn** to communicate about:

- Please list any **other words, phrases, activities, expressions or jokes** not previously listed that the child may want to communicate about: