

**COLLABORATIVE AAC SERVICES  
IN EARLY INTERVENTION SETTINGS**  
*Assessment Tools Summary*

Clinician: \_\_\_\_\_

Target child initials: \_\_\_\_\_

Age: \_\_\_\_\_

Location: home/center/other

<b>TOOLS</b>	<b>DATE ADMINISTERED</b>	<b>IN NOT ADMINISTERED, WHY?</b>	<b>SIGNIFICANT RESULTS/COMMENTS</b>
Self-Rating Form			
Activity Participation Inventory			
Activity Based Communication Inventory			
Communication Interview OR Communication Forms/Functions			
Family Rating Scale 1			
Family Rating Scale 2			
Peer Rating Scale			