



ABA CLINIC COMMUNICATION EVALUATION

Child's Name: _____ Date of Evaluation: _____

Child's Age: _____ Person completing evaluation: _____

Child's primary mode of communication: _____

Does your child...

Make sounds? Y or N List any: Are sounds during social interactions? (mands, tacts) Y or N Made when playing or by self? Y or N	
Echo others? Y or N Sounds:	Words:
Gesture for items wanted? Y or N Pull people to what they want? Y or N	
Use vocal words? Y or N For items wanted? Y or N To label items? Y or N	
Use sign language? Y or N If yes: ASL or SEE Signs used most often:	
Speak in sentences? Y or N	Answer questions? Y or N WH? Y or N Information? Y or N

At what age did the child first start talking/signing? _____ Echoing? _____
Gesturing/pulling? _____

CONTINUED ON BACK 

About how many words does the child have? _____

Can the child carry on a functional conversation? _____

Does your child have problems with articulation? _____

If so, what letters/words _____

Does the child make eye contact with others? _____ When communicating? _____

Does the child imitate other's motor actions? _____

Will your child allow others to touch/manipulate their hands? _____

Does your child follow simple directions? ("sit down", "come here") _____

If so, list some examples _____