

Dear Colleague

Re: Questionnaire to Identify Need for Provision of AAC within Your Local Authority

The attached questionnaire is a document intended for use in your local authority to assist you in identifying the potential need for Augmentative and Alternative Communication. The questionnaire has been designed for distribution to and completion by professionals who may work with children and adults who require AAC. This can include:

- Speech therapy managers
- Special school head teachers
- Special Educational Needs Advisory and Teaching services
- Occupational therapy managers
- Transition team social workers
- Connexions officers
- LEA Special Needs Officers

The questionnaire intends to help you identify and prioritise the number of people in your local authority who:

- need an AAC system now
- have an AAC system which now needs replacing
- will need an AAC system in the near future

This document is available electronically from the ACE Centre North website; www.ace-north.org.uk

Please complete with as much details as possible and return to for my attention at the above address.

Yours sincerely

Kristina Atkins
ACE Centre North

Questionnaire to establish the need for Augmentative and Alternative Communication systems

Region: _____

Section One: Provider details

The purpose of this section is to map existing provision and available support for individuals who need AAC

Section Two: Use of AAC systems

The purpose of this section is to identify patterns of known current use or need for AAC systems by individuals with communication disabilities.

For the purpose of this questionnaire, the following definition has been used:

Communication aids = simple / complex electronic communication systems with speech output, e.g. BigMack, TechSpeak, Lightwriter, Pathfinder, Dynavox.

PLEASE COMPLETE ALL SECTIONS WITH AS MUCH INFORMATION AS POSSIBLE.

If you require any other information, please contact the Centre.

SECTION ONE: *Your details*

Name: _____

Job Title: _____

Outline of Role: _____

Address: _____

Contact Number: _____

E-mail address: _____

Section Two: Use of AAC systems

How many people do you support who need an AAC system?

What is the total number of people you support who currently use a communication aid?

Please describe your level of involvement in supporting people in the use of AAC

How have their communication aids been funded?, e.g. CAP, Health, Education, Social Services, Charity, Private, other

Of these people, how many are likely to need their AAC system updating / replacing within the next?

How many people do not have a communication aid and require one now?

How many people do not have a communication aid and require one in the future?

Please describe the types of disability and the contexts in which these people need an AAC system

Of those people, how many do you consider to be high priority and why?

Please describe the types of communication aid / AAC systems (including access devices and mounting) you think will be needed by the people you have identified.

Please return this form to: Kristina Atkins
Units 11 & 12
Gatehead Business Park
Delph
OL3 5DE