To prepare for your individual consultation, it is helpful if you complete the questionnaire in full.
Please send the document by email to: UK.Beratung.Tegel@navitas-ggmbh.de
or by mail to: navitas gGmbH, Schloßstraße 2, 13507 Berlin

person with AAC- needs	parents/guardians/relatives
_____ name, first name	_____ name (relationship to the person with AAC-needs)
_____ adress	_____ name (relationship to the person with AAC-needs)
_____ Ort	_____ telefon
_____ birthdate	_____ telefon
_____ gender	_____ e-mailadress

daily structure (Kindergarten, school)	Individual assistance/care assistance
_____ name of the institution	_____ name of the institution
_____ adress	_____ Hilfeform
_____ contact person	_____ contact person
_____ telefon	_____ telefon
_____ e-mailadress	_____ e-mailadress

Speech therapy _____ name of the institution	Occupational therapy_____ name of the institution
_____ contact person	_____ contact person
_____ telefon	_____ telefon
_____ e-mailadress	_____ e-mailadresse

Physiotherapy _____
name of the institution

_____
contact person

_____
telefon

_____
e-mailadress

More _____
name of the institution

_____
contact person

_____
telefon

_____
e-mailadress

Mobility

☐ free walking

☐ walking with a walker

☐ wheelchair user

☐ mostly bedridden

Sensory impairments

☐ visual impairment
    ☐ glasses
    ☐ blindness

☐ hearing impairment
    ☐ hearing aid
    ☐ Cochlear implant
    ☐ deaf

Communication options

speak
    ☐ Clearly understandable
    ☐ Slurred
    ☐ Sounded out
    ☐ Single words
    ☐ Whole sentences
    ☐ Non-speaking

Forms of communication
    ☐ facial expressions
    ☐ gestures
    ☐ signs
    ☐ photos/flash cards
    ☐ one-word statements
    ☐ sounds
    ☐ others _____

Language understanding
    ☐ good language comprehension
    ☐ short and clear sentences are understood
    ☐ poor
    ☐ not assessable

mother tongue	Off the main caregiver
_____	_____
Off the person with AAC- needs	_____
	Language understanding German
Language understanding German	☐ good
☐ good	☐ average
☐ average	☐ bad
☐ bad	
	What other languages do you speak?
	_____
	_____
	Is there someone who can support you linguistically?
	☐ yes ☐ no

diagnosis	interests of the person with AAC needs (e.g. cars, water, music, etc.)
_____	_____
_____	_____
_____	_____

Time options for consultation

☐ morning   10:00 – 13:00 clock   ☐ afternoon 13:00 Uhr – 17:00 clock

☐ monday ☐ tuesday ☐ wednesday ☐ thursday ☐ friday

Is there anything else you would like to tell us?

_____

_____