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

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

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

Speech therapy _____ name of the institution	Occupational therapy_____ name of the institution
_____ contact person _____ telefon _____ e-mailadress	_____ contact person _____ telefon _____ 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 person with AAC- needs

Language understanding German
☐ good
☐ average
☐ bad

_____

Off the main caregiver

_____

Language understanding German
☐ good
☐ average
☐ 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?

_____

_____