



Holistic Alternative Communication Services

Needs Assessment Form

(d)eaf/Hard-of-Hearing or Persons Requiring Alternative Communication

Date



Month Day Year

Client is

deaf

hard of hearing

Deaf

None of the above but require assisted communication.

Developing an Individualized Assisted Communication Support System.

1The Service Provider/Host must also consider the following special factors when applicable[A}in the case of a client who is deaf or hard of hearing or who is deaf-blind, the Client's(A) language and communication needs;(B) opportunities for direct communications with peers and professional personnel in the Client language and communication mode;(C) academic level; and(D) full range of needs including opportunities for direct instruction in the client's language and communication mode.

Client Language and Communication Needs

Receptive and Expressive Communication Continuums

The Client primarily comprehends/uses /prefers one or more of the following forms of communication in the various contexts (check all that apply and add notes to clarify if needed):

The Below may be adopted for Physical Scenarios(Meetings, Lifestyle Appointments etc)

Meetings Continuum

Mainly For Virtual Scenarios

Tick most preferred platform

LIFESTYLE(Medical,Police,Interviews,Legal,General) WORK(With Management) WORK(With Colleagues) WORK EVENTS

ZOOM

GOOGLE

MEET

MICROSOFT

TEAMS

SYKPE

WHATSAPP

VIDEO

FACEBOOK

ROOMS/LIVE

GOOGLE

HANGOUT

SLACK

OTHER

Additional Information

Any Other Additional Specific Requirements

I agree to Terms and Condition(Tick below)