
Appendix B

Vocabulary Selection Questionnaire for Preschoolers Who Use Augmentative and Alternative Communication (AAC)

Child's Name: _____

	Name of person(s) completing the form	Relationship	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

What is the purpose of the Vocabulary Selection Questionnaire?

- The questionnaire is designed to help parents, speech-language pathologists, and teachers select the most important and meaningful vocabulary for children who are just beginning to use an AAC system such as a computer-based speech output system, communication board, picture board, communication notebook, or sign language.
- The words you choose can be included in your child's AAC system to provide more communication power and help build language skills.
- You can either use the same form for all informants, or use individual forms.

Suggestions for completing the questionnaire

- Think about what your child would want to say throughout the day.
- Try to answer each question and fill out all sections to the best of your knowledge.
- Feel free to leave a question blank if it is not relevant to your experience.
- You may cross out words in the checklists and write in any of your child's unique terms. For example, you may want to cross out the word "train" and write in "choo-choo."

1. People:

- Check the words your child would use to communicate about **people** generally:

<input type="checkbox"/> mom or mommy	<input type="checkbox"/> grandpa	<input type="checkbox"/> boy
<input type="checkbox"/> dad or daddy	<input type="checkbox"/> grandma	<input type="checkbox"/> girl
<input type="checkbox"/> baby	<input type="checkbox"/> friend	

- What specific **family members** would your child communicate about? (For example, David (brother), Susie (sister), Bobby (cousin), Aunt Betty)
- What specific **teachers** or **other professionals at school/day care** would your child communicate about? (For example, names of child's speech-language pathologist, occupational therapist, teacher, teacher's aide, nurse, Ms. Binger, Mr. Kennedy, etc.)
- What specific **friends at school** would your child communicate about?

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- What specific **neighborhood friends** would your child communicate about?

2. Places:

- Place a check next to the general words your child would use to communicate about **places**:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> outside | <input type="checkbox"/> Sunday school | <input type="checkbox"/> swimming pool |
| <input type="checkbox"/> yard | <input type="checkbox"/> church | <input type="checkbox"/> park |
| <input type="checkbox"/> school | <input type="checkbox"/> restaurant | <input type="checkbox"/> playground |
| <input type="checkbox"/> day care | <input type="checkbox"/> barn | <input type="checkbox"/> store |
| <input type="checkbox"/> kindergarten | <input type="checkbox"/> farm | |

- Which specific **stores** does your child visit in the community that he/she would want to communicate about? (For example, Walmart, KayBee, the mall, etc.)
- Which specific **restaurants** does your child visit in the community that he/she would want to communicate about? (For example, Wendy's, McDonald's, Burger King, etc.)
- Which specific **vacation sites** would your child want to communicate about? (For example, camp, beach, North Carolina, etc.)

3. Activities:

- Place a check next to the words your child would use to communicate about **home activities**:

- | | | |
|------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> bath time | <input type="checkbox"/> snack time | <input type="checkbox"/> play time |
| <input type="checkbox"/> bed time | <input type="checkbox"/> breakfast | <input type="checkbox"/> story time |
| <input type="checkbox"/> nap time | <input type="checkbox"/> lunch time | <input type="checkbox"/> watching TV |
| | <input type="checkbox"/> dinner time | |

- Are there any specific **home activities** that your child would want to communicate about? (For example, baking cookies, playing on the computer etc.)

- Place a check next to the words your child would use to communicate about **community activities**

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> ballet | <input type="checkbox"/> horseback riding | <input type="checkbox"/> Sunday School or church |
| <input type="checkbox"/> gymnastics | <input type="checkbox"/> soccer | <input type="checkbox"/> music |
| <input type="checkbox"/> swimming | <input type="checkbox"/> play group | <input type="checkbox"/> library |

- Are there any special **community activities and/or social events** that your child would want to communicate about? (For example, birthday party, special holidays, fireworks, parade etc.)

- Place a check next to the words your child would use to communicate about **school activities**

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> dress-up | <input type="checkbox"/> water play | <input type="checkbox"/> circle time |
| <input type="checkbox"/> housekeeping | <input type="checkbox"/> free play | <input type="checkbox"/> physical therapy (PT) |
| <input type="checkbox"/> sand table | <input type="checkbox"/> snack time | <input type="checkbox"/> occupational therapy |
| <input type="checkbox"/> computer | <input type="checkbox"/> lunch | <input type="checkbox"/> speech therapy |
| <input type="checkbox"/> videos | <input type="checkbox"/> playground | <input type="checkbox"/> field trip |
| <input type="checkbox"/> coloring | <input type="checkbox"/> nap time | <input type="checkbox"/> bus/van |
| <input type="checkbox"/> painting | <input type="checkbox"/> story time | |

- Are there any specific **school activities** that your child would want to communicate about? (For example, learning centers, walk to the park, music day, cooking, etc.)
- Are there any specific **circle time activities** that your child would want to communicate about? (For example, calender, weather, show-and-tell, etc.)
- Place a check next to the names of **songs** your child would want to communicate about:
 The Wheels on the Bus Itsy Bitsy Spider Happy Birthday
 Old McDonald Had a Farm Hokey Pokey If You're Happy and You Know It
- What are the names of other **songs** your child might want to communicate about? (For example, Down by the Bay, Five Green and Speckled Frogs, etc.)

4. Toys:

- Check the words your child would use to communicate about **toys**:
 ball truck tricycle
 block dump truck water toys
 doll tractor toys
 baby bulldozer ghost/monster
 playhouse train dinosaur
 car bicycle game
- What are the names of specific **toys** your child would communicate about? (For example, Legos, Barbie, Fisher Price Barn, Mr. Potato Head, etc.)
- What **pretend/fantasy situations** does your child use during play? (For example, playing house, monsters, dress up, cooking, etc.)
- What specific **videotapes** and **television shows** would your child communicate about? (For example, Cinderella, Kidsongs, Sesame Street, Barney & Friends, etc.)

5. School Materials:

Check the words your child would use to communicate about **school materials**:

- | | | |
|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> book | <input type="checkbox"/> crayons | <input type="checkbox"/> scissors |
| <input type="checkbox"/> coloring book | <input type="checkbox"/> markers | <input type="checkbox"/> colors |
| <input type="checkbox"/> paper | <input type="checkbox"/> sticker | <input type="checkbox"/> glue |
| <input type="checkbox"/> pencil | <input type="checkbox"/> puzzles | <input type="checkbox"/> play-doh |

- Are there any other vocabulary items that should be included about **school materials**?
- What specific **books** would your child communicate about? (For example, Mother Goose, Green Eggs and Ham, Goodnight Moon, etc.)

6. Animals/Pets:

- Check the words your child would use to communicate about **animals**:

<input type="checkbox"/> animal	<input type="checkbox"/> rabbit or bunny	<input type="checkbox"/> duck
<input type="checkbox"/> pet	<input type="checkbox"/> bird or birdie	<input type="checkbox"/> pig or piggy
<input type="checkbox"/> dog or puppy	<input type="checkbox"/> horse or horsey	
<input type="checkbox"/> cat or kitty	<input type="checkbox"/> cow	

- What specific **family pets** would your child communicate about? (For example, Simba (cat), Rover (golden retriever), Spot, Muffy, etc.)

7. Nature:

- Place a check next to the words your child would use to communicate about items in **nature**:

<input type="checkbox"/> flower	<input type="checkbox"/> sky	<input type="checkbox"/> rain
<input type="checkbox"/> tree	<input type="checkbox"/> stars	<input type="checkbox"/> clouds
<input type="checkbox"/> grass	<input type="checkbox"/> sun	<input type="checkbox"/> lake
<input type="checkbox"/> rocks	<input type="checkbox"/> moon	<input type="checkbox"/> ocean
<input type="checkbox"/> bugs	<input type="checkbox"/> snow	<input type="checkbox"/> sea shell

- Are there any other vocabulary items that should be included about **nature**?

8. Household items:

- Place a check beside the words your child would use to communicate about **household items**:

<input type="checkbox"/> bathroom	<input type="checkbox"/> chair	<input type="checkbox"/> TV
<input type="checkbox"/> potty	<input type="checkbox"/> high chair	<input type="checkbox"/> VCR
<input type="checkbox"/> bedroom	<input type="checkbox"/> car seat	<input type="checkbox"/> computer
<input type="checkbox"/> bed	<input type="checkbox"/> floor	<input type="checkbox"/> room
<input type="checkbox"/> table	<input type="checkbox"/> carpet	

- Are there any other vocabulary items that should be included about **household items**?

9. Positions and Equipment:

- In what **positions/equipment** would your child ask to be placed? (For example, sit on your lap, piggyback, horsey ride, lie on the floor, sit in his/her wheelchair, stander, etc.)

10. Body Parts:

- Place a check next to the items your child would use to communicate about **parts of the body**:

<input type="checkbox"/> face	<input type="checkbox"/> head	<input type="checkbox"/> knee/knees
<input type="checkbox"/> mouth	<input type="checkbox"/> hair	<input type="checkbox"/> foot/feet
<input type="checkbox"/> tooth/teeth	<input type="checkbox"/> arm/arms	<input type="checkbox"/> toe/toes
<input type="checkbox"/> nose	<input type="checkbox"/> hand/hands	<input type="checkbox"/> belly or stomach
<input type="checkbox"/> eye/eyes	<input type="checkbox"/> finger/fingers	<input type="checkbox"/> butt/bottom
<input type="checkbox"/> ear/ears	<input type="checkbox"/> leg/legs	<input type="checkbox"/> private parts

- Are there any other vocabulary items that should be included about **parts of the body**?

11. Clothing:

- Place a check next to the words your child would use to communicate about articles of **clothing**:

<input type="checkbox"/> shirt	<input type="checkbox"/> diapers	<input type="checkbox"/> sweatshirt/sweater
<input type="checkbox"/> pants	<input type="checkbox"/> underwear/undies	<input type="checkbox"/> coat/jacket
<input type="checkbox"/> shorts	<input type="checkbox"/> socks	<input type="checkbox"/> hat
<input type="checkbox"/> jeans	<input type="checkbox"/> shoes	<input type="checkbox"/> mittens
<input type="checkbox"/> dress	<input type="checkbox"/> bib	<input type="checkbox"/> scarf

- Are there any other vocabulary items that should be included about **clothing**?

12. Foods and Drinks:

- What **favorite foods** would your child communicate about or ask for?
- What **foods does your child not like** that he/she would communicate about?
- What **drinks** would your child communicate about or ask for?

13. Emotions/Feelings:

- Place a check next to the words your child would use to communicate about **emotions** or **feelings**:

<input type="checkbox"/> afraid or scared	<input type="checkbox"/> happy	<input type="checkbox"/> bored
<input type="checkbox"/> sick	<input type="checkbox"/> sad	<input type="checkbox"/> hungry
<input type="checkbox"/> sleepy or tired	<input type="checkbox"/> love	<input type="checkbox"/> thirsty
<input type="checkbox"/> hurt	<input type="checkbox"/> mad or angry	

- Are there any other vocabulary items that should be included to express **feelings**?

14. Interjections / "Silly Words":

- What **silly expressions** would your child use? (For example, cool, whoa, oops, goober, boo-boo, uh oh!, ha ha ha, etc.)

15. Social / Greetings:

- Place a check beside the words your child would use to **greet** others and make **polite requests**:

<input type="checkbox"/> good-bye or bye-bye	<input type="checkbox"/> thank you or thanks	<input type="checkbox"/> good-night
<input type="checkbox"/> hello or hi	<input type="checkbox"/> please	<input type="checkbox"/> night-night

- Are there any other vocabulary items that should be included to express **greetings** or **politeness**?

16. Question Words:

- Place a check beside the question words your child would use to **ask questions**:

<input type="checkbox"/> Who?	<input type="checkbox"/> What if?	<input type="checkbox"/> How come?
<input type="checkbox"/> Who's that?	<input type="checkbox"/> Where?	<input type="checkbox"/> Why?
<input type="checkbox"/> What?	<input type="checkbox"/> When?	<input type="checkbox"/> Why not?
<input type="checkbox"/> What's that?	<input type="checkbox"/> How?	

17. Pronouns:

- Place a check next to the **pronouns** your child would use:

<input type="checkbox"/> I	<input type="checkbox"/> she	<input type="checkbox"/> mine
<input type="checkbox"/> me	<input type="checkbox"/> it	<input type="checkbox"/> your/yours
<input type="checkbox"/> you	<input type="checkbox"/> we	<input type="checkbox"/> his
<input type="checkbox"/> he	<input type="checkbox"/> they	<input type="checkbox"/> her/hers

18. Verbs/Action Words:

- Place a check next to the **verbs** your child would need to communicate about **actions**:

<input type="checkbox"/> ask	<input type="checkbox"/> hit	<input type="checkbox"/> pretend
<input type="checkbox"/> bite	<input type="checkbox"/> hug	<input type="checkbox"/> read
<input type="checkbox"/> close	<input type="checkbox"/> jump	<input type="checkbox"/> run
<input type="checkbox"/> come	<input type="checkbox"/> kiss	<input type="checkbox"/> sit
<input type="checkbox"/> drink	<input type="checkbox"/> know	<input type="checkbox"/> sleep
<input type="checkbox"/> eat	<input type="checkbox"/> lie	<input type="checkbox"/> stand
<input type="checkbox"/> fall	<input type="checkbox"/> like	<input type="checkbox"/> stop
<input type="checkbox"/> give	<input type="checkbox"/> look	<input type="checkbox"/> take
<input type="checkbox"/> go/goes	<input type="checkbox"/> love	<input type="checkbox"/> talk
<input type="checkbox"/> hear	<input type="checkbox"/> need	<input type="checkbox"/> walk
<input type="checkbox"/> help	<input type="checkbox"/> open	<input type="checkbox"/> want
	<input type="checkbox"/> play	<input type="checkbox"/> will

- Are there any other **verbs or action words** your child would need to communicate?

19. Descriptors:

- Place a check beside words your child would use to **describe** items in his/her environment:

<input type="checkbox"/> big or large	<input type="checkbox"/> short	<input type="checkbox"/> ugly
<input type="checkbox"/> small or little	<input type="checkbox"/> tall	<input type="checkbox"/> new
<input type="checkbox"/> medium	<input type="checkbox"/> clean	<input type="checkbox"/> old
<input type="checkbox"/> lot/many/much	<input type="checkbox"/> dirty	<input type="checkbox"/> right
<input type="checkbox"/> more	<input type="checkbox"/> here	<input type="checkbox"/> wrong
<input type="checkbox"/> good	<input type="checkbox"/> there	<input type="checkbox"/> funny
<input type="checkbox"/> bad	<input type="checkbox"/> away	<input type="checkbox"/> sad
<input type="checkbox"/> sick	<input type="checkbox"/> nice	<input type="checkbox"/> same
<input type="checkbox"/> hot	<input type="checkbox"/> bad	<input type="checkbox"/> different
<input type="checkbox"/> cold	<input type="checkbox"/> mean	<input type="checkbox"/> done
<input type="checkbox"/> stinky	<input type="checkbox"/> pretty	<input type="checkbox"/> all gone

- Are there any other vocabulary items that should be included to **describe** items?

20. Yes/No Responses:

- Place a check beside the words your child would use to communicate **yes/no** responses:

<input type="checkbox"/> yes	<input type="checkbox"/> okay	<input type="checkbox"/> no
<input type="checkbox"/> yeah	<input type="checkbox"/> uh huh	<input type="checkbox"/> nope
<input type="checkbox"/> yup	<input type="checkbox"/> maybe	

- What else would your child want to communicate about? Please list any other words your child might want to use when communicating.