

## Personalization of AAC System Vocabulary

Please complete this form to indicate specific vocabulary to include on your student's alternative/augmentative communication device. Please note that all vocabulary may not be included in your student's communication device. The team should work together to ensure vocabulary is systematically selected and organized.

Please list vocabulary as you use it at home. For example: state "Papa" for "Grandpa" (if that's how you would say it in your family).

**Name of Person Completing Form:**

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**Student's Name:**

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**School Student attends:**

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**Teacher:**

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**Grade:**

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## Important People

### Family Members

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### Close Friends

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### School Personnel and School Friends

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### Pets or frequently seen animals

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### Other Important People

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## **Favorites**

### **Toys/Activities**

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### **Foods**

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### **Drinks**

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### **Story, TV, music, movie character(s), etc**

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## Common Places

Common places student visits

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Favorite restaurant(s)

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Favorite store(s)

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## Medical Information

Medical professionals or medical institutions student frequently visits

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**Illnesses or conditions student frequently encounters**

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**Any specialized equipment used by the student (e.g. leg braces)**

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## **Clothing/Personal Items**

**Clothing/personal equipment frequently used by the student**

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**Would you like undergarments included in the student's communication device at school?**

Yes      or      No

**If you would like undergarments listed in your student's communication device, then please note what you would like them to be called.**

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## Religion/Place of Worship Information

Would you like religious information included on your student's communication device?

Yes      or      No

Places of worship your student is familiar with

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Key religious figures/people

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Activities/objects relevant to child's experience of religion

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## Other Vocabulary

Please list any other vocabulary you would like included on the device

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