



Communication, Autism, and Technology University of Kansas Family Application Form

Family Name: _____

Address: _____

E-mail address: _____

Phone numbers: _____ (home) _____ (Cell/work)

Please answer the following questions/requests to the degree you feel comfortable so that we can learn more about your family. Feel free to use additional space to address the questions/requests and to add any other information you would like us to have.

Please give us a short family bio. Describe your family, including your children's ages, interests and needs.

When was your child diagnosed with ASD?

Does your child use augmentative/alternative communication (AAC)? Yes or No

If yes, please respond to the following questions:

What kind of AAC system does he/she use?

When did he/she receive the AAC system? (How long has he/she been using AAC?)

Please describe how your child uses AAC. When and where does she/he use it? Does he/she use it in some settings and not others? With certain groups of people and not others?

What kind of support with AAC would be helpful for your family?

Please describe your current in-home supports (ie HCBS waiver, Positive Behavior Support Team, Autism Waiver and others).

What are your communication goals for your child?

What type of person would work well with your family?

Additional information you would like to share.



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