

Voice

Movement

ICT

Towards Independence Developing Communication Skills: Soncory

Sensory

** ASDAN

Name:

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This module has been developed as the result of collaborative work between ASDAN and practitioners delivering the Towards Independence programme. Our thanks go to all those who contributed to the development of these materials.

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Welcome

You are starting a module called

Developing Communication Skills: Sensory

In doing the activities in this module you will be asked to:

- say
- show
- choose
- make things

You can say things by talking or signing, or by using any other means to let someone know what you want to say.

You can choose and show things by using:

- pictures
- digital recording
- other means

- photographs
- computer

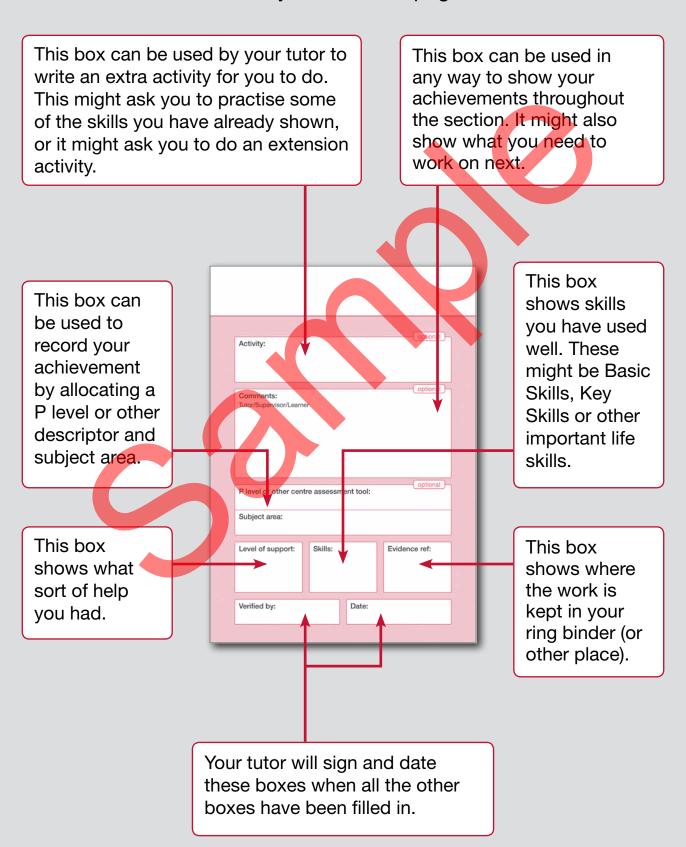
or by telling someone else so they can write or do it for you. All the way through you can have as much help as you need.

As you complete each activity, you or your tutor can tick the box shown alongside the activity and the corresponding box on the **Record of Activities** page.

When you have finished the module, remember to complete the **Module Review** and **Next Steps** at the end of the book.

Record Boxes

At the end of each section you will find a page of record boxes:



Levels of Support

Ask your tutor to talk to you about these:



NH No Help - you can do things on your own



SH Spoken/Signed Help – you are helped by someone speaking or signing suggestions to you



GH Gestural Help – you are helped by someone using hand signals or other gestural prompts



PH Physical Help – you are helped by someone holding you and/or helping you to move



SE Sensory Experience – you are given the opportunity of being involved through a sensory experience, e.g. hearing, touch, sight or taste



ER Experience Recorded – you are provided with an experience of the activity but are unable to take part

Section A:

How I communicate

				/
1	Shov	v how you communicate	e with familiar people.	
	For example:			
	0	voice (words or vocalis	sation)	
	0	facial expression		
	0	eye movements		
	0	body movements		
	0	mouth movements		
	0	other		
2	Shov	v how you share your fe	elings when you are:	
	0	happy	o sad	
	0	excited	uncomfortable	
	0	tired	○ hungry	
	0	angry	o other	
3	Let s	omeone know what you	ı like or dislike.	
		xample:		
	0	food		
	0	music		
	0	activities		
	0	other		
4	Show	v that you can commun on.	icate with another	

Section A:

How I communicate

Activity			optional	
Activity:				
			optional	
Comments:				
Tutor/Supervisor/Learne	er			
			optional	
P level or other cent	P level or other centre assessment tool:			
Subject area:				
Level of support:	Skills:		Evidence ref:	
Next continue				
Verified by:		Date:		

Section D:

Communicating in a therapeutic session

Sho	Show you can communicate in a therapeutic session.				
_	For example:				
C	hydrotherapy	0	music therapy		
C	physiotherapy	0	mobility		
C	rebound therapy	0	art		
C	other		V		
1	Greet and respond to the persor session and any other people in				
2	2 Show how you let someone know that the session has started.				
3	Recognise and respond to familiar parts of the session.				
4	4 Show how you respond to the person who is helping you.				
5	Show whether you are enjoying	the	activity.		
6	Show how you let someone kno an activity or part of the session		•		
7	7 Show that you know when the session is finished.				

Section D:

Communicating in a therapeutic session

			optional
Activity:			
			optional
Comments:			SAC-14
Tutor/Supervisor/Learne	r		
			antional
P level or other centi	e assessm	ent tool:	optional
Cubicata			
Subject area:			
Level of support:	Skills:		Evidence ref:
Verified by:		Date:	
Tormod by:			
•			

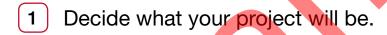
Section G:

Project

In this section you can choose your own activity.

Here are some ideas:

- Take part in a new therapeutic session
- Use a new piece of ICT equipment or programme
- Share a new activity with an unfamiliar adult or peer
- Other



- 2 Plan your project.
- (3) Make a list of the things you need.
- 4 Do your project.
- [5] Show what went well in your project.

Section G:

Project

Activity:			optional
Comments: Tutor/Supervisor/Learne	er		optional
P level or other cent	re assessm	nent tool:	optional
Subject area:			
Level of support:	Skills:		Evidence ref:
Verified by:		Date:	

Next Steps

My next challenge:
Activities and modules that will help:
Who can help me and when:
Remember to record that you have completed this module and review on the Record Page in your Starting Out module.
Learner signature:
Tutor/supervisor signature:
Date:



