



Údarás Náisiúnta Míchumais
National Disability Authority

Lived Experience Advisory Group



Easy to Read Form



1. What is your name?



2. How would you like us to contact you?
Please give us a number or address.



3. What is your gender?

☐

A Man

☐

A Woman

☐

Prefer not to say



4. What is your age?



5. How do you describe yourself ?

You can tick more than one if you want

☐

Autistic

☐

A person with an intellectual disability

☐

A person with another type of disability

☐

None of these



6. Do you use AAC on a regular basis?

☐

Yes

☐

No



7. What type of communication do you use most?

☐

Body language

☐

Gestures

☐

Facial expressions

☐

Lámh signs

☐

Communication boards or books

☐

Choice cards

☐

Keyboard or alphabet charts

☐

Speech devices

☐

AAC apps



8. Is there anything else you would like us to know about your communication needs or access supports?

