

AUGMENTATIVE COMMUNICATION DEVICE TRIAL SUMMARY

Name: _____ Trial Dates: from _____ to _____

Communication Device and Accessories _____

Support and Training

List names of individuals that put message into the device:

Who will provide daily support and programming to the device once it is purchased:

People

The device helped me communicate with more people: Yes No

Who did you talk to using this device:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Friends | <input type="checkbox"/> Peers |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Supervisor/Boss | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Coworkers | <input type="checkbox"/> Staff | <input type="checkbox"/> Aides/Assistants |
| <input type="checkbox"/> Therapists | <input type="checkbox"/> Nurse | <input type="checkbox"/> Doctor |

Others: (please list) _____

Places/Situations

This device helped me communicate in more situations: Yes No

During the trial period, when and where did you use this device:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> In a group | <input type="checkbox"/> On the phone | <input type="checkbox"/> With new people |
| <input type="checkbox"/> At work | <input type="checkbox"/> At home | <input type="checkbox"/> At school |
| <input type="checkbox"/> In the community(e.g.) _____ | | |

Provide 10 specific messages and situations in which the device was used during the trial:

Type of Messages

The device helped me communicate more thoughts:

Yes

No

What kinds of things did you say with this device:

Greetings

Making requests

Feelings (mad, something hurts)

Needs(bathroom, drink, etc)

Information about self

Talks about past events

Talks about their favorite topic

Other things: _____

What are some features you like about this device:

What are some features you didn't like about this device:

Other Comments:

List name/relationship of people completing this form:
