



### TRIAL PERIOD DATA COLLECTION SHEET

This form is intended to help collect data to support medical need of a speech generating device.  
**This is not a required document and will not be submitted as part of the funding packet.**

Client Name: \_\_\_\_\_

Dates of Trial: \_\_\_\_\_ to \_\_\_\_\_

Device/Vocab Tried: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Function of Communication	Example of Message(s) Generated	Communication Partner	Environment (where)	Able to express this to communication partners without device?	Support Required
<i>ex. Relay personal info</i>	<i>"My name is Joe." "I am 20 years old."</i>	<i>Mom, peer</i>	<i>Home Classroom</i>	Familiar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Independent by trial end</i>
Relay personal info for safety reasons				Familiar: <input type="checkbox"/> Yes <input type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Express pain or identify body parts/emotions				Familiar: <input type="checkbox"/> Yes <input type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Express hunger/thirst				Familiar: <input type="checkbox"/> Yes <input type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Request bathroom				Familiar: <input type="checkbox"/> Yes <input type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Request assistance				Familiar: <input type="checkbox"/> Yes <input type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Express sensory needs/concerns				Familiar: <input type="checkbox"/> Yes <input type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Participate in decision making				Familiar: <input type="checkbox"/> Yes <input type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Direct medical care				Familiar: <input type="checkbox"/> Yes <input type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Share information or comment				Familiar: <input type="checkbox"/> Yes <input type="checkbox"/> No Unfamiliar: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional messages generated (e.g., social interaction, classroom participation, concepts, core words)

Function of Communication	Example of Words/Message Generated	Communication Partner	Environment	How can this apply to a medically relevant need (e.g., make choice)?	Support Required

Describe how the client generated messages using the SGD during the trial. Check as many that apply.

- Used single words. Utterances ranged from \_\_\_ to \_\_\_ words.
  Used spelling.
  Used preprogrammed messages to increase efficiency
  Used word prediction.

Describe the support and prompts required throughout the trial.

Support provided throughout the trial:

- stayed the same
  decreased over time
  varied based on communication function and motivation

Support included:

- modeling
  wait time
  verbal prompt
  physical prompt
  independent

Support was required

- for all communication
  for some communication
  for new word(s) only

Indicate any operational skills observed during the trial. These vary by access method and individual ability.

	Operational Skills	Provide an example or quantify each skill you check (e.g., daily, after one model did so independently)
<input type="checkbox"/>	Picked up and/or carried device	
<input type="checkbox"/>	Set device up on table	
<input type="checkbox"/>	Woke up / turned on device or adjusted device volume	
<input type="checkbox"/>	Navigated: to home page, across multiple pages, back pages	
<input type="checkbox"/>	Participated in device programming	
<input type="checkbox"/>	Participated in device charging (e.g., indicated low battery)	
<input type="checkbox"/>	Used message window or button to delete, clear, speak	
<input type="checkbox"/>	Used feature to look up/find a word	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

Indicate any other skills observed during the trial.

	Additional Skills	Provide an example or quantify each skill you check (e.g., used device instead of hitting; decreased by 80%)
<input type="checkbox"/>	Attended to display	
<input type="checkbox"/>	Motivated to use device / Request or sought it out	
<input type="checkbox"/>	Recognized device can communicate wants/needs	
<input type="checkbox"/>	Decreased negative behaviors	
<input type="checkbox"/>	Demonstrated recall/memory to locate vocabulary	
<input type="checkbox"/>	Demonstrated positive attitude/willingness to learn	
<input type="checkbox"/>	Demonstrated persistence/resilience to communicate	
<input type="checkbox"/>	Recognized and/or repaired errors in message formulation	
<input type="checkbox"/>	_____	

**SUPPORT**

List people who customized the device

List people who were trained on using the device

- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

**WHAT ARE SOME FEATURES OF THE DEVICE OR VOCABULARY THAT ARE IMPORTANT FOR THIS CLIENT?**