**AAC Device Trial Data Sheet**

Student:

Device:

Did device go home? Yes No

Data collector: SLP Teacher Parent Other

Dates of loan period:

**Areas of Communicative Competence – check all that are observed**

|  |  |
| --- | --- |
| Operational Competence | Linguistic Competence |
| Charges device or asks someone elseCarries devicePowers on/offNavigates (dynamic display only): independently with assistanceUses device functions: clear backspace back/home volumeChanges overlays (static display) | Message creation: single words multiple wordsLength of message \_\_\_\_\_\_\_\_\_\_\_ Types of messages: requesting commenting rejecting greeting/parting asking questions answering questions gaining attentionsocial nicetiesText to speech:  spells uses word prediction |
| Social Competence | Strategic Competence |
| Number of communication partners \_\_\_\_\_ Typical communication partners:peers adults at school family membersTurn takingTopic shiftingConversation: initiates maintains terminates | Values and takes ownership of deviceHow does student repair communication? changes mode repeats other\_\_\_\_\_\_\_\_\_\_ |

Did communication partners use **aided language** (modeling) with student? Yes No

**Prompting -** We encourage a least to most hierarchy when prompting:

Environmental/natural cue (statement, bell, etc.) open question (“What do we need?”)  Partial prompt (“Do you need a pencil or paper?”)  full model (on the display or device) hand over hand (as a last resort)

What level of prompting was typically required by the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IEP Goals**

According to IDEA, assistive technology must be tied to the IEP - choose a current goal to work on and collect data during the trials. Enter data at least once a week during the trial period.

IEP Goal:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dates |  |  |  |  |  |  |
| Percentage/number of times |  |  |  |  |  |  |

**Observations – include activities where device was used, student’s level of interaction, progress noted, etc.**

|  |  |
| --- | --- |
| Week 1  |  |
| Week 2  |  |
| Week 3  |  |
| Week 4  |  |
| Week 5  |  |
| Week 6  |  |

**Overall impression of trial device:**

Strengths Weaknesses

 

 

 

Thank you for taking the time to provide this valuable data which will be utilized to make a recommendation regarding the appropriate assistive technology for this student.