AAC Device/App Trial Request Form

Student's name:	**School:**
Participants on Team Involved in AAC Assessment:	
☐ SLP: _____	☐ Gen Ed Teacher: _____
☐ OT: _____	☐ Parent(s): _____
☐ PT: _____	☐ Others: _____
☐ SPED Teacher: _____	_____

Background Information/Parent Interview:

Reason for referral:

Summary of current communication skills:

Does the student use any verbal language? Is it intelligible?

Summary of previous AAC device experience prior to this evaluation:

Is the student bilingual? ☐ Yes ☐ No / If so, what is primary language? _____

Who does the student live with?

For students 14 years or older: What are the student's post-secondary plans/goals at this time related to communication?

What other services does the student receive (in school and outside of school)?

Is the family interested in having a device that they own privately or through insurance?
☐ Yes / ☐ No / ☐ Possibly, but would like more information

Would family be willing to participate in training if/when a device is determined to be needed?
☐ Yes / ☐ No

Only complete the sections of this report that are applicable to your student and their current communication needs

Gross and Fine Motor Skills (to be completed by OT/PT/SLP):

General Gross Motor Skills:

Yes	No	Skill Area
☐	☐	Is the student ambulatory?
☐	☐	Does the student require a mount for their device?
☐	☐	Does the student currently use a mount for their device?
☐	☐	Are there concerns with balance?
☐	☐	Are there weight restrictions on lifting/carrying a device?

Current Transportation/Mobility Modes Used:

☐ Standard Wheelchair ☐ Power Chair ☐ Rifton Chair

☐ Uses Walker ☐ Walks Assisted ☐ Walks Unassisted

☐ Other: _____

General Fine Motor Skills:

Yes	No	Skill Area
☐	☐	Can the student cross midline?
☐	☐	Is finger dexterity a concern?
☐	☐	Is student able to isolate fingers?

Muscle Tone: ☐ Hypo / ☐ Hyper / ☐ WNL

Hand Dominance: ☐ Right / ☐ Left

What do you anticipate the student will use to access their device and list any general endurance concerns to consider while using this method:

☐ Finger: _____

☐ Hand: _____

☐ Switch user: _____

☐ Eye gaze: _____

☐ Other: _____

Hearing & Vision (To be reviewed by school nurse):

1. Is Hearing WNL: ☐ Yes ☐ No / If not, explain:_____

2. Does the student use any type of sound amplification systems?
   ☐ Hearing Aids ☐ Cochlear Implant ☐ FM system ☐ Other:_____

3. Is Vision WNL: ☐ Yes ☐ No / If not, explain: _____
4. Does he/she wear glasses or contacts ☐ Yes ☐ No

Visual Abilities Related to Communication (check all that apply):

☐ Maintains fixation on stationary object
☐ Looks to right and left without moving head
☐ Scans line of symbols left to right
☐ Scans matrix of symbols in a grid
☐ Visually recognizes people
☐ Visually recognizes common objects
☐ Needs additional space around symbol
☐ Visually shifts horizontally
☐ Visually shifts vertically
☐ Needs high contrast symbols

5. Other Areas of Consideration/Concern: _____

Expressive/Receptive/Pragmatic Language Skills:

Expressive

1. *Current Means of Expressive Communication (Check all that are used by the student)*
   ☐ Body position changes ☐ Eye-gaze/eye movement ☐ Facial expressions
   ☐ Gestures ☐ Pointing ☐ Vocalizations
   ☐ Tactile Object Symbols ☐ Picture Symbols ☐ Comm board/book
   ☐ Single words ☐ 2-3 word utterances ☐ Semi-intelligible speech
   ☐ Intelligible speech ☐ Writing ☐ Sign language
   ☐ Voice output AAC device (name of device): _____
   ☐ Other: _____

2. *If student uses pictures icons/symbols to communicate, complete the following information:*
   Grid/Field Size: _____ Approximate Size of Icons: ___ inches

3. *Rate the intelligibility when student speaks to various communication partners?*

	Most of the Time	Part of the Time	Rarely	Not Applicable
Parent/Guardian	☐	☐	☐	☐
Siblings	☐	☐	☐	☐
Teacher/Therapists	☐	☐	☐	☐
Peers	☐	☐	☐	☐

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Strangers	☐	☐	☐	☐

4. *Keyboard Skills*
   Student's Typing Ability: ☐ One Finger / ☐ Touch Typing / ☐ Limited Typing Experience
   Type of Keyboard: ☐ QWERTY / ☐ ABC

Receptive

Indicate the student's ability to consistently receptively identify the following areas:

☐ Yes ☐ No Common Objects
☐ Yes ☐ No Pictures of Common Objects
☐ Yes ☐ No Symbols of Common Objects
☐ Yes ☐ No Objects by Function
☐ Yes ☐ No Colors
☐ Yes ☐ No Body Parts
☐ Yes ☐ No Letters/Numbers to Type for Communication
☐ Yes ☐ No Attributes/Descriptors (e.g., bumpy, soft, hot, cold,…)
☐ Yes ☐ No Actions in Pictures (e.g., run, walk, ride bike,…)
☐ Yes ☐ No Categories (e.g., animals, snacks, school items, meals,…)

Indicate the student's ability to complete the following skills:

☐ Yes ☐ No Follow 1-step commands
☐ Yes ☐ No Follow 2-step commands
☐ Yes ☐ No Follow commands based off of prepositions (e.g., on, under, beside)
☐ Yes ☐ No Receptively identify answers to "What is your name?"
☐ Yes ☐ No Receptively identify answers to "Where do you live?"
☐ Yes ☐ No Receptively identify answers to "What do you want to eat?"
☐ Yes ☐ No Receptively identify answers to "Who is that?"
☐ Yes ☐ No Answer yes/no consistently with gestures, verbalizations, signs, or other forms of communication?
☐ Yes ☐ No Demonstrates pre-literacy skills (e.g., holding a book with correct orientation, flipping a page left to right?)

Pragmatic

	Always	Frequently	Occasionally	Seldom	Never
Makes eye contact	☐	☐	☐	☐	☐
Exhibits turn-taking	☐	☐	☐	☐	☐
Demonstrates greetings / Initiates interactions	☐	☐	☐	☐	☐
Responds to communication interaction	☐	☐	☐	☐	☐
Asks questions	☐	☐	☐	☐	☐
Interacts with peers	☐	☐	☐	☐	☐
Terminates communication interactions	☐	☐	☐	☐	☐
Attempts repair communication breakdowns	☐	☐	☐	☐	☐

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Trial Devices/Tool/App Selection:

List at least 2 devices/apps that your team would like to trial based on the background info and team discussion (if you are unsure and/or would like the Assistive Technology Facilitator to come out to consult with your team, check the consultation requested box below):

1.

2.

3.

Assistive Technology Facilitator Consultation Requested: ☐ YES

☐ Would like assistance with device/app selection

☐ Would like assistance/training with device/app implementation

☐ Other: _____

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