

## AAC Device/App Trial Summary Form



<b>Student's name:</b> _____	<b>School:</b> _____
<b>Participants on Team Involved in AAC Assessment/Trial:</b>	
<input type="checkbox"/> SLP: _____	<input type="checkbox"/> Gen Ed Teacher: _____
<input type="checkbox"/> OT: _____	<input type="checkbox"/> Parent(s): _____
<input type="checkbox"/> PT: _____	<input type="checkbox"/> Others: _____
<input type="checkbox"/> SPED Teacher: _____	

### Devices/Apps Tried:

List the devices/tools/app that were used in trial based on background info and team discussion:

- 1.
- 2.
- 3.

### Summary of Trial/Outcomes:

*Activities (summary of activities/environments the team trialed the devices in):*

*Communication Partners (summary of communication partner data):*

*Motivation Data (level of independence and general motivation):*

*Identified Barriers and Areas to Concern (e.g., access barriers, medical needs, opportunity barriers, frustration tolerance, communication breakdowns):*

*Prompting Needs and Strategies:*

### *Summary of Device/App Features*

<i>Needed/Beneficial Features</i>	<i>Features Tried but Unsuccessful or Not Needed</i>

*Most Successful Grid/Field Size at Conclusion of Trial:*

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

**Recommendations for AAC:**

*Provide the summary of which device/app along with which identifying the specify features that are needed for the student to be successful*

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