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Initial Tele-Survey

Tele-tech
<p>1. How do you prefer to connect? (select all that apply)</p> <p> <input checked="" type="checkbox"/> email <input type="checkbox"/> live video conferencing <input checked="" type="checkbox"/> sharing recorded videos <input checked="" type="checkbox"/> video tutorials <input checked="" type="checkbox"/> phone calls <input type="checkbox"/> other: _____ </p>
<p>2. What technology would you use (that has a webcam)?</p> <p> <input checked="" type="checkbox"/> phone <input type="checkbox"/> tablet <input type="checkbox"/> laptop <input type="checkbox"/> Chromebook <input type="checkbox"/> desktop <input type="checkbox"/> other: _____ </p>
<p>3. What is your comfort level with that technology?</p> <p> <input type="checkbox"/> very comfortable <input checked="" type="checkbox"/> comfortable <input type="checkbox"/> open to training <input type="checkbox"/> not my strong suit <input type="checkbox"/> terrified <input type="checkbox"/> other: _____ </p>
<p>4. What is your comfort level using more than one of those technologies at once?</p> <p> <input type="checkbox"/> very comfortable <input type="checkbox"/> comfortable <input checked="" type="checkbox"/> open to training <input type="checkbox"/> not my strong suit <input type="checkbox"/> terrified <input type="checkbox"/> other: _____ </p>
<p>5. What platform are you familiar or comfortable with?</p> <p> <input checked="" type="checkbox"/> Zoom <input type="checkbox"/> GoToMeeting <input type="checkbox"/> Webex <input type="checkbox"/> Clocktree <input type="checkbox"/> Doxy.me <input type="checkbox"/> other: _____ </p>
<p>6. Internet Service Stability</p> <p> <input type="checkbox"/> Great <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> sometimes patchy <input type="checkbox"/> often patchy <input type="checkbox"/> not reliable <input type="checkbox"/> other: _____ </p>

AAC Tech
<p>1. Do you have the individual's AAC System at home?</p> <p> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO </p>

<p>2. Do you have an alternative lite-tech (paper-based version) of the AAC System at home?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>
<p>3. Do you have a way of charging your AAC System at home?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4. How familiar/comfortable are you with the AAC System?</p> <p><input type="checkbox"/> very comfortable <input type="checkbox"/> comfortable <input type="checkbox"/> open to training <input checked="" type="checkbox"/> not my strong suit <input type="checkbox"/> terrified <input type="checkbox"/> other: _____</p>
<p>5. How familiar/comfortable are you with supporting the individual's use of the AAC System (modeling, language expansion, prompting)?</p> <p><input type="checkbox"/> very comfortable <input type="checkbox"/> comfortable <input type="checkbox"/> open to training <input checked="" type="checkbox"/> not my strong suit <input type="checkbox"/> terrified <input type="checkbox"/> other: _____</p>
<p>6. How familiar/comfortable are you with troubleshooting tech-issues with the AAC System (speech output not working, frozen screen, etc.)?</p> <p><input type="checkbox"/> very comfortable <input type="checkbox"/> comfortable <input checked="" type="checkbox"/> open to training <input type="checkbox"/> not my strong suit <input type="checkbox"/> terrified <input type="checkbox"/> other: _____</p>
<p>7. How familiar/comfortable are you with identifying and creating communication opportunities for the individual using AAC?</p> <p><input type="checkbox"/> very comfortable <input type="checkbox"/> comfortable <input type="checkbox"/> open to training <input checked="" type="checkbox"/> not my strong suit <input type="checkbox"/> terrified <input type="checkbox"/> other: _____</p>

Tele-Environment
<p>1. Where will the tele-session take place? (closed door room, at a desk, shared space, etc.)</p> <p>At a table in the office</p>
<p>2. Other people around the tele-environment? (siblings)</p> <p>possibility of sibling being around, trying to schedule when my wife will be home</p>
<p>3. Days/Times available for tele-sessions.</p> <p>Ideally in the evening</p>

Communication Partner					
1. Comfort level managing individual's engagement and focus to task? (using token reinforcement, visual schedule)					
<input type="checkbox"/> very comfortable	<input checked="" type="checkbox"/> comfortable	<input type="checkbox"/> open to training	<input type="checkbox"/> not my strong suit	<input type="checkbox"/> terrified	<input type="checkbox"/> other: _____
2. Communication partner's other responsibilities at the time of tele-session(s)?					
<input checked="" type="checkbox"/> siblings	<input checked="" type="checkbox"/> work	<input type="checkbox"/> available to focus on tele	<input type="checkbox"/> not my strong suit	<input type="checkbox"/> terrified	<input type="checkbox"/> other: _____

Individual					
1. Ability to sustain attention?					
<input type="checkbox"/> 60 min	<input checked="" type="checkbox"/> 30 min	<input type="checkbox"/> 15 mins	<input type="checkbox"/> 5-10 min	<input type="checkbox"/> other: _____	
2. Need for visual schedule?					
<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO		
3. Need for token reinforcement or reinforcement schedule?					
<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO		
4. What is the individual's best access method for learning? (choose all that apply)					
<input checked="" type="checkbox"/> visual	<input checked="" type="checkbox"/> auditory	<input type="checkbox"/> tactile	<input type="checkbox"/> hands on	<input type="checkbox"/> other: _____	
5. Motivating topics/engaging tasks for the individual? (TV shows, movies, books, characters, places, etc.)					
games, Pokemon, books					