

Gian and
Alice

Communicare, LLC

P: (413) 875-5531 | F: (800) 635-9636
info@AACcommunicare.com
AACcommunicare.com

Initial Tele-Survey

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

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

2. Do you have an alternative lite-tech (paper-based version) of the AAC System at home?

YES

NO

3. Do you have a way of charging your AAC System at home?

YES

NO

4. How familiar/comfortable are you with the AAC System?

very comfortable

comfortable

open to training

not my strong suit

terrified

other: _____

5. How familiar/comfortable are you with supporting the individual's use of the AAC System (modeling, language expansion, prompting)?

very comfortable

comfortable

open to training

not my strong suit

terrified

other: _____

6. How familiar/comfortable are you with troubleshooting tech-issues with the AAC System (speech output not working, frozen screen, etc.)?

very comfortable

comfortable

open to training

not my strong suit

terrified

other: _____

7. How familiar/comfortable are you with identifying and creating communication opportunities for the individual using AAC?

very comfortable

comfortable

open to training

not my strong suit

terrified

other: _____

Tele-Environment

1. Where will the tele-session take place? (closed door room, at a desk, shared space, etc.)

in kitchen space or Alec's room

2. Other people around the tele-environment? (siblings)

at times siblings and cats

3. Days/Times available for tele-sessions.

most afternoons

| Communication Partner | | | | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------|---------------------------------------------|------------------------------------|---------------------------------------|
| 1. Comfort level managing individual's engagement and focus to task? (using token reinforcement, visual schedule) | | | | | |
| <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: _____ |
| 2. Communication partner's other responsibilities at the time of tele-session(s)? | | | | | |
| <input type="checkbox"/> siblings | <input type="checkbox"/> work | <input checked="" 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 checked="" 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: may need a fidget | |
| 5. Motivating topics/engaging tasks for the individual? (TV shows, movies, books, characters, places, etc.) | | | | | |
| coloring + drawing, reading, slime, music, playing with dolls | | | | | |