

max

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 checked="" 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: text
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 checked="" type="checkbox"/> desktop	<input type="checkbox"/> other: _____
3. What is your comfort level with that technology?					
<input checked="" type="checkbox"/> very comfortable	<input 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 checked="" type="checkbox"/> very comfortable	<input 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 type="checkbox"/> Doxy.me	<input type="checkbox"/> other: _____
6. Internet Service Stability					
<input checked="" 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 max's room

2. Other people around the tele-environment? (siblings)
no

3. Days/Times available for tele-sessions.
can be flexible

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 type="checkbox"/> open to training	<input checked="" 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 type="checkbox"/> 30 min	<input type="checkbox"/> 15 mins	<input checked="" type="checkbox"/> 5-10 min	<input type="checkbox"/> other:	
2. Need for visual schedule?					
<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO		
3. Need for token reinforcement or reinforcement schedule?					
<input checked="" type="checkbox"/> YES			<input 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 checked="" type="checkbox"/> tactile	<input checked="" type="checkbox"/> hands on	<input checked="" type="checkbox"/> other:	needs to move
5. Motivating topics/engaging tasks for the individual? (TV shows, movies, books, characters, places, etc.)					
Legos, monster trucks, Star Wars, books, moving around					