

max

# Communicare, LLC

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## Initial Tele-Survey

Tele-tech					
<b>1. How do you prefer to connect? (select all that apply)</b>					
<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 type="checkbox"/> phone calls	<input checked="" type="checkbox"/> other: <b>text</b>
<b>2. What technology would you use (that has a webcam)?</b>					
<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: _____
<b>3. What is your comfort level with that technology?</b>					
<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: _____
<b>4. What is your comfort level using more than one of those technologies at once?</b>					
<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: _____
<b>5. What platform are you familiar or comfortable with?</b>					
<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: _____
<b>6. Internet Service Stability</b>					
<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	
<b>1. Do you have the individual's AAC System at home?</b>	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

