

## 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 type="checkbox"/> sharing recorded videos	<input checked="" type="checkbox"/> video tutorials	<input type="checkbox"/> phone calls	<input type="checkbox"/> other: _____
<b>2. What technology would you use (that has a webcam)?</b>					
<input type="checkbox"/> phone	<input type="checkbox"/> tablet	<input type="checkbox"/> laptop	<input checked="" type="checkbox"/> Chromebook	<input type="checkbox"/> desktop	<input type="checkbox"/> other: _____
<b>3. What is your comfort level with that technology?</b>					
<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: _____
<b>4. What is your comfort level using more than one of those technologies at once?</b>					
<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: _____
<b>5. What platform are you familiar or comfortable with?</b>					
<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: _____
<b>6. Internet Service Stability</b>					
<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	
<b>1. Do you have the individual's AAC System at home?</b>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

<b>Tele-Environment</b>
<p><b>1. Where will the tele-session take place? (closed door room, at a desk, shared space, etc.)</b></p> <p>At a table in the office.</p>
<p><b>2. Other people around the tele-environment? (siblings)</b></p> <p>His older sibling but he can keep himself busy by himself.</p>
<p><b>3. Days/Times available for tele-sessions.</b></p> <p>flexible</p>

<b>Communication Partner</b>					
<b>1. Comfort level managing individual's engagement and focus to task? (using token reinforcement, visual schedule)</b>					
<input 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>2. Communication partner's other responsibilities at the time of tele-session(s)?</b>					
<input type="checkbox"/> siblings	<input type="checkbox"/> work	<input type="checkbox"/> available to focus on tele	<input type="checkbox"/> family members	<input type="checkbox"/> other: _____	

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