Illinois Dept. of Healthcare & Family Services AAC Device Trial Form

User’s Name: _______________________  Trial dates: From _________ To _________
Communication device and accessories: _______________________________________

Support and Training
List names of people that put messages into the device: ___________________________
________________________________________________________________________
Who will provide daily support and programming to the device once it is purchased?
________________________________________________________________________

People
The device helped me communicate with more people.             YES                     NO
Who did you talk to using this device?

___ family
___ teacher
___ coworkers
___ therapists
Others (please list): _______________________________________________________

Places/Situations
The device helped me communicate in more situations.             YES                     NO
During this trial period, when and where did you use this device?

___ in a group
___ at work
___ in the community, i.e.
___ on the phone
___ at home
___ with new people
___ at school

Provide ten specific messages & situations in which the device was used during the trial.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Types of Messages
The device helped me communicate more thoughts. YES NO

What kinds of things did you say with this device?
___greetings ___making requests
___feelings (anger, something hurts) ___needs (bathroom, drink, etc.)
___information about myself ___talks about past events
___talks about my favorite topic
___other things, i.e. ______________________________________________________
________________________________________________________________________
________________________________________________________________________

What are some features you like about this device?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are some features you didn’t like about this device?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other comments: _________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List name/relationship of people completing this form:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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