

Communication Device Trials Checklist

Name: _____ Therapist: _____

School: _____ Teacher: _____

Dates of Trials: _____

Considerations

Vision: normal corrected mild-mod impaired profoundly impaired

needs auditory scanning Comments: _____

Physical: adequate for direct access isolates finger alternative access: _____

needs keyguard needs switch scanning will be carrying own device

ambulatory uses walker wheelchair *

* needs device mount for wheelchair

* Wheelchair – Type _____ Frame dimension _____

Company Supplier/Rep Name & Contact Info: _____

Cognitive/Language:

above normal range normal mild moderate severe

at object level needs digital pictures draws meaning from line drawings

knows/uses sign language few gross approx. proficient

produces signs accurately Comments: _____

writes/spells legible accurate non-communicative

Uses device to: primarily respond to ?'s initiates with it uses it socially

follows dynamic screen changes independently prompts/cues needed

navigates independently between pages How many pages/screens: _____

can return to main page independently clears screen independently

Devices Tried:

Pros

Cons

1.

2.

3.