QuickTalker Freestyle
LET THE CONVERSATION BEGIN

Device Personalization Sheet

Send the following form home with parents or caregivers to help gain information and learn about preferences that should be added to the users AAC device!



About Me

(Please include any safety information you would like on your child's device)

Name/Nickname: _____

Date of Birth: _____ Address: _____

Age: _____ Parent Phone Number: _____

People

(Please check the box of the people who are relevant for your child)

☐ Mom ☐ Dad ☐ Brother ☐ Sister ☐ Grandma ☐ Grandpa

☐ Aunt ☐ Uncle ☐ Cousin ☐ Niece ☐ Nephew

Sibling names: _____

Other family or friend's names: _____

Teacher's name: _____

Pets

Types of pets: _____

Pet names: _____

Places

(Please check the box of the places that are relevant for your child)

☐ School ☐ Home ☐ Park ☐ Outside ☐ Backyard ☐ Restaurant ☐ Store

☐ Grandparents house ☐ Church ☐ Synagogue ☐ Mosque ☐ Mall ☐ Grocery Store

☐ Swimming Pool ☐ Theater ☐ Library ☐ Airport

Other: _____

Favorite Restaurants or Stores: _____

_____

Foods: (Please list some of your child's preferred foods) _____

_____

Activities: (Please list some of your child's preferred activities, e.g., games, toys, preferred objects, active play activities) _____

_____

Media: (Please list some of your child's preferred media e.g., movies, TV shows, videos, music) _____

_____