Family Example Tracker

AbleNet ableExperience For Families

Simple is perfect, and we're here to help if you need anything!

Name of the person using the device _____

Date of birth of the person using the device _____

Your email _____

Whether you're just beginning to model words on the device or your loved one is already using it to communicate, every example shows how the device is becoming part of their daily life. **Any example counts—big or small!**

Please note: We recommend at least 5 written examples, but you're welcome to submit more.

Example 1: Using the Device
(Your loved one presses words on the device.)
At snack time, John pressed "more" on his device to ask for more crackers. I gave him more.

Example 2: Modeling the Device
(You press words on the device while you talk.)
At snack time, I pressed "more" on John's device while saying "more crackers?" John watched me press it.

1 **What message was shared or modeled using the device?** **Date of example** _____

_____

_____

Communication partner: ☐ Family ☐ Teacher/Therapist ☐ Friend/Peer ☐ Other _____
Location: ☐ Home ☐ School ☐ Out in the Community ☐ Other _____
Assistance needed? ☐ Yes ☐ No *(a reminder, a hint, or a little help)*

2 **What message was shared or modeled using the device?** **Date of example** _____

_____

_____

Communication partner: ☐ Family ☐ Teacher/Therapist ☐ Friend/Peer ☐ Other _____
Location: ☐ Home ☐ School ☐ Out in the Community ☐ Other _____
Assistance needed? ☐ Yes ☐ No *(a reminder, a hint, or a little help)*

3 **What message was shared or modeled using the device?** **Date of example** _____

_____

_____

Communication partner: ☐ Family ☐ Teacher/Therapist ☐ Friend/Peer ☐ Other _____
Location: ☐ Home ☐ School ☐ Out in the Community ☐ Other _____
Assistance needed? ☐ Yes ☐ No *(a reminder, a hint, or a little help)*

4 **What message was shared or modeled using the device?** **Date of example** _____

_____

_____

Communication partner: ☐ Family ☐ Teacher/Therapist ☐ Friend/Peer ☐ Other _____
Location: ☐ Home ☐ School ☐ Out in the Community ☐ Other _____
Assistance needed? ☐ Yes ☐ No *(a reminder, a hint, or a little help)*

5 **What message was shared or modeled using the device?** **Date of example** _____

_____

_____

Communication partner: ☐ Family ☐ Teacher/Therapist ☐ Friend/Peer ☐ Other _____
Location: ☐ Home ☐ School ☐ Out in the Community ☐ Other _____
Assistance needed? ☐ Yes ☐ No *(a reminder, a hint, or a little help)*

Need to share more than 5 examples? Print another copy of this page. Once completed, please email this form to fundingservices@ablenetinc.com or share it with your loved one's speech therapist. Questions? Contact AbleNet at fundingservices@ablenetinc.com or 651-240-1364.