AbleNet
QuickTalker Freestyle®
LET THE CONVERSATION BEGIN

Parent AAC Check-In

We know AAC can feel overwhelming — taking a few minutes to answer these questions will help your child's team better support your family's communication journey. Let us know what you feel confident with and where you could use additional support!

CHILD'S NAME	GRADE	TEACHER
_____	_____	_____

How confident do you feel with these parts of AAC?

Circle one number for each statement. **1** = Not yet confident **5** = Very confident

1	I feel confident in my understanding of how AAC can help my child communicate.	1	2	3	4	5
2	I know who I can reach out to with questions about the device.	1	2	3	4	5
3	I know how to use the AAC device to interact with my child.	1	2	3	4	5
4	I am confident in incorporating the AAC device into our routines at home.	1	2	3	4	5
5	I can personalize my child's device with things important to us.	1	2	3	4	5
6	I know how to back up my child's vocabulary file to save any customizations.	1	2	3	4	5

Please continue on the back.

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Child's name: _____

How often do you use AAC at home?

Choose one.

- ◯ We do not use it at home
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ All the time

What would you like to receive more resources on?

Check all that apply.

- ☐ General app knowledge
- ☐ Activity ideas
- ☐ How to model the device
- ☐ Something else: _____

What is your biggest challenge in using the device right now?

Where are you seeing the most success with AAC? Are there any non-academic or therapy-related activities where you find success with AAC?

How can we, as your child's team, better support you with AAC?

Additional feedback

Thank you for sharing!