

Caregiver AAC Check-In

AAC can feel like a lot at first. These quick questions help your child's team see what's going well and where you'd like more support.

Child's name _____ Grade _____

Teacher _____

Rate how confident you feel with these aspects of AAC

NOT YET
CONFIDENT

VERY
CONFIDENT

I feel confident in my understanding of how AAC can help my child communicate.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I know who I can reach out to with questions about the device.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I know how to use the AAC device to interact with my child.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I feel confident using the AAC device in our daily routines at home.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I can personalize my child's device with things important to us.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

I know how to save a backup of my child's words and changes on the device.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Please continue on the back

How often do you use AAC at home?

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

What would you like to receive more resources on?

- ☐ Getting to know the app
- ☐ Activity ideas
- ☐ Showing my child how to use the device (modeling)
- ☐ Something else: _____

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

Where are you seeing the most success with AAC? This can include activities outside of school or therapy.

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

Additional feedback:
