



AAC Device Trial Diary / Record of device usage

Name:

Device:

Vocabulary:

Trial Dates:

Goal/ Language Function	Date/ Location	Communication Partner/s	Observations of device use	Level of Prompting
				<input type="checkbox"/> Independent <input type="checkbox"/> Expectant Pause <input type="checkbox"/> Indirect nonverbal prompt <input type="checkbox"/> Indirect verbal prompt <input type="checkbox"/> Verbal prompt <input type="checkbox"/> Visual prompt/ gestural cue <input type="checkbox"/> Direct model/ user copies <input type="checkbox"/> Physical assistance
				<input type="checkbox"/> Independent <input type="checkbox"/> Expectant Pause <input type="checkbox"/> Indirect nonverbal prompt <input type="checkbox"/> Indirect verbal prompt <input type="checkbox"/> Verbal prompt <input type="checkbox"/> Visual prompt/ gestural cue <input type="checkbox"/> Direct model/ user copies <input type="checkbox"/> Physical assistance
				<input type="checkbox"/> Independent <input type="checkbox"/> Expectant Pause <input type="checkbox"/> Indirect nonverbal prompt <input type="checkbox"/> Indirect verbal prompt <input type="checkbox"/> Verbal prompt <input type="checkbox"/> Visual prompt/ gestural cue <input type="checkbox"/> Direct model/ user copies <input type="checkbox"/> Physical assistance
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