**AAC TRIAL - DATA COLLECTION - NARRATIVE FORM**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Device:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trial Period:\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_

| **DATE** | **PERSON*****(SLP, teacher, paraprofessional, parent, etc.)*** | **SETTING** ***(e.g., classroom, therapy room, playground)*** | **BRIEF DESCRIPTION OF LESSON OR ACTIVITY** | **SESSION NOTES** ***(student performance, successes, barriers, frequency and type of prompting needed)*** | **TYPICAL DAY?** ***(Yes or No)*** |
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