

Direct Selection Checklist

This form can be used to collect information and describe how the AAC user will access their speech generating device using direction selection. Use this form during initial assessment to collect and document access needs. Revisit this form to document progress or a change in skills, environment, or level of independence. This form should be completed and shared with the support team and all communication partners to support appropriate set up and provide consistent access to communication in all environments.

Name: _____

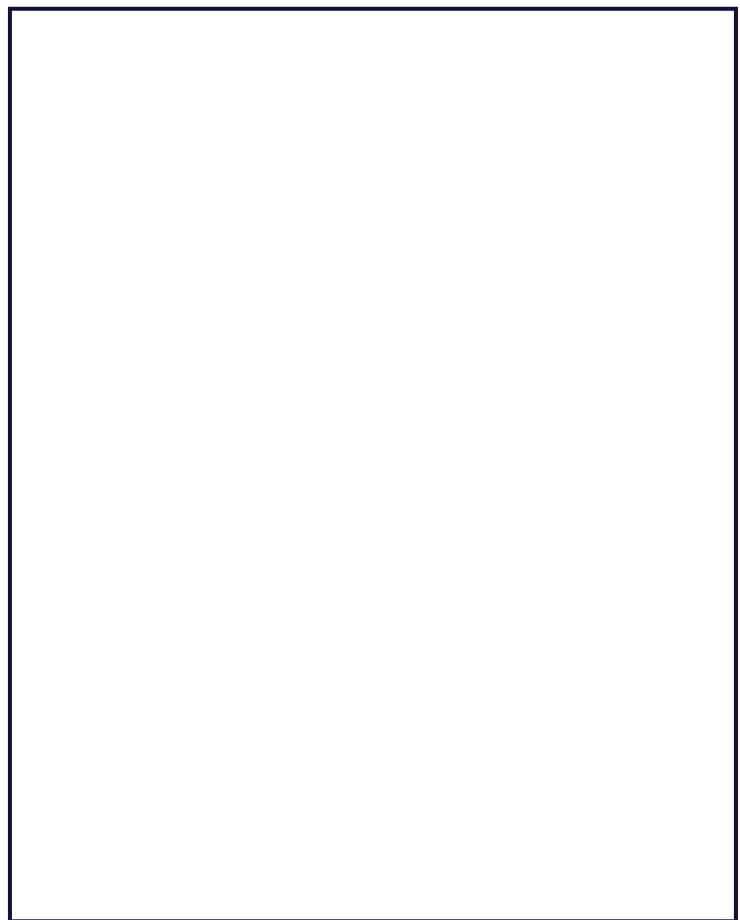
Date: _____

Position

- Seated
- Laying Down
- Supported Standing
- Other: _____

Location

- Electric Wheelchair
- Manual Wheelchair
- Desk Chair
- Recliner
- Bed
- Other: _____



Use this box to draw or insert a photo of the position of the person who uses AAC. Include the equipment used in that position. Make notes of areas and measurements for attachments if mounting is needed.

Use the following chart to document the body part, location, observed movements, the level of support needed for success, if additional equipment is needed (i.e.: stylus, keyguard, trackball, eye tracker, etc.) and any additional notes.

Body Part	Right/Left	Movement	Support	Adaptive Equipment	Notes
Finger	Right		Independent		
	Left		Cues needed (describe)		
Hand	Right		Independent		
	Left		Cues needed		
Eyes			Independent		
			Cues needed		
Head			Independent		
			Cues needed		
Toe	Right		Independent		
	Left		Cues needed		
Foot	Right		Independent		
	Left		Cues needed		
Other	Right		Independent		
	Left		Cues needed		

Identify the appropriate selection method and make note of any software settings needed for successful use.

	Selection Method	Software Settings
<input type="checkbox"/>	Touch	Navigation Type: <input type="checkbox"/> Swiping <input type="checkbox"/> Nav Buttons <input type="checkbox"/> Both
<input type="checkbox"/>	Touch Enter	<input type="checkbox"/> Hold Time:
		<input type="checkbox"/> Other:
<input type="checkbox"/>	Touch Exit	<input type="checkbox"/> Release Time (Hold Time in Snap):
		<input type="checkbox"/> Other:
<input type="checkbox"/>	Mouse Dwell	<input type="checkbox"/> Dwell time:
		<input type="checkbox"/> Other:
<input type="checkbox"/>	Gaze Interaction	Selection Type: <input type="checkbox"/> Dwell <input type="checkbox"/> Switch <input type="checkbox"/> Other:
		<input type="checkbox"/> Dwell time:
		Feedback type, color, and size:
<input type="checkbox"/>	Other:	

The identified access method should be used for: All activities Only the following activities _____