OUTCOMES SUMMARY of the AAC CONSIDERATION TRIALS

The information in this form summarizes the outcomes of considering AAC with a student using Minnesota STAR Program's AAC Consideration Toolkit. It details the AAC systems and features trialed by the student over an 8-week period, and notes whether their IEP team thinks the student would benefit from AAC and if the student needs a formal AAC evaluation.

Start date of trials: _____ **End date of trials:** _____

List the names and positions of team member(s) who contributed or consulted:

Educator who conducted the trials:

_____ _____

Name Title

_____ _____

Signature Date

Once this form is complete:

- Submit it to your contact at the Minnesota STAR Program for their records.
- If you think the student would benefit from a formal evaluation, turn it in to the appropriate school or district leadership (lead speech language pathologist, principal, director of special education, etc.) to substantiate the need for a comprehensive AAC evaluation for the student.

Note: After you've submitted this form to the Minnesota STAR Program, please fill in the student's name below. (No identifiable information about the student should be shared with STAR.)

Student name: _____

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In the spaces below, list ALL the AAC systems and features the student trialed, regardless of how well they worked for the student.

Devices:	**Page sets:**
Voice output(s):	**Number of vocabulary words and/or messages:**
Vocabulary symbol type(s):	**Maximum number of vocabulary symbols per page:**
Vocabulary organization:	**Minimum vocabulary symbol size:**
Access method:	**How messages are stored and produced:**
Additional features:	**Portability characteristics:**
Other comments and needs:	**Supports needed:**

In the spaces below, indicate the AAC systems and features that WORKED BEST for the student:

Devices:	**Page sets:**
Voice output(s):	**Number of vocabulary words and/or messages:**
Vocabulary symbol type(s):	**Maximum number of vocabulary symbols per page:**
Vocabulary organization:	**Minimum vocabulary symbol size:**
Access method:	**How messages are stored and produced:**
Additional features:	**Portability characteristics:**
Other comments and needs:	**Supports needed:**

What motivated the student? (Examples: Favorite games, topics, or activities during the day)

In what environments or settings did the student try the AAC systems?

What tasks was the student able to participate in while using the AAC systems?

What AAC teaching strategies were helpful to the student?

Based on this AAC Consideration Toolkit trial, would this student likely benefit from an AAC system?

- ◯ Yes
- ◯ No
- ◯ More information or time is needed

What AAC systems would be appropriate to trial in a formal AAC evaluation for this student?

Note: The comparison tables at the links below may help teams identify appropriate AAC systems to include in a formal AAC evaluation.

- Portable Non-Robust AAC Feature Match
- ECHO Voices Feature Matching Matrix

What next steps should the team take?

Note: If a formal AAC evaluation is needed, the team should identify and utilize local and/or regional professional resources (speech language pathologists, related services personnel and special education professionals). If additional support or resources are needed, teams may access the Minnesota AAC Evaluation Providers list for further assistance.

Who is responsible for taking the next steps noted above?