

Data Collection Sheet - Sample

Instructions: Check the options below to demonstrate progress using the high-tech device. Refer to the charts below for assistance and reach out to your SLP if additional support is needed. As a reminder, your child is learning primarily from you! Take the time to learn and explore the device yourself as well.

Device Users Name:

Person(s) Completing Form:

Trial Dates: 2/1/25-3/1/25

Level of Cueing	How much assistance is needed to produce a message?
Independent	No guidance or assistance needed.
Minimal	1-2 cues needed.
Moderate	2-3 cues needed.
Maximum	3+ cues needed.

Type of Cueing	What kind of assistance is needed to produce messages?
None	Independent. No guidance or assistance needed.
Verbal	Asking them to use the device (e.g., 'tell me', 'show me', etc.)
Visual	Pointing or gesturing towards device to guide them to use.
Tactile	Touching hand or elbow to guide them towards the device.
Model	Showing them how to use the device so that they can follow.

Used Device To	Message	Communication Partner	Environment (Location)	Level of Cueing	Type of Cueing	Can this message be produced on a mid-tech device? <small>(This section can be completed by your SLP)</small>	How many pages were navigated to produce this message?
Requesting attention	"I need help"	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other:	<input type="checkbox"/> Independent <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Maximum	<input type="checkbox"/> None <input type="checkbox"/> Verbal <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> Model	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More:
Provide clarifying information	"Need more milk"	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other:	<input type="checkbox"/> Independent <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Maximum	<input type="checkbox"/> None <input type="checkbox"/> Verbal <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> Model	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More:
Ask a Question	"Can we play?"	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other:	<input type="checkbox"/> Independent <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Maximum	<input type="checkbox"/> None <input type="checkbox"/> Verbal <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> Model	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More:
Provide demographic information	"My name is Sam"	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Other:	<input type="checkbox"/> Independent <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Maximum	<input type="checkbox"/> None <input type="checkbox"/> Verbal <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> Model	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More: