Case Study Record Sheet

Name of participant submitting Case study:

Child’s first name:

**Background information:**

AGE:
DIAGNOSIS:

FAMILY / Social networks:

EDUCATIONAL ENVIRONMENTS

VISION

HEARING

HEALTH / OTHER Challenges

**Outline previous communication learning opportunities/ AAC systems used:**

**Describe current communication:**
Include information on range of communication intents, messages, topics, partners (intelligibility), environments, modes, complexity of language, etc.

All proposals for case studies must be received by: June 23, 2017

Gayle Porter: gayle.porter@me.com & Linda Burkhart: linda@lindaburkhart.com  www.lburkhart.com
Describe your goal in presenting this case study:

_____________________________________________________________________

During the Workshop the group will be discussing and completing the following parts of the form:
(No need to fill out this part ahead of time, but you may want to be thinking about these so that you are able to answer questions about the child and their environments)

**Identify what is supporting current communication:**

**Identify what is limiting current communication:**

**Dynamic Assessment: What other information is needed? How will this information be obtained?**

**Identify the current communication requirements (objectives / goals):**

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