



Rachel's Kids Tech for Talk Program

The Tech for Talk program provides children and their families with alternative communication devices to support speech and language acquisition. Families will be required to participate in training on the usage of the device(s) in consultation with the child's Speech and Language Pathologist and collaboration with the school team.

Child's Personal Information

Surname: _____ First Name: _____

Date of Birth (day/month/year): _____

Current Home Address: _____

School (if applicable): _____

Special Education Teacher (if applicable): _____

Information of Applicant (parent or legal guardian):

Surname: _____ First Name: _____

Current Home Address (if different then above): _____

Relationship to child: _____

Alternate contact person: _____

Relationship to child: _____

Contact Information:

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Best time of day to contact: _____

Alternate contact person's phone: _____

Relevant Information:

Exceptionality: _____

Brief description of exceptionality and how it affects your child's speech and language development.

Name of Speech Language Pathologist (SLP): _____

Phone number of SLP: _____

Location of SLP: _____

How long has your child received services from the SLP: _____

Does your child currently have a dedicated augmentative communication device(AAC) or ipad? (If so please specify) _____

If your child currently has a dedicated device, in what setting do they use the device? (please circle)

Home School Both

Describe how an augmentative communication device would support you and your child's development.

If you were to receive an augmentative communication device, are you willing to receive additional training to support the use of the device at home?

Yes or No (please circle)

Consent: (Successful applicants will be required to sign written consent for consultation)

Would a member of the Rachel's Kids staff have your permission to consult with the Speech and Language Pathologist, Special Education Teacher, and/or Classroom Teacher to gather information for required apps?

Yes or No (please circle)

Would a member of the Rachel's Kids staff have your permission to follow up with the Speech and Language Pathologist, Special Education Teacher, and/or Classroom Teacher to ensure usage and support with additional applications for ease of use.

Yes or No (please circle)

Required: Please attach a Speech Language Pathologist Assessment and or requisition

A member of the Rachel's Kids organization will contact you to inform you of the status of your application.