

ICE CREAM SHOP FEEDBACK FORM

Please Rate the Ice Cream Shop iBucket: Excellent, Good, Average, Below Average, Poor (circle your response)

How many students used the iBucket? 1 2 3 4 Other _____

Circle how often the iBucket used at with your student(s)? Once a day; Once every two days; Once a week; other: _____

Approximately how many times did your student use his/her AAC device to communicate (i.e., pressed buttons to communicate) _____

Which toys and activities did you use from the iBucket? (check off all that apply)

<input type="checkbox"/> Bingo	<input type="checkbox"/> Go Fish	<input type="checkbox"/> The Same Game	<input type="checkbox"/> Social Story
<input type="checkbox"/> Survey Says	<input type="checkbox"/> Sequencing Stories	<input type="checkbox"/> Ice Cream Shop Role Play	<input type="checkbox"/> Money Sort
<input type="checkbox"/> Pretend Cooking	<input type="checkbox"/> Washing up time	<input type="checkbox"/> Set the Table	<input type="checkbox"/> Ice Cream Bingo
<input type="checkbox"/>	<input type="checkbox"/> Ice Cream Shop toys	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Your idea	<input type="checkbox"/> Your idea	<input type="checkbox"/> Other

*****Please circle the student(s)' most favored activities. (circle all that apply)**

*****Please cross off the student(s)' least favorite activities. (cross off all that apply)**

There were (too many, just enough, too few) activities in the iBucket.

Barriers to using the iBucket?

Comments/Suggestions

Vocabulary you wish was included in the vocabulary set?