

TEAM COMMUNICATION: *ADULT TEAM CONTACT LIST*

~document for team members contact information~

AAC User:	Address 1:	
Date of Birth:	Address 2:	
AAC System(s):	Ph/Email:	
SUPPORT TEAM	PHONE	EMAIL
Spouse:		
Parent/s:		
Family (Siblings, Relatives, etc.)		
Home Care Director:		
Assistant (1):		
Assistant (2):		
Day Program Counselor/Director:		
Transition Program:		
Case Manager:		
SLP/AAC Spec:		
Rehab Spec:		
OT/PT		
Primary Physician:		
Other:		

Lunger-Berg, J., McCloskey, D., Russell, D., & Skulski, K. (2013) "Hands on Tools and Strategies for Enhancing Collaborative AAC Support Teams: Resources for Organized Therapeutic Service Delivery." CSUN San Diego

