

TEAM COMMUNICATION: *TEAM CONTACT LIST*

~document for team member contact information~

User:	Location:	
Date of Birth:	Program:	
AAC System(s):	Address:	
SUPPORT TEAM	PHONE	EMAIL
Parent:		
AAC Spec:		
Speech-Lang. Path:		
Gen. Ed. Teacher:		
Spec. Ed. Teacher:		
Para:		
OT:		
PT:		
Inclusion Spec:		
Assistive Technology Spec:		
Vision Spec:		
Hearing Spec:		
Physician:		
Care Provider:		
Family Member(s):		

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

