VocaSafe Watch™

Communication anywhere. Anytime.

PILOT INTEREST FORM

SECTION 1: Participant Information

Full Name: _____
Email Address: _____
Phone Number: _____
Organization / School / Therapy Center (if applicable): _____
City, State: _____

SECTION 2: Participant Role

□ Parent / Guardian
□ Teacher / Educator
□ Speech Therapist / AAC Specialist
□ School Administrator
□ AAC User / Self-Advocate
□ Other: _____

SECTION 3: Interest Area

What are your main goals for joining the pilot? (Select all that apply)
□ To explore new AAC technology options
□ To evaluate waterproof and wearable communication tools
□ To integrate safety + GPS features into daily use
□ To support students / clients with mobility or sensory needs
□ Other: _____

SECTION 4: AAC Use and Communication Tools

Do you or the individual you support currently use AAC?
□ Yes □ No □ Unsure

If yes, please specify type of AAC used (optional):
□ Dedicated AAC device □ App on tablet
□ Communication board □ Other: _____

SECTION 5: Pilot Participation

Preferred level of involvement:

□ Product feedback and surveys only

□ App + hardware pilot testing (early prototype)

□ School or therapy site participation

□ Collaboration on user experience research

Estimated number of users / students who may benefit: _____

SECTION 6: Additional Notes

Please share any accessibility needs, feedback, or questions:

_____

_____

_____

_____

_____

SECTION 7: Consent

By signing below, I confirm that I am expressing interest in the VocaSafe Watch™ pilot program and consent to be contacted for updates, participation opportunities, or related communication.

Signature: _____ Date: _____

Contact:

info@vocasafewatch.net | www.vocasafewatch.net (978) 601-5097

Designed by Catherine Katambo, Founder — VocaSafe Watch™