

## BrightSign Usability Study

### Entry Survey – Parents

Please Answer these questions about your child who will be taking part in this study:

Name: [REDACTED]

Age: [REDACTED]

Gender: [REDACTED]

Age started signing:

Sign language library: BSL **Makaton** Signalong Other .....

Level of signing: **Beginner** Intermediate Advanced

Study Group: [REDACTED]

**Has your child been part of previous studies for assistive technology?**

- Yes
- No

**Has your child ever used assistive technology for communication ?**

- Yes: an app on tablet
- Yes: other.....
- No

**Who covers, or would cover, the cost of assistive technology for your child:**

- Health insurance
- Government aid
- The school (Education aid)
- Device loan from accessibility platform (CENMAC, LGFL, etc)
- Yourself

**How does your child communicate in public ?**

- Family, friend translate
- Sign language
- Smart device
- Other:.....

**What is the primary reason you registered your child in this study ?**

- Improve signing skills
- Promote communication independence
- Enhance social interaction
- Support assistive technology development
- Other:

**Please rate the study evaluation criteria in the order of importance to your child:**

- Technology Development
- Social Behaviour
- Education Support
- Early adopter of BrightSign

**Which of the following supplementary features of BrightSign can be beneficial to your child? Tick all that applies elaborating on why you would use it**

- Customising sign language (Training for personal versions of sign language)  
.....
- Customising speech voice (Child, a friend, family member.. .etc)  
.....
- Translating speech to other languages (French, Indian ..etc)  
.....
- Personalized textile design (favourite character, colour ..etc)  
.....

**Would you like to keep BrightSign when the study is concluded?**

- Yes
- No

**Please write in your own words what do you hope your child will gain from this study?**

**Thank you for completing BrightSign entry survey 😊**