

Sample Format (Digitized Communication Device) (Use Letterhead)

Augmentative Communication Evaluation

Demographic Information:

Name:	
Address:	Primary Contact Person:
Phone:	Phone:
Date of Birth:	Date of Onset:
Medical Diagnosis:	Insurance:
Physician:	Speech Language Pathologist:
Date(s) of Evaluation:	Phone:

Current Communication Impairment or Background Information:

A. General Statements

Impairment Type and Severity (ICD-10 Diagnostic Code: F79- Unspecified Intellectual Disability, I69.928 Other Speech Language Deficits following Unspecified Cerebrovascular Disease.

(Note: Each case will be worded differently)

Client presents with profound deficits in verbal expression due to effects from Cerebral Palsy and MR. Client demonstrates minimal intelligible verbal output. Currently communicates using gross gestures and idiosyncratic signs, vocalizations for yes and no, and approximately 10-12 basic words are understood only by familiar caregivers. Specific communication needs cannot be met in all contexts through above means.

Client requires the addition of a voice output communication device to meet all communication needs. Client is a resident of a group home and attends a Day Program.

Anticipated Course of Impairment

Current communication status is stable and chronic however continued difficulty with communication may result in increased frustration and declining quality of life.

B. Comprehensive Assessment

1. Hearing

Hearing is within functional limits.

2. Vision

Client wears glasses. She was 100% accurate with identification of pictures on communication board at a size of 1 inch to three quarters of an inch in diameter. Caregiver states no significant visual deficits.

3. Physical

Client is ambulatory without assistance. She does require some assistance with activities of daily living such as dressing and bathing and feeds herself after set-up. Due to cognitive deficits, she requires 24 hour supervision.

4. Language Skills

Portions of the BDAE, WAB, MTDD, along with informal observation and caregiver interview, were utilized during the assessment. Receptive skills within functional limits for picture identification and following directions. Yes/No responses were acknowledged. She vocalizes yes, far more often than no, regardless of the answer. Client has somewhat limited life

experiences with limited world knowledge. Client exhibited no functional reading skills. Expressively, client gross gesture (pointing), inconsistent yes/no responses and minimal speech. Writing is not functional for client to express herself due to MR and literacy deficits. Client demonstrated significantly higher receptive skills than expressive skills indicating a receptive/expressive gap. The gap is indicative of the need for a more consistent means of expression.

5. Cognitive Skills

Client was grossly oriented to time and place. Attention for structured tasks was inconsistent requiring occasional rest breaks. Long-term memory for biographical information within functional limits. Short-term memory for learning new information was only minimally impaired and demonstrated excellent memory skills for recall of functional messages on communication board. She also followed simple commands correctly, and was 100% accurate with identification of pictures on her manual board. Overall, through assessment and report from caregivers, client exhibits functional cognition for familiar and routine tasks

C. Specific Daily Communication Needs

Primary communication situations involve 1:1, small group and large group situations. A manual communication board requires the listener to be close to client during communication interactions. In the group home that is not always possible, and a voice output communication device would better assist in meeting communication needs. Group homes may have staff turnover and having a concrete mode of communication as in a voice output device will allow more accurate communication with unfamiliar staff. Client is very social and enjoys interacting with people on a daily basis and sharing experiences and pictures. She needs to be able to clearly and consistently express her daily and medical wants and needs to both familiar and unfamiliar caregivers. She is attending a Day Program and needs a more appropriate mode of expression when she needs to use the bathroom, take a break or get a drink.

D. Ability to Meet Communication Needs with Non-SGD Approaches

A manual communication board alone will not be able to meet her daily communication needs; as without voice output, client has no feedback that the message she is intending to communicate is correct. Also, a manual board requires the listener to be in close proximity. There are times in the home or at the day program when she may not be right next to her listener. Traditional speech therapy is not indicated as client's speech output is unlikely to improve.

Rational for Device Selection

A. General Feature of Recommended SGD and Accessories

Based on the above noted comprehensive assessment, daily communication needs and communication goals, client requires an SGD with the following features:

1. Input Message characteristic features:
 - a. Touch screen with keyguard to enhance direct selection
 - b. High quality audio reproduction for recording messages
 - c. Easy to create overlays for vocabulary customization
 - d. 20-25 pictures display and ability to develop multiple message overlays, and possible increase the number per page if motor skills allow, to increase amount of vocabulary in specific environments as needs grow and change.
2. Output
 - a. Digitized speech output with easy control volume setting
 - b. External speaker
3. Other features
 - a. Lightweight and easily portable
 - b. Durable
 - c. Long battery life to allow for consistent use

B. Recommended Medicare Device Category and Accessory Code

Recommended code (E2506) -Speech Generating Device, digitized speech, using pre-recorded messages, with greater than 40 minutes of recording time.

C. Trial with SGD

Client identified pictures and demonstrated functional use of pictures to communicate throughout the assessment. A digitized speech device with a set number of pictures and multiple levels is required so client can access vocabulary directly with right extremity (E2506). A dynamic screen device without keyguard (E2510) was demonstrated to client and she had a high level of frustration due to cognitive issues. Cognitively, she did not comprehend the movement of the pages on the dynamic display device. Although she has no documented visual deficits, she did not appear to see the pictures as well on the dynamic system. A 32 button static display board (MY Tobii) with square buttons, was demonstrated along with a 25 button device (GoTalk 20+). The weight of the My Tobii was appropriate, but the size and shape was not conducive for the client to use and carry. The number of buttons per page (32) appeared to mildly confuse client as she was not as accurate (75%) as with the 25 button device (100%). She did require cuing from caregivers to use devices but according to caregiver, cues have begun to decline as she is getting more familiar with the vocabulary overlays. An (E2506) device is recommended. In this category, (E2506), the most appropriate system after trial and a 4 week loan is the Go-Talk 20+. This device has 5 different overlay options. It is highly portable by client. The system allows for separate overlays to allow for growth and is lightweight, moisture resistant, has protective case, handle and is highly durable.

D. Recommended SGD and Accessories

The (E2506) Go-Talk 20+ with Go-Talk Overlay Software for designing overlays is being recommended. System can be ordered from:

Augmentative Communication Consultants, Inc
PO Box 731

Moon Township, PA 15108

Toll Free: 1-800-982-2248
1-412-264-6121

Fax: 1-412-269-0923

E-Mail: acci1@earthlink.net

Web-Address: www.ACCIinc.com

E. Client and Family Support of SGD

Client attended each session with group home staff who was very involved in the therapeutic process. Group home staff assisted with overlay development.

Treatment Plan:

Upon receipt of SGD, it is recommended that client receives 2-4 weeks of training focusing on developing overlays and communication goals for conveying basic needs to caregivers, social greetings to partners in various environments and situations independently. Group home staff will also receive continued training in the software, care and maintenance of SGD.

SLP Assurance of Financial Independence

The Speech-Language Pathologist who performed this evaluation is not a supplier of and does not have a financial relationship with the supplier of the SGD.

Report was faxed to the treating Physician on:

Date

(Signature of SLP)

Write Name and Title
ASHA#
State License #

Date