

Sample Suggested Outline of AAC Evaluation

(Not a Fillable Form)

Augmentative Communication Evaluation

Demographic Information:

Client Name:

Medical Diagnosis:

Insurance Number(s):

Date of Evaluation:

Date of Birth:

Other helpful information includes: Client's contact information, Physician's contact information, SLP's contact information, Client's primary support contact information.

A. Current Communication Impairment or Background Information:

General Statements

1. Impairment Type & Severity

- This section should explicitly demonstrate how the medical condition results in severe expressive speech impairment. Include ICD-10 codes as appropriate. (i.e. Autism F80.4)
- If they had a device in the past, be sure they talk about what device it is, when they received it, who paid for it and why it isn't working for them now – **MEDICALLY**. Put this right in the first section so the reviewer doesn't have to read the entire report trying to figure out why they are getting a new device.

B. Anticipated Course of Impairment

This section should demonstrate the current status and the expected course of the speech impairment as it relates to the underlying disease/condition.

Comprehensive Assessment

1. Hearing Status

This section should explicitly provide information about the client's hearing as it relates to using a SGD and accessories.

Consider Describing:

- Include communication partner's status, if relevant
- Include specifics (if related to SGD use/selection) regarding acuity, localization, understanding of natural speech, understanding speech generated by a SGD.
- The report should state: "The patient possesses the hearing abilities to effectively use a SGD to communicate functionally."

2. Vision Status

This section should explicitly provide information about the person's visual status as it relates to using a SGD and accessories.

Consider Describing:

- Describe the communicator's vision relative to using a SGD (along a continuum from normal vision to blindness).
- Include the following elements if/when pertinent to SGD use/selection: acuity, visual tracking, visual field, size of symbols, size of font, number of words or symbols and spacing.
- If there are no special visual needs, you may simply state that vision is corrected with glasses, for example.
- The report should state, "The client possesses the visual abilities to effectively use a SGD to communicate functionally."

3. Physical

This section should provide information about the client's skills and abilities as they relate to using a SGD and accessories.

Consider Describing:

- Describe pertinent considerations regarding motor skills, ambulatory status, positioning and seating.
- Describe how client will access the SGD (direct selection, scanning, HeadMouse, eye tracking) and the person's switch access requirements.
- If ambulatory, document that the person can lift and carry a device of ____ weight, or who is going to transport it, if the user cannot.
- Describe if accommodations may be required over time to deal with changes in physical access.
- The report should state, "The client possesses the physical abilities to effectively use a SGD and required accessories to communicate".

4. Language Skills

This section should explicitly provide information about the client's language skills and abilities as they relate to using a SGD and accessories.

Consider Describing:

- Performance on any language assessments completed.
- Reading level – unable to read, reads at the word level, reads short sentences, functional reading.
- Auditory comprehension – follows everyday conversation, follow (1, 2, 3) – step commands.
- Type and level of symbol use by the individual. Does client require pictographic symbols, words, letters, and/or a combination of symbols?
- Linguistic capacity to formulate language/messages – can use pictures to put words together; spelling ability.
- Level of independence in formulating messages using language.

If the individual's language skills are not an issue, the report can state. "The Client possesses the necessary language skills to effectively use a SGD to communicate."

5. Cognitive Skills

This sectional should explicitly provide information about the client's cognitive skills.

Consider describing:

- Describe the person's attention, memory, and problem-solving skills as they relate to using a SGD to enhance or develop daily, functional communication skills. *A good statement to include would be something like "cognitive capacity cannot be accurately assessed due to his/her lack of expressive skills. However, we think he/she reacts at appropriate levels given appropriate interactions with peers and support staff".*
- Other possible statements: attends to conversation, retains task instructions.

If the individual's cognitive skills are not an issue, the report can state. "The Client possesses the cognitive/linguistic abilities to effectively use a SGD to communicate and achieve functional communication goals".

C. Daily Communication Needs

This section should list the person's daily functional communication needs in areas described.

Consider Describing:

- Communication to enable client to get physical needs met. *Physical needs example.*
- Communication to enable person to carry out family and community interactions. *Interpersonal interactions example.*
- Communication to enable person to obtain necessary medical care and participate in medical decision-making. *Decision making example.*

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

This sectional should document why the patient is unable to fulfill daily functional communication needs using natural speech (or speech aids) and non-SGD treatment approaches.

The report should state, "The client daily functional communication needs cannot be met using natural communication methods or low-tech/no-tech AAC techniques because of _____ (be specific) _____"

Consider Describing:

- Discuss success of speech therapy (to date and future prognosis) without a SGD
- Discuss the individual's ability to use low-tech strategies and natural modes of communication to meet daily functional communication needs.
- Discuss why a SGD is required to addition to, or instead of low-tech strategies and natural speech.
- Show explicitly that other forms of treatment have been considered and ruled out.
- Mention issues related to communicating with primary partners and caregivers in specific contexts.

E. Functional Communication Goals

This section should explicitly state the daily functional communication treatment goals that will be met using a SGD.

NOTE: This is a very important section. Functional goals are key to demonstrating the need for ongoing treatment. They are also key to demonstrating positive outcomes with SGD use and why a particular SGD will benefit the individual and enable him/her to achieve functional communication goals. SLPs should prepare immediate term, short-to-mid term and long-term functional goals.

Rationale for Device Selection

This section will explain why certain device features are required based on the person's skills and abilities. This section provides data that leads first to the selection of a specific device code (E2506, E2508, 2510 etc.) and second, to a specific device within that code, as well as specific accessories.

The report should state, "This individual requires a speech generating device with (list specific features) to meet the person's functional communication goals."

F. General Feature of Recommended SGD and Accessories

Input Features/Selection Technique

Consider Describing:

- a. Direct Selection
- b. Scanning
- c. Encoding Types

Message Characteristics/Features

- Type of Symbols
- Storage Capacity
- Vocabulary Expansion and Rate Enhancements

Output Features

- Voice Output
- Visual Display
- Feedback

Other Features (Note: These relate to AAC accessories)

- Portability: Size & weight, transport/mount, case/carrier requirements
- Battery time required

G. Trial with SGD's

List the different types of SGD's trialed.

- Include evidence that the individual was present and actively participated in the assessment process. Discuss assessment outcomes that demonstrate the person's ability to use the SGD and recommended accessories.
- Discuss other access methods tried and why they are unsuccessful. Please remember, the person viewing this report may not have a clinical background. You need to be very explicit in your reasons why other access methods failed. If a HeadMouse or Eye Gaze is needed, please give very specific reasons why scanning was ruled out as an access method.
- Discuss other SGD's used and/or considered and why they were not appropriate for the user. It is not necessary to try each device: state why it was considered and WHY it was ruled out without a trial.

H. SGD and Accessories Recommended

The report should state, “The individual’s ability to achieve his/her functional communication goals requires the acquisition and use of the (name the device) and (name the specific accessories). “This SGD represents the clinically most appropriate device for (name of beneficiary)”.

- “Based on the above assessment, it has been determined that the XYZ device is the most appropriate communication device for (Patient Name)”.

List the specific SGD and accessories and include rationale for why this SGD and any accessories being requested will enable the patient to achieve functional communication goals, as stated earlier in the report.

Example statements for accessories

- Wheelchair Mounting System – to position the SGD in the optimal place for effective visual and physical access of the device.
- User accessible carry case – for protection of the device while being used throughout the day and during transport.
- Keyguard – to reduce target errors due to fine motor problems

I. Physician involvement statement

The report should say, “This report was forwarded to the treating physician (Name, address, phone number) on (date), so that (he/she) can write a prescription of the recommended SGD and accessories.”

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J. Client and Family Support of SGD

- Discuss participation of the family/caregiver/advocate and state that they agree to the selected SGD and will support the equipment and its use for daily communication.

K. Treatment Plan:

Address all functional communication goals previously stated for the beneficiary and identify the plan for achieving these goals using the SGD and accessories.

- Frequency of SLP treatment
- Type of treatment (individual vs. group)
- Projected frequency of Reassessment

- Follow-up requirements for SGD and accessories
 - Individual(s) responsible for programming
 - Individual(s) responsible for troubleshooting

SLP Assurance of Financial Independence

The report should state:

“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”.

- SLP signature
- Evaluating SLP’s name and contact information (agency, address and telephone number)
- ASHA Certification Number
- State License Number