

Speech-Language and Augmentative Communication Evaluation

Client's Name:

D.O.B.:

Age:

Primary Residence: Select

Street Address:

City, State:

Phone:

Primary Insurance: Select

Secondary Insurance: Select

Physician:

Physician's Phone:

Occupational Therapist (if Applicable):

People interviewed for this eval:

Date of Evaluation:

Speech-Lang. Path.:

SLP Phone:

Facility Name (if Applicable):

Speech Diagnosis:

Primary Contact:

Contact's Phone:

Insurance No.:

Insurance No.

Medical Dx:

Physical Therapist (if Applicable):

PT Phone:

Background Information

Hearing status left ear: Select

Hearing status right ear: Select

Does the person use amplification? Select

Describe vision status: Select

Vision after correction: Select

Describe other implications:

Can the person reliably and consistently gaze at a fixed point? Yes No

Other Relevant Information about Sensory Status:

Does hearing status influence speech production?

Select If yes, explain:

Does amplification restore hearing to within normal limits? Select

If yes, in which ear? Select

Does the person wear contacts/glasses? Select

What are the implications of vision status for the use of a communication device? Select Select Select

Motor Abilities

Does the person have good head control (ability to keep head in an upright position for extended periods and reliably turn/tilt head in the desired direction)? Yes No

Person has reliable and consistent motor responses sufficient to operate a speech generating device
If applicable, describe limitations in head and/or hand movement:

Does the person have voluntary and reliable control of their arms and hands? Yes No

If no, what movement(s), anywhere on the body (i.e. eyes, eyebrows, cheek, knee, hand, toe...), does the person have most voluntary control over?

Is the person Ambulatory? Yes No

Can the person point with one finger and keep that finger extended while pressing down on a surface?
 Yes No

Uses a Wheelchair (specify): Manual: _____ If a powerchair, person controls it through:
Powerchair: _____
 Communication device would be mounted to chair(s). Specify reason if more than one mount would be
needed: _____
Other Relevant Information about Motor Abilities: _____

Cognitive / Academic

Does this person attend school? Select _____ Employed? Select _____
If yes, current grade level: _____ Name of Employer: _____
If no longer in school, highest grade level completed _____

Can the person (check those that apply):

<input type="checkbox"/> Read – At what grade level: Select _____	<input type="checkbox"/> Can Spell - Approx No. of Words: Select _____
<input type="checkbox"/> Has sight word vocabulary of about _____ words.	<input type="checkbox"/> Can write single words _____
<input type="checkbox"/> Visually attends to task _____	<input type="checkbox"/> Can write full sentences _____
<input type="checkbox"/> Has good memory for newly learned tasks _____	<input type="checkbox"/> Can write in coherent paragraphs _____
<input type="checkbox"/> Retains information well _____	<input type="checkbox"/> Learns well with repetition _____
<input type="checkbox"/> Recognizes functional symbols (bathroom, stop sign, exit, bus stop...)	<input type="checkbox"/> Good Problem solving abilities _____
<input type="checkbox"/> Recognizes Pictures of objects. Responds best to: Select _____ Select _____	<input type="checkbox"/> Recognizes numbers - Specify: _____
<input type="checkbox"/> Has cognitive skills needed to use _____ Select _____	

Other Relevant Information about Cognitive level/skills: _____

Operational Knowledge

Demonstrates the knowledge needed to operate and navigate a voice output communication aid of the type: Select _____

Speech-Language / Augmentative Skills

(Check all that apply)

Is the person currently receiving Speech-Language Therapy services? Yes No
From Whom? _____ Duration of Services: _____

What skills are being addressed? _____

Is speech a viable method of communication for the person at this time? Yes No

Explain: _____

Prognosis for development of functional speech Good Fair Poor

The person shows strong preferences, likes and dislikes. List examples: _____

The person is effective ineffective in communicating the things that they seem most motivate to communicate about

The person appears to be frustrated not affected by their difficulties in communication. If frustrated, this is evidenced by: _____

In general, what happens if this person's communication is not immediately understood or attended to (Check all that apply):

- They stop trying to communicate
- They continue trying, but persist in using the same method of communication
- Their attempts become more emphatic (vocalizations become louder, pointing more...)
- They try communicating in different ways
- They exhibit maladaptive behaviors (hitting, throwing...)

The person exhibits a strong average weak desire to communicate

Does this person currently use a Communication book, board or device? Yes No Unsure

Have they shown increased desire to communicate when using a communication book, board or device?

Select

The person initiates communication frequently infrequently

The person's favorite topics include:

How does the person communicate "yes": _____ or "no": _____

Other Relevant Information about Motivation and Interests:

Expressive Skills:

The person communicates in the following ways (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Speech – Describe Articulation and Intelligibility: | <input type="checkbox"/> Vocalizations (sounds, not speech) |
| <input type="checkbox"/> Facial Expressions | <input type="checkbox"/> Motorically (pulling people to what they want, grabbing, pushing things away) |
| <input type="checkbox"/> Whole hand pointing | <input type="checkbox"/> Pointing with isolated finger |
| <input type="checkbox"/> Symbolic Gestures (waving, "come here" gesture...) | <input type="checkbox"/> Simple eye gaze (staring at what they want) |
| <input type="checkbox"/> Alternating eye gaze (looking back and forth at a person and the thing they want) | <input type="checkbox"/> Formal eye gaze communication system (etran, eye gaze board, electronic systems...) |

If applicable, describe eye gaze system:

- Object usage (Handing or in other ways manipulating objects in an attempt to communicate)
- Picture Book/Board – Describe number of pictures/page, size of pictures, spacing, total number of pictures in book, how vocabulary is organized, accessed (direct selection, manual scanning, direct selection enhancements i.e. spacers, tabbing system):

- | | |
|--|--|
| <input type="checkbox"/> Uses written words | <input type="checkbox"/> Uses a spelling or a spelling board |
| <input type="checkbox"/> Sign Language – Approximate number of expressive signs: | If applicable, briefly describe signing skills: |

Receptive vocabulary:

Other Relevant Information about Expressive Skills:

Pragmatic Skills:

The person uses their communication skills to:

- | | |
|--|--|
| <input type="checkbox"/> Gain Attention | <input type="checkbox"/> Request items/information from others |
| <input type="checkbox"/> Request help | <input type="checkbox"/> Accept or reject items from others |
| <input type="checkbox"/> Protest / object to the actions of others | <input type="checkbox"/> Greet |
| <input type="checkbox"/> Participate in social small talk | <input type="checkbox"/> Prolong or continue a conversation |
| <input type="checkbox"/> Label people, places and things | <input type="checkbox"/> Describe or provide information to others |
| <input type="checkbox"/> Make basic needs known | <input type="checkbox"/> Comment |

Carry on a conversation
 Reject

Relate stories
 Elaborate on / Clarify information given

Other Relevant Information about Pragmatic Skills:

Receptive Language:

The person's receptive language skills are commensurate with their age Yes No

The person's skills are adequate for use of the AAC system under consideration: Yes No

If No to either of the above, Please answer the following:

The person follows No One Step Two step verbal commands or greater *without any cues or prompts*

The person understands Yes and No Questions without any cues or prompts

Yes No Emerging

The person understands WH Questions Yes No Emerging

The person understands object labels and people's names Yes No Emerging

The person understands the functions of objects Yes No Emerging

The person understands abstract vocabulary Yes No Emerging

If applicable, describe the limitations in understanding of abstract vocabulary:

Can the person demonstrate the ability to sequence events/information Yes No Emerging

The person understands categorization of vocabulary (i.e. animals, foods, sports,...)

Yes No Emerging (describe):

The person understands basic associations (i.e. things that are red, things that you eat...) Yes No

Unsure

Other Relevant Information about Receptive Skills:

Effectiveness of Communication

On average, how well do the people in this person's environment understand the person's communication?
(rate effectiveness for each)

1 = Have no trouble understanding the person

2 = have some trouble, but understand most things

3 = Understand about half of what they communicate
person

4= Have significant trouble understanding the

Yourself (Specify relationship): Select Select

Medical Staff, Teachers, Employers: Select

Family and Friends: Select

Strangers: Select

Environment

The person lives in an environment where caregivers change Frequently Infrequently

Most people in the environment are are not supportive of finding an AAC Device

Most people in the environment are supportive of are not supportive of the person's current method of communication. (Supportive = methods are recognized and used by most people. Books, boards or devices are clean and are readily available to the end user...)

Most People in the Environment are are not comfortable with technology

If the person wears glasses or a hearing aid, are these typically clean and with the person? Yes No

The key people in supporting this technology will need training Yes No

Other relevant information about the Environment:

Environments in which AAC will be needed, Needed Methods of Communication and Partners

Environments	Methods	Partners
<input type="checkbox"/> Home	<input type="checkbox"/> Face to face	<input type="checkbox"/> Family
<input type="checkbox"/> School	<input type="checkbox"/> Telephone	<input type="checkbox"/> Caregivers (ADL)
<input type="checkbox"/> Work	<input type="checkbox"/> Instant Messaging*	<input type="checkbox"/> Health care providers
<input type="checkbox"/> Health Care Centers	<input type="checkbox"/> E-mail*	<input type="checkbox"/> Emergency care providers
<input type="checkbox"/> Community	<input type="checkbox"/> Text Messaging*	<input type="checkbox"/> Legal Professionals
<input type="checkbox"/> Other	<input type="checkbox"/> Internet*	<input type="checkbox"/> Teachers / Therapists
		<input type="checkbox"/> Peers / Friends
		<input type="checkbox"/> Individuals In the Community
		<input type="checkbox"/> Other:

*Explain the medical need for access to these methods:

History with Speech Generating Devices

Has the person owned an SGD? Yes No

Current age of Device (No. of Years owned):

If yes, Name of Device:

Is this device currently being used?

Yes No

If not, explain why:

Does client's current SGD meet his/her medical needs? Yes No

Reason for replacing this device (if different from above):

Other Relevant Information about History of AAC Device Use:

Trials with AAC Equipment

Systems Tried	Systems Tried
<input type="checkbox"/> Tobii P-10	<input type="checkbox"/> Tech
<input type="checkbox"/> Mercury II	<input type="checkbox"/> Smart
<input type="checkbox"/> MiniMerc	<input type="checkbox"/> Say It

- LinkPlus
- LEO
- Dynavox V
- Dynavox V Max
- M3
- DynaMo
- Dynawrite
- Lightwriter
- IChat / Palmtop
- Advocate / Advocate +
- Echo 14
- Pathfinder Plus
- Vanguard Plus
- Vantage Plus
- Springboard Plus
- Springboard Lite
- ERICA
- Quick Glance
- EyeTech:

- Say It Sam
- TuffTalker - Model:
- Freedom Toughbook - Model:
- Message Mate – Model:
- Talara
- Macaw – Model:
- Talking Aid Wireless
- PolyTablet
- Dubby II
- Polyana
- Allora
- Spok21
- Chat PC II
- Easy Talk
- Optimist 3HD
- Dialect
- Optimist II
- LC Technologies Eye Tracking System

Access Methods Tried

- Method Tried**
- Direct Access
 - Eye Tracking
 - Head Mouse (Specify):
 - Joystick (Specify):
 - Mouse
 - Keyguards
 - Pointer (Specify):

- Method Tried**
- Linear Scanning
 - Row Column Scanning
 - Block Row Column Scanning
 - Inverse Scanning
 - Step (2 switch) Scanning
 - Switch (Specify):
 - Other:

Summary of Trial Results

Implications

Required Features

(Ideal specifications for this person – Check all that apply)

Auditory scanning or auditory mouse over

Digitized speech (Recorded) No. of Minutes:

Storage Capacity in Mb/Gb (i.e. Flash or Hard Drive):

Reason for size of storage capacity:

Voice output

Synthesized speech

PCMCIA Card Slot

- | | | |
|--|---|---|
| <input type="checkbox"/> Message generation via pictures | <input type="checkbox"/> (Specify voice):
Symbol Set: Select | <input type="checkbox"/> Switch Jacks (Number): |
| <input type="checkbox"/> Message generation via words and/or letters | <input type="checkbox"/> Ability to zoom in on (magnify) an area of screen prior to selection | <input type="checkbox"/> Output Jack |
| <input type="checkbox"/> Word and/or phrase prediction | <input type="checkbox"/> CD/DVD Drive | <input type="checkbox"/> USB Ports (Number): |
| <input type="checkbox"/> Phrases/Phrase prediction | <input type="checkbox"/> Screen size (Diagonal): | <input type="checkbox"/> Multiswitch/Joystick Port |
| <input type="checkbox"/> Message window for composing message prior to speaking it | <input type="checkbox"/> Weight: | <input type="checkbox"/> Mounting plate for W/C Mount |
| <input type="checkbox"/> Have buttons speak immediately when selected | <input type="checkbox"/> Display Type: Select | <input type="checkbox"/> Shoulder strap |
| <input type="checkbox"/> Number of message buttons/screen: | <input type="checkbox"/> Battery life (Specify): | <input type="checkbox"/> Wheelchair mount (Specify): |
| <input type="checkbox"/> Best access method for this person: Select | <input type="checkbox"/> External Battery Charger | <input type="checkbox"/> Table top stand |
| <input type="checkbox"/> Size of message buttons/cells: | <input type="checkbox"/> Keyboard | <input type="checkbox"/> Bed stand |
| <input type="checkbox"/> Spacing between Message Buttons/Cells: | <input type="checkbox"/> Mouse | <input type="checkbox"/> Carrying case (Describe): |
| <input type="checkbox"/> Type of system needed: Select | If multiple mounts are needed, list reason: | |
-

Specific Equipment Recommendations

(List all Equipment, Mounts and Accessories – Attach a Quote if you have one)

Treatment Plan (include needed training and supports)

Signatures

 MA, CCC-SLP
 Speech-Language Pathologist

 Date

Note: The Speech-Language Pathologist conducting this evaluation has no financial relationship with, nor will receive any financial gain from the supplier of the recommended equipment.

