

# AAC Evaluation Report

## Writing Guide



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*AAC Evaluation Report Writing Guide*

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## Client and Evaluation Site Information

Client Name:

Date of Birth:

Age:

Insurance Plan(s) and ID Number(s):

Medical and/or Communication Diagnoses:

Home Address:

Home Phone:

Caregiver Email:

Referring Physician:

Date of Evaluation:

Evaluation Site:

Participating Professionals:

**PLEASE NOTE:** If ACD is to be funded through MO HealthNet (Missouri Medicaid), a Speech-Language Pathologist and two other professionals must participate in the ACD evaluation and/or trials with equipment. Other professionals may include: Audiologist; educator; OT; PT; physician; manufacturer representative; social worker; case manager; or second SLP. The evaluation team cannot consist of three SLPs; at least one professional must represent another discipline. For additional information, please review MO HealthNet's ACD Approval Criteria: <https://dss.mo.gov/mhd/cs/dmeprecert/pdf/commun-device.pdf>

## History and Medical Information

### Referral & Expectations

(Name), a \_\_\_ year old (male/female), was referred for an Augmentative Communication Device (ACD) evaluation by Dr. \_\_\_\_\_ due to \_\_\_\_\_ (**provide medical diagnosis or briefly describe communication concerns**). (Diagnosis or communication impairment) significantly impacts the client's expressive communication and results in the inability to use speech to effectively and efficiently communicate his/her wants and needs. Client was assessed by (therapists participating in evaluation and/or trials with equipment) at (evaluation site) to determine whether use of an ACD will support this client's ability to functionally express wants and needs and participate in his/her own medical care.

Name) was accompanied to this evaluation by (name of parent/caregiver/teacher, etc.) who provided pertinent background information including medical history, current communication modes, and expectations and understanding of ACDs. Caregivers' expectations of this evaluation include (**choose one or more**): responding to

a physician's recommendation for ACD evaluation; learning about available ACDs; trialing equipment; improving communication skills of client; other (describe). **If the caregivers specifically requested to see a certain ACD, you may provide that information here.**

### Social History and Current Services

(Name) lives at \_\_\_\_\_ with \_\_\_\_\_ (caregivers or staff). He/she receives the following services: \_\_\_\_\_.

**List and provide frequency/duration of nursing, therapies (Speech/Language, OT, PT, dietician, etc.), special education support, and other specialized services provided outside of school.** The client's communication impairment has affected his/her ability to participate in therapies in the following ways: \_\_\_\_\_. **If progress in speech/language therapy has been hindered by lack of an appropriate ACD, describe here.**

### Educational and Vocational History:

**If client is still in school, provide:**

- ✓ Grade and name of school.
- ✓ Type of classroom environment.
- ✓ Provide frequency/duration of therapies and special instruction.
- ✓ Provide IEP goals (if available) related to communication.
- ✓ Describe how client's communication impairment hinders his/her ability to participate fully in the educational environment (i.e., participating in instruction; communicating with teachers, staff and peers).

**If client is employed, provide:**

- ✓ Employer and approximate number of hours worked per week.
- ✓ Briefly describe duties.
- ✓ How does client's communication impairment hinder his/her ability to work?

**If client is not in school and not employed, provide:**

- ✓ Past educational/vocational history.
- ✓ Has client's communication impairment resulted in inability to participate in school/work?

### Medical History

(Name) was diagnosed with \_\_\_\_\_ at \_\_\_ years of age. This diagnosis impacts his/her ability to communicate in the following ways: \_\_\_\_\_. In addition, he/she has been diagnosed with the following medical conditions which impact communication skills (list/describe). History of hospitalizations/surgeries relevant to decreased communication skills (list/describe): \_\_\_\_\_. Current medications include: \_\_\_\_\_. The status of the client's sensory processing, hearing and vision is as follows: \_\_\_\_\_. **Describe any concerns related to sensory processing, hearing and vision. If glasses or hearing aids are worn, provide information. If hearing/vision are within functional limits, include a statement such as: *There are no concerns related to hearing or visual acuity at this time. (Name) responds appropriately to quiet sounds, and responds consistently to spoken language. His/her vision allows him/her to visualize objects that are 20+ feet away, as well as read written words on a page/locate small items on the floor/etc.***

### Gross Motor Status

The client achieves mobility in the following manner: \_\_\_\_\_ (i.e., ambulatory; manual wheelchair; power

**wheelchair; with other mobility aids**). During today's ACD evaluation, the client was positioned \_\_\_\_\_ (**e.g., seated in a chair, seated in his/her wheelchair, lying semi-reclined in hospital bed, etc.**). The make and model of the client's wheelchair are as follows: \_\_\_\_\_. The client uses the following other positioning/mobility devices (**i.e., stander; walker**) during his/her typical day: \_\_\_\_\_. He/she requires the following level of assistance for transfers: \_\_\_\_\_. **Is the client able to independently move about his/her environment?**

### Fine Motor Status

During today's evaluation, the following concerns related to strength/tone/coordination of upper extremities were noted: \_\_\_\_\_. **If client is unable to perform fine motor tasks related to operation of an ACD and will require an alternative access method, describe (e.g., Mr. Smith does not have functional use of the fingers of either hand, and is unable to reach out and touch the screen of an ACD directly).**

## Communication Assessment

**Expressive Language** (Name) demonstrates the intent to communicate, as evidenced by \_\_\_\_\_ (**attempts at nonverbal communication, use of gestures, etc.**). Currently, the client communicates in the following ways: \_\_\_\_\_. **Describe client's current methods of communicating wants and needs. Please see reference chart below for examples of various types of communication; include this information if appropriate.**

### Reference: Types/Methods of Communication

**Pre-Intentional Communication:** May include looking at a desired object, crying when upset, changing facial expressions, and using body language. Example: *Timmy uses primarily preintentional communication behaviors. He will cry when upset, and smiles when excited. He does not yet point at desired objects or use intelligible verbal words.*

**Intentional Nonverbal Communication:** May include pointing, tapping a listener for attention, pushing away an undesired item, nodding head, looking back and forth between a desired object and a caregiver. Example: *Mr. Donnelly typically uses intentional gestures to communicate his wants and needs. He points to desired food items, nods "yes" and shakes head "no", and hugs to express affection. He is not using written or verbal words to express himself.*

**Intentional Verbal Communication:** Typically refers to use of vocalizations other than true words with communicative intent. Example: *Pete vocalizes to gain the attention of his parents, but does not use intelligible verbal words at this time.*

**Symbolic Nonverbal Communication:** May include sign language, written communication, use of a speech-generating device, partner-assisted scanning, PECS. Example: *Mrs. Smith primarily uses nonverbal communication throughout her day. She uses some symbolic gestures like "baby" to ask that she hold her grandson, and is able to write a few single words.*

**Symbolic Verbal Communication:** Generally refers to use of verbal speech (single words, phrases, sentences). If client does use some verbal speech, it MUST be stated that this speech is not sufficient to meet communication needs (e.g., due to issues with intelligibility, fatigue, motor planning difficulties, etc.) Example: *Sally uses a combination of nonverbal and verbal communication. She is able to approximate about 10 verbal words, but her intelligibility is very poor and communication partners can generally understand <25% of her words.*

The client (does/does not) currently own an Augmentative Communication Device. **If an ACD is currently in use, clearly describe the limitations of this device and why it must be replaced. Example: Billy currently uses the FourTalk, a mid-tech communication device that allow for four messages to be recorded and activated by touching a non-dynamic screen. This device no longer meets Billy's needs; he requires a larger vocabulary to effectively participate in his own medical care.**

### Language Functions & Limitations (i.e., what types of communication are not occurring presently?)

Due to his/her medical condition(s), \_\_\_\_\_ is unable to successfully perform the following language functions in all communication environments: **(choose all that apply)**

- ✓ Expressing needs in emergency situations
- ✓ Expressing physical wants and needs (e.g., hunger; thirst; pain; toileting)
- ✓ Expressing informed consent regarding medical decisions
- ✓ Gaining a listener's attention (e.g., "help!")
- ✓ Requesting object/action (e.g., "drink!")
- ✓ Refusal (e.g., shaking head "no"; saying "I don't want that")
- ✓ Sharing information (e.g., providing name and address in case of emergency)
- ✓ Commenting (e.g., "yum, that's good!")
- ✓ Labeling (e.g., "that's a cup.")
- ✓ Asking questions (e.g., "Did I take my medicine?")
- ✓ Asking for repetition (e.g., "I didn't understand. Can you say that again?")
- ✓ Answering yes/no questions
- ✓ Greeting others
- ✓ Answering open ended questions (e.g., providing an appropriate answer to "what do you want to do today?")
- ✓ Conversational greetings/closings (e.g., "hi", "nice to see you", "see you later")
- ✓ Staying on topic

**The client's communication limitations MUST be clearly stated. For example, if a client can say a few verbal words and uses some gestures but cannot communicate effectively with her/her doctors, this must be stated clearly. Example: Sarah uses a combination of communication methods, including nodding yes/no, pointing to desired items, and using approximately 10 intelligible verbal words. However, these attempts at communication do not allow Sarah to effectively communicate with her caregivers, teachers or medical team. She requires an ACD to allow her to effectively communicate a variety of wants and needs.**

**Receptive Language** (Name) demonstrates the following skills related to receptive language (i.e., language comprehension). **Choose all skills below that are demonstrated by the client and provide concrete examples if possible.**

- ✓ Consistent response to name
- ✓ Attending when spoken to
- ✓ Comprehension of yes/no, open-ended and choice questions
- ✓ Following one-step directions
- ✓ Following multi-step directions
- ✓ Understanding single words
- ✓ Understanding simple conversation
- ✓ Understanding complex adult conversation

**If there are deficits in receptive language, mention helpful strategies to improve comprehension (e.g., visual cues, environmental symbols, gestural cues).**

## Literacy & Symbol Recognition

(Name) demonstrates the ability to comprehend/identify the following: **(choose all that apply)**

- ✓ Digital pictures
- ✓ Line drawings/picture symbols
- ✓ Alphabet letters
- ✓ Client's written name
- ✓ Single words
- ✓ Sentences
- ✓ Paragraphs

Prognosis for written communication to meet communication needs in all settings is \_\_\_\_\_ due to \_\_\_\_\_.

**Generally, this prognosis is poor due to any combination of the following: client's low literacy skills; fatigue when writing or illegible handwriting; time required to hand-write as a primary mode of communication, especially in emergency situations; inability to use written language to communicate in all environments and with all partners (e.g., while walking; while riding in a car; while communicating with another person with poor literacy skills); inability to use writing as a way to get a listener's attention in case of emergency.**

## Speech

**Describe your client's ability to intelligibly produce speech sounds and/or words. Mention concerns related to articulation, motor planning, voice, fluency, etc. You may wish to elaborate upon various factors, such as context being known/unknown, or familiar vs. unfamiliar listeners. Below are some examples:**

- Mr. Smith's ability to speak intelligibly has been profoundly impacted by his diagnosis of Apraxia of Speech (secondary to stroke). He is functionally nonverbal at this time, as he is unable to produce any intelligible words.
- Johnny does attempt to communicate verbally at times, but intelligibility is severely limited. Data indicate that Johnny is 40% intelligible when context is known with a familiar listener, 25% intelligible when context is known with an unfamiliar listener, 20% intelligible when context is unknown with a familiar listener, and <10% intelligible when context is unknown with an unfamiliar listener. This level of intelligibility does not allow Johnny to convey information to his medical team, and would not allow him to successfully communicate with an unfamiliar person in an emergency situation (e.g., getting lost at the grocery store).
- Mr. Jones's laryngectomy and glossectomy resulted in inability to produce voice and inability to use an artificial larynx to produce intelligible speech. He is able to open his mouth, but cannot produce intelligible words, thus necessitating use of an ACD.

## Cognition

The following cognitive skills were informally observed and/or reported by assessment team **(choose all applicable and provide examples if possible)**: cause and effect; object permanence; means-end; sustained attention to communication-based activities; understanding of simple and/or complex commands; understanding of conversation; understanding of meaning of picture symbols/written words/alphabet letters. \_\_\_\_\_ (name) demonstrates the necessary cognitive skills to learn to effectively use an ACD if provided therapeutic support.

## Social/Behavioral Observations

The client demonstrated \_\_\_\_\_ behavior during this evaluation. **Use the following words to describe behaviors if needed: calm, participatory; playful; alert; cooperative; friendly; interactive; curious; energetic; shy; quiet; tearful;**

**agitated; aggressive; noncompliant; fatigued; restless; reserved.** This (was / was not) consistent with client's typical behavior, per caregiver report. If behavior was not typical for client, explain why (e.g., medication changes, lack of sleep, etc.) Observations of client's social skills indicated \_\_\_\_\_. **Describe social skills (e.g., attempts at initiating interaction, response to others, desire for social contact, etc.).** The client demonstrated the ability and desire to interact socially using ACDs during this evaluation.

## Trials with Equipment

This client requires the use of an ACD personally designed and engineered to support his/her communication needs, and this ACD system must have the following features **(choose all applicable)**:

- ✓ Text to speech capabilities
- ✓ Predictive and rate-enhancement features, including word and phrase prediction
- ✓ Symbol-based communication pages
- ✓ Phrase-based message selection
- ✓ Availability of age-appropriate core vocabulary to allow for spontaneous and novel utterance generation
- ✓ Direct selection via touch screen
- ✓ Switch compatible to allow scanning
- ✓ Option to use eyegaze as access method
- ✓ High quality visual display with small screen for portability
- ✓ High quality visual display with larger screen due to access or vocabulary needs
- ✓ Customizable access options such as delay in acceptance time
- ✓ Capacity for user to independently change pages
- ✓ Option for a keyguard
- ✓ Option for a wheelchair mount
- ✓ Easily programmed
- ✓ Durable
- ✓ Handle for independent transport
- ✓ Wearable speaker for more effective interaction with listeners
- ✓ Ability to create custom language content and pages

The following ACDs were trialed with this client: \_\_\_\_\_. The device that will best meet the client's needs is the \_\_\_\_\_. Trials with equipment are described below.

### Trial 1: (Device Name)

The \_\_\_\_\_ was first trialed during the context of (activity). (Name) demonstrated the ability to find the keys required to spell his name, but was not able to generate phrases or sentences to express medical needs, converse with loved ones, etc. The fact that the \_\_\_\_\_ is a keyboard-only device is extremely limiting for the client and results in significant fatigue during use. This device will not be sufficient to meet (name)'s communication needs.

### Trial 2: (Device Name)

**Continue to describe trials with equipment, being careful to clearly state why the devices that were ruled out did not meet the client's needs.**



### Trial 3: (Device being recommended)

The ProSlate 10 by Forbes AAC was then trialed with the client. This device allows for various methods of message formulation, including text-to-speech, sentence generation using core language, and use of symbol-based pages for rapid communication of functional messages with a single button press. (Name) was able to use this device to rapidly communicate the following: Providing name and address on a customized page; expressing medical needs (i.e., "nothing hurts; I'm OK"); asking a question (i.e., "what time is it?"); requesting a desired item (i.e., "drink please") and using conversational greetings and closings (i.e., "see you later!") Due to the ProSlate's light weight and sturdy handle, the client will be able to independently carry the device between rooms of his/her home and out in the community. The ProSlate meets all ACD requirements (listed above) for this client, and (name) demonstrated the ability to communicate multiple messages in an efficient and effective manner during our evaluation session. **Include a statement describing client's motivation to communicate using this device (e.g., "Mr. Brown demonstrated motivation to communicate using this device by repeatedly reaching for the device, and smiling when he had successfully communicated a message to his wife.")**

**Access: How is client most reliably able to access this communication device? Describe attempts (if possible) to utilize direct access (i.e., touching screen of device), switch access (if applicable), eyegaze (if applicable) or other access methods. If alternative access methods (i.e., switch, eyegaze, head pointer) will be necessary, a statement must be included that explains why direct access is not a possibility.**

## Summary and Recommendations

Client's medical condition results in severe communication impairment (described above). Due to communication impairment, (name) is not able to effectively communicate in the medical or \_\_\_\_\_ settings **(choose any or all of the following: educational, vocational, community, home)**. Client has participated/attempted other forms of treatment without significant, nor functional results which would allow him/her to communicate effectively and efficiently across all settings with all communication partners. The prognosis for intelligible speech is poor due to \_\_\_\_\_ **(medical diagnosis, lack of progress with traditional speech therapy, progressive nature of diagnosis, etc)**. \_\_\_\_\_ (name) is unable to communicate basic wants and needs or participate effectively in medical care using speech, writing or gestures; thus, the \_\_\_\_\_ **(recommended ACD)** is medically necessary for this client.

**The following equipment is recommended: List ACD and any accessories (e.g., keyguard; switch; mount) and give statement of medical necessity for each item.**

- **ProSlate 10 with TouchChat (color: black)**
  - *Medical necessity: To allow client to communicate wants and needs in the medical and emergency settings and participate fully in her/her own medical care.*
- **LAMP 84-location keyguard**
  - *Medical necessity: To allow client to maximize efficiency and effectiveness of communication, reducing accidental activations of screen.*
- **Wheelchair mount**
  - *Medical necessity: To allow client to access device appropriately in all environments.*

The \_\_\_\_\_ **(recommended device)** is the most appropriate and least expensive feature-matched device for this client. It is anticipated to meet the client's communication needs over the next \_\_\_\_ **(typically 5)** years. Anticipated changes and modifications during this time include: \_\_\_\_\_ **(choose most appropriate: none; free software upgrades; customization of content by treating SLP; etc.)**.

## Training Plan

1. Client will continue to participate in weekly therapy with primary speech-language pathologist, the focus of which will be functional use of recommended equipment (see client-specific goals below).
2. Client, caregivers and therapy team will contact Forbes AAC Assistive Technology Specialist upon arrival of equipment to schedule a training session. This session will address setup and application of all recommended equipment. Future training and technical support will be available through Forbes AAC's Technical Support team and continued contact with Assistive Technology Specialist.
3. Caregivers and therapy team will demonstrate understanding of the functions, maintenance and programming of the recommended equipment.

### Client Goals **Customized for each client. Examples include:**

1. The client will participate in medical appointments using ProSlate with TouchChat to express symptoms, answer questions and demonstrate self-advocacy.

*Examples:* "My head hurts"; "I can't sleep"; "Yes, I have been taking my medicine".

2. The client will independently gain the attention of familiar and unfamiliar communication partners using ProSlate with TouchChat.

*Examples:* "Look at this!" during cooking activity; "I need something" to caregiver; "Listen up!", "I have something to say", etc.

3. The client will independently request an object or action using ProSlate with TouchChat.

*Examples:* "I want a hamburger" vs. "I want a salad" during dinner; "Turn me" vs. "Take my brace off" with therapy ball; "Drum" vs. "Car" vs. "Bubbles" to request toy

4. The client will independently provide personal information using ProSlate with TouchChat.

*Examples:* "My name is David"; "I am \_\_\_ years old"; "My address is \_\_\_"

## Report of Conference

Evaluation results and equipment recommendations were discussed with \_\_\_\_\_ (**clients' caregivers, educator, therapy team, etc.**) immediately following this ACD evaluation. \_\_\_\_\_ indicated agreement with findings and recommendations. Funding for recommended equipment will be pursued through \_\_\_\_\_ (**insurance plan**).

Please note that a copy of this evaluation report was sent to the referring physician, \_\_\_\_\_.

Evaluating professionals do not have any financial relationship with Forbes AAC.

Signed,

**Include signatures and credentials of all participating professionals.**

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