

Augmentative and Alternative Communication Evaluation Report

Demographic Information

Name:

Date of Birth:

Address:

Telephone:

Medical Diagnosis:

Speech/Language Diagnosis:

Medical Access #:

Physician:

Contact Person:

Date of Evaluation:

Date of Report:

Speech/Language Pathologist:

Pennsylvania License #:

ASHA #:

Background/Medical Information

*Reason why AAC evaluation was recommended

*Medical condition and symptomology associated with medical condition (emphasis on reason why an AAC device is being explored)

*Assessments that were completed – formal/informal (need to be completed at a minimum within the last six months)

Current Communication Skills

Speech/Language and Educational History:

Expressive Language Abilities:

*Information obtained from formal and informal assessment measures – list assessments used

Receptive Language Abilities:

*Information obtained from formal and informal assessment measures – list assessments used

Cognitive Abilities:

*Information obtained from formal and informal assessment measures – list assessments used

Independent Living/Work History:

Functional Communication Needs:

*Who individual needs to communicate with?

*Where they need to be able to communicate?

*What type of medically necessary information do they need to be able to communicate?

*Prove why an AAC system is medically necessary

*List features needed in a medically necessary AAC device, such as “gain attention, share emergency information, protest, and make requests without the assistance of others”

*Provide bulleted list of communication needs, such as

1. Reporting medical concerns and complaints
2. Responding to questions from medical personnel, support staff, family, and community workers
3. Asking questions of medical staff, support staff, and work supervisors
4. Protesting when frustrated or upset in order to reduce physical aggression
5. Sharing information in regards to medical needs and allergies to relevant individuals
6. Requesting help or assistance with various tasks
7. Participating in leisure activities

Additional AAC-related skills

Sensory/Perceptual Skills:

*Vision and hearing information and how that impacts what AAC system would be appropriate

Fine Motor Skills:

AAC Evaluation Report

*Fine motor skills related to accessing a device (does he demonstrate the fine motor skills able to appropriately access a device – provide details)

Gross Motor Skills:

*How this is related to use of a device – strap needed to carry device, mount for wheelchair, etc.

Oral Motor Skills:

*Prove or disprove why speech is not deemed to be an effective means of communication for individual

Reading/Writing Skills:

*How this affects the use of the AAC system

System Features: Based on individual's physical and communication needs/skills, he requires an augmentative communication system that:

*Provide a bulleted list of features needed in an AAC device

Without these features, it is unlikely that a speech generating device will meet individual's functional communication needs as stated previously.

Device Trials, Recommendation, and Rationale

*Which devices were trialed and why – need to ensure that a no-tech/low-tech device was trialed and ruled out (insurance is looking to spend the least amount of money possible, so less expensive options further need to be ruled out)

*Length of time with each trial and what was found (data, data, data!!!)

*Additional features that were determined due to the device trials

*Specific device recommended as a result of the trials and rationale for device recommended

Recommended Individual Action Plan

*Reiterate why the specific device was the one chosen and break down specific steps that need to take place in order for the individual to obtain and learn the device

*Recommend specific number of therapy session, length of therapy sessions, any sessions needed to train communication partners, and goals

Functional Communication Goals:

Short-Term Goals (to be achieved after 2 months of training/support):

Long-Term Goals (to be achieved after 3-6 months of therapy/support):

Plan for Individualization, Programming, and Training of the System:

*Share resources the individual will have to support with individualization, programming, and training

Assurance of Financial Independence

The speech-language pathologist performing this evaluation is not an employee of nor has any financial relationship with the suppliers of speech-generating devices. All information obtained and presented in the evaluation was conducted in the best interest of the client. The professional interest of the speech language pathologist performing this evaluation is solely the communication success of the individual.

This report was forwarded to individual's primary care physician (list physician) with a request for a prescription to order (the chosen device) and additional accessories on (date).

Speech-Language Pathologist's Name and Title

Primary Care Physician's Name and Address