

## **Speech-Language Pathology Evaluation Augmentative Communication Device**

- 1) Background and Medical Information**
  - a) state severity of expressive communication disorder (e.g., aphasia, apraxia, aphonia, and/or dysarthria)
  - b) describe medical cause (ALS, cerebral vascular accident, trauma, cerebral palsy, and surgery)
  - c) provide information re: onset of problem, indicate the staging of the impairment, state and describe the expected course.
  
- 2) Communication Needs**
  - a) Describe and discuss the patient's need for communication to increase participation and independence in or to:
    - i) medical decision-making
    - ii) activities that promote psychosocial well-being
    - iii) family roles
    - iv) communicate basic physical needs and emotional status
    - v) communicate self care needs
    - vi) engage in social communicative interactions with family members
    - vii) carry out communicative interactions in the community
  
- 3) Assessment Data: Language**
  - a) Provide data and analysis of formal assessments completed
  - b) Discuss the patient's competency or ability to develop functional language skills (addressing form, content, use)
  - c) Describe:
    - i) the symbolic skills of the individual (e.g., do they require concrete picture symbols, photographs, letters)
    - ii) the individual's linguistic capacity to formulate, initiate, and maintain language (e.g., novel or frequently occurring messages) independently
    - iii) attention, memory, problem-solving skills or deficits
    - iv) how these skills relate to the individual's ability to develop communication competence utilizing an SGD.
  
- 4) Assessment Data: Vision and Hearing**
  - a) Provide a subjective assessment of visual skills (e.g., acuity, visual tracking, visual field, lighting needs, angle of view, size of text or symbols, contrast, spacing), based upon interaction with the individual using an actual device
  - b) Provide a subjective assessment of auditory skills (e.g., acuity, localization, understanding of speech output, volume), based upon interaction with the individual using a device
  - c) Discuss and describe the sensory needs of the communication partner

- 5) Assessment Data: Cognition**
  - a) ability to recall sequences,
  - b) ability to produce or formulate appropriate communicative messages
  - c) reading comprehension,
  - d) spelling
  - e) symbol skills
  
- 6) Assessment Data: Motor**
  - a) ambulatory status,
  - b) positioning,
  - c) seating (list or describe all positions the individual will use to access the SGD),
  - d) describe the specific operating technique(s) the patient must use for the device (direct selection, scanning, Morse code)
  - e) as appropriate, describe and discuss current and future switch access needs (e.g., can the device accommodate changes in physical access status?)
  
- 7) Assessment: Comparison of Augmentative Communication Devices**
  - a) List and describe a minimum of three augmentative communication devices considered during the evaluation process
  - b) Compare and contrast features of various devices considered
  
- 8) Summary & Recommendations**
  - a) Summarize results of testing and device considerations
  - b) Recommend rental or purchase of Augmentative Communication Device, include specifications of device (e.g., memory, symbol sets, speech output, operating technique)
  - c) Recommend specific accessories necessary for functional use of the augmentative communication device
  - d) Recommend Speech-Language Pathology Treatment
    - i) Schedule for goal achievement
    - ii) Individual(s) responsible for programming
    - iii) Individual(s) responsible for troubleshooting
  
- 9) Treatment Goals and Objectives**
  - a) Provide a written plan of treatment for speech/language pathology to the DME department.