

Speech Evaluation Worksheet

This worksheet is designed for evaluating therapists to make notes as they complete an AAC Evaluation Report and is directly applicable to the complete AAC Evaluation found online at www.aacfunding.com. Please note this is not an exhaustive document, but rather provides the overall framework for writing an AAC Evaluation Report.

CLIENT INFORMATION:

Client First Name:

Client Last Name:

Address:

City:

State:

Zip:

Place of Residence:

Client Date of Birth: / /

Gender:

Male

Female

Emergency Contact Name:

Relationship:

Phone Number:

Email Address:

Preferred Spoken Language:

Medical Diagnosis/ICD-10:

Date of Onset:

Speech Diagnosis/ICD-10:

Date of Onset:

Primary Insurance Name:

Policy Number:

Secondary Insurance Name:

Policy Number:

Speech-Language Pathologist Name:

State License Number:

ASHA License Number:

Email Address:

Phone Number:

BACKGROUND:

Evaluation Report Date:

Client History:

Speech and language abilities have been determined by:

Anticipated course of Impairment:

FINE MOTOR/ACCESS: (as it relates to the use of an SGD)

Access Method:

Motor history:

MOBILITY:

Ambulation Status:

Mobility Assistance Needed:

Mounting System:

HEARING & VISION:

History of Hearing Impairment:

List any SGD Modifications that may be required:

History of Vision Impairment:

List any SGD Modifications that may be required:

LANGUAGE SKILLS & ABILITIES:

Receptive Language Skills Overview: (Include formal/informal test results, clinical observations)

He/she understands: significantly more more about the same *as he/she is able to communicate.*

Expressive Language Skills Overview: (Include formal/informal test results, clinical observations, current communication systems.

Include the functions of communication that the client uses and how he/she expresses them.)

Speech Skills Overview: (If motor speech function is impaired, provide information on speech intelligibility and reason for impairment.)

Literacy Skills Overview:

Reading level: Non-reader single word sentence paragraph mixed

COGNITIVE ABILITIES:

Learn new tasks, including basic device operation

Attend to display

Maintain attention to the task at hand

Remember the location of symbols/words

Navigate between pages with minimal prompting

Navigate between pages independently

Locate symbols/words on a page

Recognize that the SGD can be used to communicate wants and needs

Cognitive Skills Observations:

DAILY COMMUNICATION NEEDS:

Possible Communication Partners:

Parents/siblings

Spouse

Extended family

Friends

Healthcare provider

Caregiver

Person who cannot read

Person with visual impairment

Person with hearing impairment

Neighbor

Community members

School staff

Co-workers

Stranger

DAILY COMMUNICATION NEEDS:

Possible Communication Environments:

Home

Medical Facility

Community

Work

School

Support Group

Telephone

Other:

Possible Reasons to Communicate:

Express physical needs/wants

Express needs/wants in emergencies

Express feelings/frustrations

Generate novel utterances

Participate in decision making

Participate in conversation

Access medical care

Share information

Direct actions

Share opinions

Possible Situations:

1:1 and small group conversations

Large group events

Family/social gatherings

Telephone interactions

NON-SGD APPROACHES:

No Tech/Lite Tech Approaches Overview:

Prognosis for developing functional speech:

Other:

Speech therapy to improve/increase functional speech is not viable because:

Other:

RESULTS OF SGD EVALUATION:

Features Required based on Feature Matching

Screen Size:

< 6 inches

6-8 inches

9-12 inches

>13 inches

Hardware Features:

Requires voice amplification to be heard in noisy environments

Must be lightweight and easy to carry for maximum portability

Battery needs to hold a charge throughout the day

Must have a protective casing in case of drops or falls

Must have a dynamic display for efficient page and vocabulary navigation and ease of programming

Requires multiple ways to generate messages (e.g. spelling, pictures, words, or a combination of)

Voice Options needed because:

There are multiple SGD users in the environment

The voice will need to change as the child grows

Both digitized and synthesized speech are needed to accommodate live recordings and ease of programming.

Access Method Needed:

Manual direct selection (hands or feet)

Keyguard or Touchguide for Direct Selection

Switch Scanning

Joystick

Head tracking

Eye tracking

Combination of Methods (do not choose this option if funded through Medicare)

Method of Language Representation:

Spelling

Single meaning pictures/categories (WordPower)

Multi-meaning pictures (Unity, LAMP Words for Life)

Visual scenes

Message Formulation:

Letters

Phrases

Single words

Sentences

Features to Promote Language Growth:

Morphological endings

Vocabulary builder

Hide/show buttons

Built-in vocabulary progression

Robust pre-stored vocabulary

Core vocabulary to support novel utterances

Rate Enhancing Strategies:

Word prediction

Icon prediction

Abbreviation expansion

Predictable vocabulary organization

Consistent motor plan for words

Additional Software Features:

Pronunciation exceptions

Word finder

Built-in language data analysis

Camera for specific programming

Large symbol library

Custom button functions and appearance (font, size, background color, highlight options, magnification)

Ability to customize vocabulary without the device present (PASS, Empower, Chat Editor software)

DEVICES TRIALED OR CONSIDERED:

Was an iPad with communication app considered? YES NO

If yes, why was it ruled out?

The volume is not loud enough for most communication environments

The iPad is not dedicated and allows for easy access to games, videos, etc

A warranty is not provided and there is no support or access to repair services

The iPad is not durable and would not withstand being accidentally dropped

The iPad does not provide accommodations for physical access required per this evaluation

The Unity language system (determined most appropriate) is not available on an iPad app

Other:

SGD #1 Considered but ruled out:

Accessories for SGD #1:

Reason SGD #1 was ruled out or not selected:

SGD #2 Considered but ruled out:

Accessories for SGD #2:

Reason SGD #2 was ruled out or not selected:

SGD Selected:

Language System Selected:

Accessories Selected: (if needed)

Mount Selected: (if needed)

Length of Trial Period:

Reason that SGD and Needed Accessories/Mount was Selected:

FUNCTIONAL TREATMENT GOALS & TREATMENT PLAN:

Have 3-5 functional communication goals that apply to the client and indicate if they are short or long-term goals. They are meant to be general for the purpose of this funding report. You can create your own goals, if desired.

Call for help from a family member/caregiver

Make requests and provide information to familiar listeners

Communicate physical needs and emotional status to family member/caregiver

Engage in social communication exchanges with family members in person

Participate in family planning decisions

Tell personal stories or anecdotes

Express feelings or state of being

Make requests and provide information to unfamiliar listeners

Describe physical symptoms and ask questions when interacting with medical professionals

Engage in social communication exchanges with extended family, friends, peers, in various environments

Instruct caregiver on care requirements (transfers, bathing, nutrition, mobility)

Ask questions and provide responses in community-based activities (order meals, ask directions)

Other:

Family or Support person present at the evaluation and supportive of the need for an SGD:

Parent

Spouse

Immediate family

Primary caregiver

Guardian

Support person

Number of recommended treatment sessions:

Treatment setting:

Individual

Group

Combination of both

Other Notes:

Not for Submission

Funding Package Checklist

Client Name:	DOB:
Funding Source(s):	
Funding Package Due by:	

Work with your AAC Consultant on the specific documents that are needed in your state and with the client's funding source(s).

Document	Who is completing it	Done	Submitted
AAC Evaluation Report			
Device Selection Sheet			
Keyguard or Mounting Selection Sheet (if needed)			
Certificate of Medical Necessity			
Client Information Sheet			
Assignment of Benefits			
Copy of all Insurance Cards (front and back)			
Face-to-Face Dr visit (if required by insurance policy)			
State Specific Documents (if needed)			
Medicare Documents (if needed)			

Questions?

Contact your AAC Consultant or review information on www.aacfunding.com



Speech Evaluation Worksheet

This worksheet is designed for evaluating therapists to make notes as they complete an AAC Evaluation Report and is directly applicable to the complete AAC Evaluation found online at www.aacfund.org. Please note this is not an exhaustive document, but rather provides the overall framework for writing an AAC Evaluation Report.

CLIENT INFORMATION:

Client First Name: **Max** Client Last Name: **Jones**
Address: **1234 PRC-Salttillo Road** City: **Everywhere** State: **OH**

Zip: **56789** Place of Residence: **home**

Client Date of Birth: **01 / 02 / 2012** Gender: ☒ Male ☐ Female

Emergency Contact Name: **Monica Jones**

Relationship: **Mother** Phone Number: **123-555-1111**

Email Address: **monicaj@email.com** Preferred Spoken Language: **English**

Medical Diagnosis/ICD-10: **Autism F84.0** Date of Onset: **birth**

Speech Diagnosis/ICD-10: **Mixed Receptive & Expressive Lang Disorder F80.2** Date of Onset: **birth**

Primary Insurance Name: **BCBS** Policy Number: **987654321**

Secondary Insurance Name: **MA WI** Policy Number: **987654321**

Speech-Language Pathologist Name: **John Smiley**

State License Number: **M13579** ASHA License Number: **0987654**

Email Address: **jsmiley@speech.net** Phone Number: **123-555-2222**

BACKGROUND:

Evaluation Report Date: **9-1-2022**

Client History:

- generally healthy
- 50% intelligible to familiar listeners, 25% to unfamiliar listeners
- currently uses a combination of speech attempts, minimal sign language, facial expressions, and behaviors to communicate
- not able to communicate in a variety of environments for a variety of reasons with these modes.
- gets frustrated with communication breakdowns



Speech and language abilities have been determined by:

formal and informal evaluations, observations, team interviews

Anticipated course of Impairment:

Impairment is stable, plateau of improvement on intelligibility

FINE MOTOR/ACCESS: (as it relates to the use of an SGD)

Access Method: **Manual Direct Selection (hands or fee)**

Motor history:

- low tone
- receives OT

MOBILITY:

Ambulation Status: **Ambulatory**

Mobility Assistance Needed: **none**

Mounting System: **NA**

HEARING & VISION:

History of Hearing Impairment:

no known hearing impairment

List any SGD Modifications that may be required:

able to use SGD without modifications

History of Vision Impairment:

no known vision impairment

List any SGD Modifications that may be required:

able to use SGD without modifications

LANGUAGE SKILLS & ABILITIES:

Receptive Language Skills Overview: (Include formal/informal test results, clinical observations)

He/she understands: ☐ significantly more ☒ more ☐ about the same as he/she is able to communicate.

- understands routine directions
- uses visual supports to aid understanding
- a relative strength for him

Expressive Language Skills Overview: (Include formal/informal test results, clinical observations, current communication systems. Include the functions of communication that the client uses and how he/she expresses them.)

- unintelligible frequently and gets frustrated
- low tone impacts accuracy of his signs
- very social
- can gain attention, request objects and events, rejecting nonverbally, answering simple questions
- not negating, giving information, asking questions

Speech Skills Overview: (If motor speech function is impaired, provide information on speech intelligibility and reason for impairment.)

- possible diagnosis of apraxia impacts intelligibility

Literacy Skills Overview:

Reading level: ☒ Non-reader ☐ single word ☐ sentence ☐ paragraph ☐ mixed

- emerging literacy skills
- letter names but still working on letter sounds
- starting to learn sight words

COGNITIVE ABILITIES:

- ☒ Learn new tasks, including basic device operation
- ☒ Attend to display
- ☐ Maintain attention to the task at hand
- ☒ Remember the location of symbols/words
- ☐ Navigate between pages with minimal prompting
- ☐ Navigate between pages independently
- ☒ Locate symbols/words on a page
- ☒ Recognize that the SGD can be used to communicate wants and needs

Cognitive Skills Observations:

- benefits from modeling
- some reminders to attend to task
- occasionally watches peers for following directions
- can be impulsive when looking through things, but improving with models

DAILY COMMUNICATION NEEDS:

Possible Communication Partners:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Parents/siblings | <input type="checkbox"/> Spouse |
| <input checked="" type="checkbox"/> Extended family | <input checked="" type="checkbox"/> Friends |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Caregiver |
| <input checked="" type="checkbox"/> Person who cannot read | <input type="checkbox"/> Person with visual impairment |
| <input checked="" type="checkbox"/> Person with hearing impairment | <input checked="" type="checkbox"/> Neighbor |
| <input type="checkbox"/> Community members | <input checked="" type="checkbox"/> School staff |
| <input type="checkbox"/> Co-workers | <input type="checkbox"/> Stranger |

DAILY COMMUNICATION NEEDS:

Possible Communication Environments:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Home | <input checked="" type="checkbox"/> Medical Facility |
| <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Work |
| <input checked="" type="checkbox"/> School | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Other: |

Possible Reasons to Communicate:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Express physical needs/wants | <input checked="" type="checkbox"/> Express needs/wants in emergencies |
| <input checked="" type="checkbox"/> Express feelings/frustrations | <input checked="" type="checkbox"/> Generate novel utterances |
| <input type="checkbox"/> Participate in decision making | <input checked="" type="checkbox"/> Participate in conversation |
| <input type="checkbox"/> Access medical care | <input checked="" type="checkbox"/> Share information |
| <input checked="" type="checkbox"/> Direct actions | <input checked="" type="checkbox"/> Share opinions |

Possible Situations:

- | | |
|---|--|
| <input checked="" type="checkbox"/> 1:1 and small group conversations | <input checked="" type="checkbox"/> Large group events |
| <input checked="" type="checkbox"/> Family/social gatherings | <input type="checkbox"/> Telephone interactions |

NON-SGD APPROACHES:

No Tech/Lite Tech Approaches Overview:

- signs, inconsistent
- manual boards
- PECS book
- not enough vocabulary available on manual board or PECS

Prognosis for developing functional speech:

Prognosis for developing functional speech in the near or foreseeable future is judged to be poor given the severity of the speech and medical diagnosis.

Other: _____

Speech therapy to improve/increase functional speech is not viable because:

Speech therapy has resulted in insufficient progress in functional speech production.

Other: _____

RESULTS OF SGD EVALUATION:

Features Required based on Feature Matching

Screen Size:

- ☐ < 6 inches ☐ 6-8 inches ☒ 9-12 inches ☐ >13 inches

Hardware Features:

- ☒ Requires voice amplification to be heard in noisy environments
- ☒ Must be lightweight and easy to carry for maximum portability
- ☒ Battery needs to hold a charge throughout the day
- ☒ Must have a protective casing in case of drops or falls
- ☒ Must have a dynamic display for efficient page and vocabulary navigation and ease of programming
- ☒ Requires multiple ways to generate messages (e.g. spelling, pictures, words, or a combination of)

Voice Options needed because:

- ☐ There are multiple SGD users in the environment
- ☒ The voice will need to change as the child grows
- ☒ Both digitized and synthesized speech are needed to accommodate live recordings and ease of programming.

Access Method Needed:

- ☒ Manual direct selection (hands or feet)
- ☒ Keypad or Touchguide for Direct Selection
- ☐ Switch Scanning
- ☐ Joystick
- ☐ Head tracking
- ☐ Eye tracking
- ☐ Combination of Methods (do not choose this option if funded through Medicare)

Method of Language Representation:

- ☐ Spelling
- ☐ Single meaning pictures/categories (WordPower)
- ☒ Multi-meaning pictures (Unity, LAMP Words for Life)
- ☐ Visual scenes

Message Formulation:

- ☒ Letters ☒ Phrases
- ☒ Single words ☒ Sentences

Features to Promote Language Growth:

- ☒ Morphological endings ☒ Vocabulary builder
- ☒ Hide/show buttons ☐ Built-in vocabulary progression
- ☒ Robust pre-stored vocabulary ☒ Core vocabulary to support novel utterances

Rate Enhancing Strategies:

- ☒ Word prediction ☐ Icon prediction
- ☐ Abbreviation expansion ☒ Predictable vocabulary organization
- ☒ Consistent motor plan for words

Additional Software Features:

- ☒ Pronunciation exceptions ☒ Word finder
- ☒ Built-in language data analysis ☒ Camera for specific programming
- ☒ Large symbol library
- ☒ Custom button functions and appearance (font, size, background color, highlight options, magnification)
- ☒ Ability to customize vocabulary without the device present (PASS, Empower, Chat Editor software)

DEVICES TRIALED OR CONSIDERED:

Was an iPad with communication app considered? ☒ YES ☐ NO

If yes, why was it ruled out?

- ☒ The volume is not loud enough for most communication environments
- ☒ The iPad is not dedicated and allows for easy access to games, videos, etc
- ☒ A warranty is not provided and there is no support or access to repair services
- ☒ The iPad is not durable and would not withstand being accidentally dropped
- ☒ The iPad does not provide accommodations for physical access required per this evaluation
- ☐ The Unity language system (determined most appropriate) is not available on an iPad app
- ☐ Other: _____

SGD #1 Considered but ruled out: iPad with TD Snap

Accessories for SGD #1: none

Reason SGD #1 was ruled out or not selected:

- no keyguard on an iPad
- struggled with navigating through the topic based pages
- words in multiple spots confused him
- family felt it was harder to customize

SGD #2 Considered but ruled out: NovaChat 10 with WordPower 60 Basic

Accessories for SGD #2: keyguard

Reason SGD #2 was ruled out or not selected:

- did well with the keyguard
- struggled with multiple pathways to words
- needed multiple visual and verbal prompts to express 1-2 word utterances
- school staff found it difficult to model the vocabulary during activities

SGD Selected: **Accent 1000**

Language System Selected: **Unity 60 Sequenced**

Accessories Selected: (if needed) **keyguard**

Mount Selected: (if needed) **NA**

Length of Trial Period: **4 weeks**

Reason that SGD and Needed Accessories/Mount was Selected:

- did well with a keyguard
- independently expressed 1-2 word utterances after several models
- picked up on single core words quickly and able to carry over to a new activity with less prompts
- family reports ease of use with editing buttons through Empower
- school staff familiar with Minspeak language system (attended training last year)
Samples of data:
1.) requested more during trampoline activity after 2 verbal and visual models
2.) in class, modeled go + more three times with verbal and visual prompts. Started with just doing go on his own and by end of the second week he was initiating go+ more for preferred activities.
3.) at home, taught him eat + preferred foods with visual models and by the end of week one he was using spontaneously. He began to add in hungry when talking about meals after 2 models.
4.) in speech, modeled let's + go and let's + play to initiate activities 4 times. He began to use Let's to start phrases during the end of week two, and with play started to add in what he wanted to play.

FUNCTIONAL TREATMENT GOALS & TREATMENT PLAN:

Have 3-5 functional communication goals that apply to the client and indicate if they are short or long-term goals. They are meant to be general for the purpose of this funding report. You can create your own goals, if desired.

- ☐ Call for help from a family member/caregiver
- ☒ Make requests and provide information to familiar listeners
- ☐ Communicate physical needs and emotional status to family member/caregiver
- ☐ Engage in social communication exchanges with family members in person
- ☐ Participate in family planning decisions
- ☐ Tell personal stories or anecdotes
- ☒ Express feelings or state of being
- ☐ Make requests and provide information to unfamiliar listeners
- ☐ Describe physical symptoms and ask questions when interacting with medical professionals
- ☒ Engage in social communication exchanges with extended family, friends, peers, in various environments
- ☐ Instruct caregiver on care requirements (transfers, bathing, nutrition, mobility)
- ☐ Ask questions and provide responses in community-based activities (order meals, ask directions)
- ☐ Other:

Family or Support person present at the evaluation and supportive of the need for an SGD:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Parent | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Immediate family | <input type="checkbox"/> Primary caregiver |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Support person |

Number of recommended treatment sessions: **4**

Treatment setting:

- | | | |
|-------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input checked="" type="checkbox"/> Combination of both |
|-------------------------------------|--------------------------------|---|

Max Sample Speech Evaluation Worksheet for NovaChat



Speech Evaluation Worksheet

This worksheet is designed for evaluating therapists to make notes as they complete an AAC Evaluation Report and is directly applicable to the complete AAC Evaluation found online at www.aacfund.org. Please note this is not an exhaustive document, but rather provides the overall framework for writing an AAC Evaluation Report.

CLIENT INFORMATION:

Client First Name: **Max** Client Last Name: **Jones**
Address: **1234 PRC-Salttillo Road** City: **Everywhere** State: **OH**

Zip: **56789** Place of Residence: **home**

Client Date of Birth: **01 / 02 / 2012** Gender: ☒ Male ☐ Female

Emergency Contact Name: **Monica Jones**

Relationship: **Mother** Phone Number: **123-555-1111**

Email Address: **monicaj@email.com** Preferred Spoken Language: **English**

Medical Diagnosis/ICD-10: **Autism F84.0** Date of Onset: **birth**

Speech Diagnosis/ICD-10: **Mixed Receptive & Expressive Lang Disorder F80.2** Date of Onset: **birth**

Primary Insurance Name: **BCBS** Policy Number: **987654321**

Secondary Insurance Name: **MA WI** Policy Number: **987654321**

Speech-Language Pathologist Name: **John Smiley**

State License Number: **M13579** ASHA License Number: **0987654**

Email Address: **jsmiley@speech.net** Phone Number: **123-555-2222**

BACKGROUND:

Evaluation Report Date: **9-1-2022**

Client History:

- generally healthy
- 50% intelligible to familiar listeners, 25% to unfamiliar listeners
- currently uses a combination of speech attempts, minimal sign language, facial expressions, and behaviors to communicate
- not able to communicate in a variety of environments for a variety of reasons with these modes.
- gets frustrated with communication breakdowns



Speech and language abilities have been determined by:

formal and informal evaluations, observations, team interviews

Anticipated course of Impairment:

Impairment is stable, plateau of improvement on intelligibility

FINE MOTOR/ACCESS: (as it relates to the use of an SGD)

Access Method: **Manual Direct Selection (hands or fee)**

Motor history:

- low tone
- receives OT

MOBILITY:

Ambulation Status: **Ambulatory**

Mobility Assistance Needed: **none**

Mounting System: **NA**

HEARING & VISION:

History of Hearing Impairment:

no known hearing impairment

List any SGD Modifications that may be required:

able to use SGD without modifications

History of Vision Impairment:

no known vision impairment

List any SGD Modifications that may be required:

able to use SGD without modifications

Max Sample Speech Evaluation Worksheet for NovaChat



LANGUAGE SKILLS & ABILITIES:

Receptive Language Skills Overview: (Include formal/informal test results, clinical observations)

He/she understands: ☐ significantly more ☒ more ☐ about the same as he/she is able to communicate.

- understands routine directions
- uses visual supports to aid understanding
- a relative strength for him

Expressive Language Skills Overview: (Include formal/informal test results, clinical observations, current communication systems.

Include the functions of communication that the client uses and how he/she expresses them.)

- unintelligible frequently and gets frustrated
- low tone impacts accuracy of his signs
- very social
- can gain attention, request objects and events, rejecting nonverbally, answering simple questions
- not negating, giving information, asking questions

Speech Skills Overview: (If motor speech function is impaired, provide information on speech intelligibility and reason for impairment.)

- possible diagnosis of apraxia impacts intelligibility

Literacy Skills Overview:

Reading level: ☒ Non-reader ☐ single word ☐ sentence ☐ paragraph ☐ mixed

- emerging literacy skills
- letter names but still working on letter sounds
- starting to learn sight words



COGNITIVE ABILITIES:

- ☒ Learn new tasks, including basic device operation
- ☒ Attend to display
- ☐ Maintain attention to the task at hand
- ☒ Remember the location of symbols/words
- ☐ Navigate between pages with minimal prompting
- ☐ Navigate between pages independently
- ☒ Locate symbols/words on a page
- ☒ Recognize that the SGD can be used to communicate wants and needs

Cognitive Skills Observations:

- benefits from modeling
- some reminders to attend to task
- occasionally watches peers for following directions
- can be impulsive when looking through things, but improving with models

DAILY COMMUNICATION NEEDS:

Possible Communication Partners:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Parents/siblings | <input type="checkbox"/> Spouse |
| <input checked="" type="checkbox"/> Extended family | <input checked="" type="checkbox"/> Friends |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Caregiver |
| <input checked="" type="checkbox"/> Person who cannot read | <input type="checkbox"/> Person with visual impairment |
| <input checked="" type="checkbox"/> Person with hearing impairment | <input checked="" type="checkbox"/> Neighbor |
| <input type="checkbox"/> Community members | <input checked="" type="checkbox"/> School staff |
| <input type="checkbox"/> Co-workers | <input type="checkbox"/> Stranger |

Max Sample Speech Evaluation Worksheet for NovaChat



DAILY COMMUNICATION NEEDS:

Possible Communication Environments:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Home | <input checked="" type="checkbox"/> Medical Facility |
| <input checked="" type="checkbox"/> Community | <input type="checkbox"/> Work |
| <input checked="" type="checkbox"/> School | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Other: |

Possible Reasons to Communicate:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Express physical needs/wants | <input checked="" type="checkbox"/> Express needs/wants in emergencies |
| <input checked="" type="checkbox"/> Express feelings/frustrations | <input checked="" type="checkbox"/> Generate novel utterances |
| <input type="checkbox"/> Participate in decision making | <input checked="" type="checkbox"/> Participate in conversation |
| <input type="checkbox"/> Access medical care | <input checked="" type="checkbox"/> Share information |
| <input checked="" type="checkbox"/> Direct actions | <input checked="" type="checkbox"/> Share opinions |

Possible Situations:

- | | |
|---|--|
| <input checked="" type="checkbox"/> 1:1 and small group conversations | <input checked="" type="checkbox"/> Large group events |
| <input checked="" type="checkbox"/> Family/social gatherings | <input type="checkbox"/> Telephone interactions |

NON-SGD APPROACHES:

No Tech/Lite Tech Approaches Overview:

- signs, inconsistent
- manual boards
- PECS book
- not enough vocabulary available on manual board or PECS

Prognosis for developing functional speech:

Prognosis for developing functional speech in the near or foreseeable future is judged to be poor given the severity of the speech and medical diagnosis.

Other: _____

Speech therapy to improve/increase functional speech is not viable because:

Speech therapy has resulted in insufficient progress in functional speech production.

Other: _____



RESULTS OF SGD EVALUATION:

Features Required based on Feature Matching

Screen Size:

- | | | | |
|-------------------------------------|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> < 6 inches | <input type="checkbox"/> 6-8 inches | <input checked="" type="checkbox"/> 9-12 inches | <input type="checkbox"/> >13 inches |
|-------------------------------------|-------------------------------------|---|-------------------------------------|

Hardware Features:

- ☒ Requires voice amplification to be heard in noisy environments
- ☒ Must be lightweight and easy to carry for maximum portability
- ☒ Battery needs to hold a charge throughout the day
- ☒ Must have a protective casing in case of drops or falls
- ☒ Must have a dynamic display for efficient page and vocabulary navigation and ease of programming
- ☒ Requires multiple ways to generate messages (e.g. spelling, pictures, words, or a combination of)

Voice Options needed because:

- ☐ There are multiple SGD users in the environment
- ☒ The voice will need to change as the child grows
- ☒ Both digitized and synthesized speech are needed to accommodate live recordings and ease of programming.

Access Method Needed:

- ☒ Manual direct selection (hands or feet)
- ☒ Keypad or Touchguide for Direct Selection
- ☐ Switch Scanning
- ☐ Joystick
- ☐ Head tracking
- ☐ Eye tracking
- ☐ Combination of Methods (do not choose this option if funded through Medicare)

Max Sample Speech Evaluation Worksheet for NovaChat



Method of Language Representation:

- ☐ Spelling
☒ Single meaning pictures/categories (WordPower)
☐ Multi-meaning pictures (Unity, LAMP Words for Life)
☐ Visual scenes

Message Formulation:

- ☒ Letters ☒ Phrases
☒ Single words ☒ Sentences

Features to Promote Language Growth:

- ☒ Morphological endings ☐ Vocabulary builder
☒ Hide/show buttons ☐ Built-in vocabulary progression
☒ Robust pre-stored vocabulary ☒ Core vocabulary to support novel utterances

Rate Enhancing Strategies:

- ☒ Word prediction ☐ Icon prediction
☐ Abbreviation expansion ☒ Predictable vocabulary organization
☒ Consistent motor plan for words

Additional Software Features:

- ☒ Pronunciation exceptions ☒ Word finder
☒ Built-in language data analysis ☒ Camera for specific programming
☒ Large symbol library
☒ Custom button functions and appearance (font, size, background color, highlight options, magnification)
☒ Ability to customize vocabulary without the device present (PASS, Empower, Chat Editor software)



DEVICES TRIALED OR CONSIDERED:

Was an iPad with communication app considered? ☒ YES ☐ NO

If yes, why was it ruled out?

- ☒ The volume is not loud enough for most communication environments
☒ The iPad is not dedicated and allows for easy access to games, videos, etc
☒ A warranty is not provided and there is no support or access to repair services
☒ The iPad is not durable and would not withstand being accidentally dropped
☒ The iPad does not provide accommodations for physical access required per this evaluation
☐ The Unity language system (determined most appropriate) is not available on an iPad app
☐ Other: _____

SGD #1 Considered but ruled out: iPad with TD Snap

Accessories for SGD #1: none

Reason SGD #1 was ruled out or not selected:

- no keyguard on an iPad
- struggled with navigating through the topic based pages without visual and verbal prompts
- words in multiple spots confused him
- family felt it was harder to customize

SGD #2 Considered but ruled out: Accent 800 with Unity 60 sequenced

Accessories for SGD #2: keyguard

Reason SGD #2 was ruled out or not selected:

- did well with the keyguard
- learned the motor plan for single words
- struggled with combining more than two words
- more models needed during activity to combine words

Max Sample Speech Evaluation Worksheet for NovaChat



SGD Selected: **NovaChat 10 Active Dedicated Plus Model**

Language System Selected: **WordPower 60 Basic**

Accessories Selected: (if needed) **keyguard, Acapela voicesNA**

Mount Selected: (if needed) **NA**

Length of Trial Period: **4 weeks**

Reason that SGD and Needed Accessories/Mount was Selected:

- did well with the keyguard
 - able to carry with him to other classrooms
 - formulated 2-3 word messages after visual models
 - logical next words aided in message formulation
 - consistent word placement helped with carry over to a new activity with the core words
- Samples of data:
- 1.) at home learned eat + chips after 2 models, used independently during second week of trial.
 - 2.) in speech room, modeled take + break 4 times when he appeared frustrated with an activity. By the end of the trial he was able to respond after being asked "you look upset, what do you need?" with take +break
 - 3.) in classroom, modeled greetings and social questions with peers 4+ times. By the end of the trial he needed visual prompts to get to the social page and then would select a social greeting. Still needs verbal prompts and sometimes navigating him to the Personal and Questions page to use the social questions.



FUNCTIONAL TREATMENT GOALS & TREATMENT PLAN:

Have 3-5 functional communication goals that apply to the client and indicate if they are short or long-term goals. They are meant to be general for the purpose of this funding report. You can create your own goals, if desired.

- ☐ Call for help from a family member/caregiver
- ☒ Make requests and provide information to familiar listeners
- ☐ Communicate physical needs and emotional status to family member/caregiver
- ☐ Engage in social communication exchanges with family members in person
- ☐ Participate in family planning decisions
- ☐ Tell personal stories or anecdotes
- ☒ Express feelings or state of being
- ☐ Make requests and provide information to unfamiliar listeners
- ☐ Describe physical symptoms and ask questions when interacting with medical professionals
- ☒ Engage in social communication exchanges with extended family, friends, peers, in various environments
- ☐ Instruct caregiver on care requirements (transfers, bathing, nutrition, mobility)
- ☐ Ask questions and provide responses in community-based activities (order meals, ask directions)
- ☐ Other: _____

Family or Support person present at the evaluation and supportive of the need for an SGD:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Parent | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Immediate family | <input type="checkbox"/> Primary caregiver |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Support person |

Number of recommended treatment sessions: **4**

Treatment setting:

- | | | |
|-------------------------------------|--------------------------------|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Group | <input checked="" type="checkbox"/> Combination of both |
|-------------------------------------|--------------------------------|---|