

AAC Request for Funding of Speech Generating Devices

Request for Speech Generating Device (SGD) Funding: Autism

Section 1: Demographic Information

- Name:
- Address:
- Phone Number:
- Date of Birth:
- Medical Diagnosis Autism
- Date of Onset:
- Speech Diagnosis: Severe Expressive/Receptive Communication Impairment
- Date of Onset:
- Medicare Number:
- Medicaid Number:
- Insurance Policy Number:

- Place of Residence:
- Primary Contact Name:
- Address:
- Phone Number:
- Relationship to Patient:

- Physician Name:
- Physician Phone Number:
- SLP Name:
- SLP Phone Number:
- Date of SLP Evaluation: (when the pt. tried devices)
- Date of Report:

Section 2: Current Communication Impairment

A. General Statements

Patient had normal development occurring until he stopped talking between ___ months of age. He was diagnosed with Autism at age __.

The patient's current communication impairments are severe in nature and do not meet the daily communication needs including such as providing identification, asking for help, indicate medical needs such as thirst, hunger, describe pain, make choices, make requests, and interact socially with family, peers, and caregivers. The reason client will need an alternative communication system for long term communication is his current mode of communication is extremely limiting. Unfamiliar listeners do not understand patient's verbalizations nor the gestures that he uses. The client's

course of impairment is chronic and stable in nature; prognosis for development of functional speech is poor. The significant difficulty that patient has expressing himself places a large burden of care on family.

B. Comprehensive Assessment

1. Language Skills: Receptive, Expressive, Pragmatic

Example 1: Pt.'s receptive skills are a relative strength, as they are better than expressive skills. He responds to his name 90% of the time and understands everyday conversation. He follows 1 and 2 step commands during a motivating activity and is able to identify ___50+ pictures, including nouns and verbs. His reading skills are at the emergent level, as he is beginning to recognize short sight words. Pt.'s expressive language skills are severely impaired. He uses only a few words and tends toward echolalia. Verbally, he does not combine words to form phrases and uses only a limited number of phonemes. He is not yet a speller but can write the letters of the alphabet when they are named.

Example 2: Patient can respond to yes/no questions with head nods. Verbal expression is limited to a few words which are not understood by unfamiliar listeners. Patient's guardian says that patient will say the same 20-25 phrases but not much more. The majority (more than 95%) of these phrases are not intelligible to SLP during evaluation. Reading comprehension is non-functional. Written expression is non-functional as well, as patient is unable to write. Patient can approximate a few words but these are not understood by unfamiliar communication partners.

2. Cognitive Skills

Example 1: This pt.'s cognitive capacity cannot be accurately assessed due to his lack of expressive skills. However, we think he reacts at appropriate levels given appropriate interactions with peers and support staff, such as laughing at jokes and demonstrating shared attention. He understands cause and effect and demonstrates memory for the location of icons from one day to the next with visual schedules and low-tech aids. The patient possesses the cognitive/linguistic abilities to effectively use an SGD to communicate and achieve functional communication goals.

Example 2: The patient has good attention and concentration although he needs breaks after 30 minutes or more. He showed ability to learn and retain new information such as instruction on how to do a new task. He was very engaged in learning these new skills. The patient possesses the cognitive/linguistic abilities to effectively use a SGD to communicate and achieve functional communication goals.

3. Physical Status

Example 1: This pt. is ambulatory with mild fine motor deficits and would benefit from a keyguard on the screen of an SGD to prevent target errors. The patient

possesses the physical abilities to effectively use an SGD and required accessories to communicate.

Example 2: The patient is ambulatory and has good fine and gross motor skills which will allow him to direct select the device. He has the ability to lift and carry a device that weighs less than 3 lbs. The patient possesses the physical abilities to effectively use an SGD and required accessories to communicate.

4. Vision Status

Example 1: Although this pt. wears glasses, vision is corrected to within normal limits. He is able to correctly identify icons that are 1" in size. The patient possesses the visual abilities to effectively use an SGD to communicate functionally.

Example 2: Glasses are not needed, no issues with vision. The patient possesses the visual abilities to effectively use a SGD to communicate functionally

5. Hearing Status

Example 1: There are no known issues with hearing; this pt. responds to conversational and synthesized speech without difficulty. The patient possesses the hearing abilities to effectively use an SGD to communicate functionally.

Example 2: Hearing is adequate for conversational speech. The patient possesses the hearing abilities to effectively use a SGD to communicate functionally

Section 3: Daily Communication Needs

A. Specific Daily Functional Communication Needs

Example: Patient needs to communicate basic wants and needs, i.e. what he would like to eat and drink, if he is ill, what he would like to do, and what others are doing, i.e. his mom and dad. He needs to make choices, ask for help and make requests. Patient needs to be able to communicate his physical needs, especially in emergency situations. Yes/no gestures are not meeting this daily communication need. He is unable to communicate more than basic information to family, friends, teachers, peers and caregivers, and wants to be able to engage with these communication partners as well as in the community.

B. Ability to Meet Communication Needs with Non-SGD Treatment Approaches

Example:

"(Name)'s daily functional communication needs cannot be met using natural communication methods or low-tech/no-tech AAC techniques.

Speech Therapy - (Name) has been receiving speech therapy services for 8 months. Although gains have been made in reading comprehension, (Name) remains functionally nonverbal.

Sign language –

Example 1. Sign language is not a viable option for communication for this pt. due to physical limitations, fine motor deficits and the inability of most communication partners to understand this method of communication

Example 2. This is not an adequate form of communication for (Name) as he is limited in his acquisition of signs, and most people in the everyday environment are not competent in sign language. This pt. uses only a few idiosyncratic signs that are not understood by most people in the environment, and they tend to all be similar and undefined. This lack of true signs renders this pt. unable to meet his daily communication needs.

Writing – Example 1. Writing is not a viable communication method due to physical limitations of (Name) and effectiveness due to lack of speech output.

Example 2. Writing is not a viable communication method as this child is unable to spell functionally.

Communication symbols, communication boards and PECS – These methods limit communication to the symbols provided in a book or board. Managing these symbols and having them readily available to the individual during communication opportunities presents a challenge to independent, easily accessible communication. Navigating through pages of language and/or individual symbol cut outs (usually with the assistance of others) slows down or completely stops the communication process. Picture boards and PECS have been used and not found to be an effective means of communication. The focus inevitably shifts to managing the communication system at the cost of the individual independently communicating preferences, wants and medical needs.

Furthermore, these systems have no voice output, nor are they able to create novel messages. Without voice output an individual cannot independently call for help or direct attention to medical needs with someone who is not familiar with the system. Communication is limited to communication partners who understand the symbols, and even then, the communication partner is left to determine the intent behind an individual touching a particular picture symbol.

For these reasons, low tech and no tech options were eliminated from consideration.

Section 4: Functional Communication Goals

- Will combine two or more symbols to indicate medical status, needs or emotional state.

- Will tell or retell a story related to a particular event or context with minimal assistance.
- Will turn device on in preparation for communication
- Will navigate from main categories to appropriate contextually relevant page to access communication
- Will use humor during social interaction
- Will spontaneously use greetings and farewells by incorporating Quickfires and my phrases.
- Will select from 1 or more messages to prevent communication breakdown
- After signaling a misunderstanding, will utilize 2 or more strategies to repair misunderstanding.

Section 5: Rationale for Device Selection

This individual requires a speech generating device with the following features to meet functional communication goals:

A. General Features of Recommended SGD and Accessories

1. Input Features/Selection Technique

A. Individual requires access to Direct Selection

- Dynamic display screens with adjustable number of selections/buttons on each screen.
- Touch sensitive screen with adjustment options to improve accuracy

B. Encoding Type

- Language organized in categories, access to a keyboard, word prediction, access to prestored phrases as well as individual words/letters for novel utterances. Core vocabulary to allow message-building.

2. Message Characteristics/Features

A. Type of Symbols

- Color symbols, access to scene-based language, real pictures/photos for easy access to language.
- Access to keyboard to support long-term literacy goals

B. Storage Capacity

- Ability to produce messages of varied length
- Ability to store a large number of messages for improved speed and access .

B. Vocabulary Expansion and Rate Enhancement

- Vocabulary organized in levels/categories with access to real scenes which reduce cognitive load and provide context. Access to Quickfires, My phrases and common constructions
- Word prediction to promote early spelling

3. Output Features

- Voice with intelligible lifelike qualities (gender/age specific); natural-sounding
- Highly salient visual display
- Auditory and visual feedback when pressing a location on the screen.

4. Other Features

- Portability to be used in various environments throughout the day
- Ability to be heard clearly over the phone or from another room
- Weight of less than 3 lbs. for easy transport
- At least 8 hrs of battery time to be able to get through the day
- Durable gorilla-glass screen (only for I-110)

B. Description of Equipment Used and/or Considered During the Evaluation

(Name) was present and interested in the SGD evaluation process. This pt. is able to direct select on a touch screen and will not need any alternate access method. (Add Keyguard here if needed). The following devices were considered for this pt:

- E2506: An example of this category is the GoTalk. This type of device is a static display device with recorded speech. This requires recorded speech to function. A communicative partner must record all phrases into the device for communication to occur. This can be very limiting and prohibitive to the generation of novel utterances. Because this can only produce recorded words and phrases, it does not have the ability to combine words or provide text-to-speech capabilities. For this reason, E2506 was ruled out.
- E2508: This type of device is a typing device only requiring message formulation by physical contact. This type of device allows an individual to type a message then press a button to speak. This was quickly eliminated from consideration as this pt. is not a functional speller.
- E2510: Indi 7 – This device contains the Snap + Core First software as well as Communicator 5, both of which allow for message-building and provide multiple paged of pro-programmed utterance for fast communication. Although it has a bright color display, the 7” screen was too small for this pt. to see when there were 20+ icons on a page. Therefore, this device was ruled out.

- E2510: Tobii Dynavox I-110 – (Name) was most successful with this device. He showed the most interest and attention with it. He participated in a play activity and selected animals from a field of ___ with 75% accuracy. He used Quickfires to call mom and identified items in 4 categories of nouns. Features of the I-110 that make it the most appropriate device for (Client) include: ergonomic design which makes it easy to hold and carry, superior audio quality which allows for better communication needs to be met with all communication partners, has a comprehensive language system in Snap + Core First, Compass, and as well as Communicator 5, which will allow for increased literacy and communication skills, features a built-in stand allowing for increased access, comes with a durability case which allows for increased protection of the device, offers a 29.6 Lithium Ion Battery with greater than 10 hours of normal run time, offers a charge time of less than 4 hours, 3 years of warranty and Support 360, is superior in durability (gorilla glass screen) and moisture/dust resistance, Screen/display size: 10.1”; weight: 2.4 lbs. so it is small/lightweight.

Based on the above assessment, it has been determined that the I-110 device is the most appropriate communication device for (Name).

D. SGD and Accessories Recommended

E2510 Tobii Dynavox I-110 SGD
Keyguard – to reduce target errors due to fine motor problems (only if client requires a keyguard)

E. Patient and Family Support of SGD

- This pt’s mother attended the evaluation and agrees to the selected SGD. She will support the equipment and its use for daily communication and will be the person learning to program the device.

F. Physician Involvement Statement

- **The report should state:**

This report was forwarded to the treating physician before the physician was asked to write a prescription for the recommended equipment.

Section 6: Treatment Plan

Following receipt of this equipment, this client should be seen for therapy ___x/week for ___weeks, to be reassessed every ___months.

Section 7: SLP Assurance of Financial Independence and Signature

The SLP performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any SGD.

SLP signature

SLP name:

agency, address & telephone number

ASHA Certification Number:

State License Number: