

# Speech-Language Pathologist Assessment for a Speech Device

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| <b>Date of AAC Evaluation</b>                                  | 06/01/2024                     |
| <b>Evaluating Speech-Language Pathologist</b>                  | Samantha L. Pathologist        |
| <b>Email Address of Evaluating Speech-Language Pathologist</b> | fundingservices@ablenetinc.com |

## Demographic Information

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|--------------------------------|------------|
| <b>Patient's Name</b>          | John Smith |
| <b>Patient's Date of Birth</b> | 09/01/2021 |

## Background Information

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| <b>Medical history with summary of speech therapy intervention</b>                 | John's parents report that he was born full term without complications. He experienced 2 ear infections as an infant, but these were cleared with antibiotics. John met his physical developmental milestones in an expected fashion, but his family noted concerns about his ability to engage with people, imitate words, and follow directions. John was initially referred for a speech and language evaluation through early intervention by his pediatrician due to parent concerns related to his delayed communication and sensory processing. He has been receiving speech and occupational therapy in the home since the age of two. John also receives outpatient speech therapy services once per week for 30 minutes. His family was referred for an evaluation with a developmental pediatrician, where he was diagnosed with autism at 30 months old. |
| <b>Current living environment</b>  | Home with family   |
| <b>Speech &amp; Language ICD 10 Code &amp; Description (Select all that apply)</b> | F80.2 - Mixed Receptive-Expressive Language Disorder, F84.0 - Autistic Disorder  |

## Current Communication Impairment and Limitation

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John uses some sounds and words intermittently, but primarily communicates by pointing and leading his family to what he wants. John will occasionally use single words to say what he wants to eat or shows he wants to watch, but this is inconsistent and his vocabulary is limited. He will sometimes script from TV shows. He is not yet using verbs or combining words into novel phrases.

### Given the severity of the communication impairment as described above, does the patient require the use of a speech generating device (SGD) for functional communication?

Yes

## Comprehensive Assessment

### Does hearing status influence the patient's communication and/or the choice or use of a device?

No

### Does the patient show adequate hearing abilities to effectively use a SGD?

Yes

### Does vision status influence the patient's communication and/or the choice or use of a device?

No

### Does the patient show adequate vision abilities to effectively use a SGD?

Yes

### Functional Ambulation/Mobility

Independent Ambulation

### Communication device to be used in the following positions:

Standing, Walking, or Seated

## Cognitive Status

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John demonstrates the necessary cognitive prerequisites for appropriate use of an SGD (e.g. simple cause and effect, object permanence and procedural memory for the operation of the device).

## Cognitive Status

**Does the patient demonstrate the necessary cognitive abilities (i.e. attention, memory and problem-solving) skills to learn to use a SGD to achieve functional communication goals?** Yes

**Does the patient's linguistic performance indicate the necessary language skills required to functionally communicate using a SGD?** Yes

**Expressive Language Skills: Is the use of an SGD necessary for the patient to be able to adequately express ideas, thoughts, feelings or emergent information?** Yes

**Receptive Language Skills: Is the patient able to adequately understand and has the potential to respond in conversation with the assistance of a SGD?** Yes

## Daily Communication Needs

**Must be able to communicate about:** Personal Needs, Personal Information, Medical Needs, Social Interaction

**Where will the device be used:** Home, Community

**With whom will the device be used to communicate with:** Family, Friends, Therapists, People in the Community

## Other Communication Methods Attempted

**Is sign language a sufficient system to meet all the client's communication needs?** No

**Is writing a sufficient system to meet all the client's communication needs?** No

**Can the client's functional communication needs be solely met using speech, gestures, and/or written communication?** No

## Device Recommendation

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| <b>Device Model</b>  | QuickTalker Freestyle Mini   |
| <b>Is the QuickTalker Freestyle necessary to fully meet the client's functional communication needs?</b> | Yes  |
| <b>Prognosis Using the Above Outlined Device</b>   | A dedicated communication device would significantly improve John's ability to express functional information and basic wants/needs with his family. A QuickTalker Freestyle best fits John's need for a device that is easy to transport and easy to modify as his needs change. With continued therapy sessions focusing on using the device, the prognosis for successful implementation of the SGD is good to excellent. |

## Goals

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| <b>Goal 1</b>                               | Language functions  |
| <b>1 - Language functions</b>               | John will use total/multi-modal communication to express a variety of functions (e.g. greeting, requesting, rejecting, asking a question, etc.) within daily interactions in 8 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence.   |
| <b>Goal 2</b>                               | Language functions  |
| <b>2 - Language functions</b>               | John will imitate two-word phrases on the SGD following an initial model in 8 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence.  |
| <b>Goal 3</b>                               | Other   |
| <b>3 - Other</b>                            | John will use the SGD to gain the attention of an adult in 8 out of 10 opportunities across 3 consecutive data collections, with cues fading to independence.   |
| <b>Treatment Plan and Training Schedule</b> | John will continue to receive one hour of home-based speech therapy every week, focusing on continued implementation of the SGD. He will also receive one 30-minute session of outpatient speech therapy per week, where the device will also be utilized. John's therapists and family will work together to maximize the functional use of the device across multiple settings. |

## Speech-Language Pathologist Signature

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The recipient will be the sole user of the QuickTalker Freestyle.

The QuickTalker Freestyle (HCPCS code E2510) is a dedicated and custom configured speech-generating device that is only usable for communication purposes. The software used by AbleNet ensures the device is only usable for communication with the prescribed speech application. The user is unable to unlock the device without the assistance of ableCARE, the AbleNet Product Success Team, and approval from the treating speech language pathologist.

A copy of this evaluation and recommendation has been forwarded to the member's treating provider for review and completion of DME order.

I am not an employee of, nor do I have, a financial relationship with AbleNet Inc., the QuickTalker Freestyle speech device supplier.

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| <b>Date</b> | 06/01/2024 |
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|             |                         |
|-------------|-------------------------|
| <b>Name</b> | Samantha L. Pathologist |
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| <b>Credentials</b> | CCC-SLP |
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| <b>Signature</b> |  |
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