# Speech-Language Pathologist Assessment for a Speech Device

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

#### **Demographic Information**

Patient's Name	John Smith	
Patient's Date of Birth	09/01/2021	

#### **Background Information**

<b>Medical history</b>	with summary of
speech therapy	intervention

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 (one hour per week each) 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.

#### **Current living environment**

Speech & Language ICD 10 Code & Description (Select all that apply)

F80.2 – Mixed Receptive-Expressive Language Disorder, F84.0 – Autistic Disorder

#### **Current Device**

Does the patient currently use a speech generating device?

No

Home with family

### **Current Device** Who currently owns the speech generating device? Was the device funded through insurance? Describe how the current device is not meeting their communication needs and why a new device is being requested. **Current Communication Impairment and Limitation** John uses some sounds and words intermittently, but primarily **Current Communication Impairment** and Limitation 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. His speech is not functional to meet his communication needs at this time. Yes 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? **Comprehensive Assessment** Does hearing status influence the Nο patient's communication and/or the choice or use of a device? Does the patient show adequate Yes hearing abilities to effectively use a SGD? Does vision status influence the Nο patient's communication and/or the choice or use of a device? Does the patient show adequate Yes vision abilities to effectively use a

Independent Ambulation

SGD?

**Functional Ambulation/Mobility** 

Comprehensive Assessment	
Communication device to be used in the following positions:	Standing, Walking, or Seated
Cognitive Status	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).
Does the patient demonstrate the necessary cognitive abilities (i.e. attention, memory and problemsolving) 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

#### **Trial Information**

Trial Device 1	Device Name
Device Type	Other

#### **Trial Information**

Trial Device 1 Summary - Other	This device is significantly heavier than the QuickTalker Freestyle.  John needs a device that is lightweight and easy to transport. This is also not an iOS-based device. John and his family are familiar with
	Apple products, and it would be easier for them to navigate an Apple iOS device. He trialed and was not successful in using this app to communicate. The trial with this device was unsuccessful and is

being ruled out.

#### Trial Device 2 Device Name

#### **Device Type** Other

#### **Trial Device 2 Summary - Other**

During the trial, John was somewhat successful in accessing buttons on the device. However, he was unsuccessful in using the communication apps on this device. When trialing these apps, he required maximal prompting support. This device was ruled out due to lack of offering the language features that best meet John's needs. This manufacturer also offers a limited warranty which would not provide John's family with the maximum device support available.

Describe how alternative natural communication methods, such as writing or sign language, are not adequate for daily functional communication needs.

John is a toddler, therefore writing is not a realistic expectation at this time. With prompting, he is able to imitate some signs intermittently (e.g. more, all done, milk) but he is not able to use signs independently to communicate in a functional way. His caregivers do not understand many signs, which would limit effective communication through this modality.

#### **Trial Device 3 - Recommended Device**

Trial Start Date	05/01/2024
Trial End Date	05/31/2024
Trial outcomes and explanation as to why the QuickTalker Freestyle is recommended	The QuickTalker Freestyle has been used at home, in the speech clinic, and in the community. At the beginning of the trial, John required maximal prompting to engage with the device. He required hand under hand cueing to attend to the device and select icons on the screen. He required consistent repetition of models within various routines to learn cause and effect. By the end of the trial, John required minimal cueing to navigate the home page of the device. He knows to push the word "open" when he wants his family to open a door. With verbal reminders and a pointing cue, he is able to push "more" when he is requesting additional snack. He requires an adult to navigate to the food page and a verbal cue so that he can make a choice of what he wants to eat. He is able to use his device to greet his therapists by name with a verbal cue and pointing prompt.
Device Model	QuickTalker Freestyle Mini

#### **Trial Device 3 - Recommended Device**

## Prognosis Using the Above Outlined Device

John's verbal language skills are insufficient to meet his communication needs at this time. He requires the use of a hightech SGD to express his wants, needs, and ideas with his family. The device provides an alternative method for him to communicate basic needs like hunger, express when he's in pain, and share in social interactions with his family. Based on his progress during the trial period and the consistency of family carryover, the prognosis for successful use is judged to be good to excellent.

#### Goals

Goal 1	Language functions
1 - Language functions	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.
Goal 2	Language functions
2 - Language functions	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.
Goal 3	Other
3 - Other	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.
Treatment Plan and Training Schedule	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. The SLP will include family training during every in-home speech therapy session and will provide specific activities with opportunities for John's family to practice using the SGD. His therapists and family will collaborate to ensure ongoing support and troubleshooting as the device is implemented into daily routines.

#### **Speech-Language Pathologist Signature**

#### Speech-Language Pathologist Signature

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.

Date	07/11/2024
Name	Samantha L. Pathologist
Credentials	Licensed Speech Therapist, CCC-SLP
Signature	Sample
Do you want a co-signer?	No
Co-Signer Name	
Co-Signer Email	