

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

Patient's medical history	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.
Summary of speech therapy intervention	<p>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.</p> <p>During previous speech therapy sessions, other systems were introduced but were not sufficient for meeting his communication needs. These included sign language, PECS, and a communication board. John did not seem to understand the concept of these communication systems and required significant support to attend to or use them.</p>
Current living environment	Home with family
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

Current Communication Impairment and Limitation

Describe the client's communication skills, noting both strengths and impairments. Consider describing areas such as pre-linguistic skills, use of gestures, expressive/receptive language, and how they communicate their wants/needs to their caregivers.

Example 1: 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.

Example 2: John's family is able to understand what he wants based on his body language and familiar routines. He will hand his family the remote to request watching TV and goes to the snack cabinet to show that he's hungry. He can use gestures during nursery rhyme songs but does not reliably use gestures or sign language to communicate wants/needs. His speech is made up of single word utterances, which he is able to speak clearly.

Describe how the client's communication impairment negatively impacts their activities of daily living.

Example 1: John's communication impairment makes daily tasks challenging. He requires consistent support to help him understand language and express himself to his caregivers. He needs modifications such as being given choices of items, yes/no questions, and visual schedules. Without these supports, he is not able to engage in daily routines or interactions as easily.

Example 2: John gets upset when his family is unable to understand what he is trying to communicate, leading to meltdowns. He is not able to engage with peers in community settings due to his communication impairment. His parents are concerned about sending him to a preschool due to his limited use of words to express himself to others.

Example 3: John's family can understand his body language and vocalizations most of the time, but this requires significant context and interpreting trends and patterns of communication. He relies on cues from his caregivers to help him express himself. The function of his communication is often limited to meeting basic needs and requesting what he wants, as he is not able to share more complex or abstract information yet.

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

Comprehensive Assessment	
Is the patient hearing impaired?	No
Does the patient show adequate hearing abilities to effectively use a SGD?	Yes
Does the patient have adequate hearing abilities to effectively use a SGD to communicate functionally?	Yes
Is the patient visually impaired?	No
Does the patient possess adequate acuity for use of a SGD?	Yes
Does the patient possess adequate visual tracking skills for use of a SGD?	Yes
Does the patient require modifications to utilize a SGD? (ex: lighting, angle)	No
Functional Ambulation/Mobility	Independent Ambulation
Communication device to be used in the following positions:	Standing, Walking, or Seated
Does the patient have any mobility limitations that could impact their ability to access a SGD?	No

Cognitive Status	
Describe the client’s cognitive status. Consider describing skills such as attention to task, cause and effect, memory, object permanence. Provide details as they relate to the operation of a speech generating device.	<p>Example 1: John requires consistent support, like verbal and gestural reminders, for sustaining attention to daily tasks. He occasionally responds to his name and environmental sounds. He understands cause and effect with toys/objects and this skill is emerging when interacting with other people.</p> <p>Example 2: John is emerging in his joint attention skills. He can shift his gaze between people and objects to communicate. He can understand that going to the door means it’s time to go somewhere and that being in the kitchen means it’s time to eat. John looks for familiar items in the same place, demonstrating object permanence.</p>

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
Describe the patient's cognitive abilities (i.e. attention, memory and problem-solving) skills to learn to use a SGD to achieve functional communication goals.	John's cognitive skills are within functional limits for a child of his age. At times, he requires support to attend to tasks and is still learning to solve problems on his own. With support, he is able to functionally use an SGD for communication.
How long, in minutes, is the member able to attend to a task? How many icons is the member able to locate from memory?	When he is engaged in preferred tasks, John is able to attend for ten minutes or more. When he is not engaged/interested in a task, his attention span is much shorter and requires consistent redirections. John is able to navigate the main core vocabulary page to express 5 single word utterances.
What happens when the member miss-selects an icon? How many pages on the device is the member able to navigate?	When John selects a button he didn't intend to push, he will attempt to push the correct button again. At times, he needs support and redirection to select the correct message. John is able to navigate the main page with core vocabulary to communicate one-word utterances with independence. He requires support to express multi-word utterances and to navigate to fringe vocabulary pages.
Does the patient's linguistic performance indicate the necessary language skills required to functionally communicate with 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
Describe the patient's linguistic performance, including their ability to follow directions, sequencing, coding, symbol recognition, expressive language skills, and pragmatic language skills.	John is able to comprehend simple, routine directions. He is able to receptively identify a variety of items. He can sort items by color and can follow simple sequences. He has memorized the alphabet, numbers 1-20 and can recognize common symbols. John uses some sounds and words intermittently, but primarily communicates by pointing and leading his family to what he wants. He is not yet using verbs or combining words into novel phrases. He can communicate with his family by shifting his eye gaze, imitates actions intermittently, enjoys playing together with his family, and demonstrates the intent to communicate by using his body.

Sensory-Perceptual and Pragmatic Language Skills

Describe the patient's sensory-perceptual skills, including sensorimotor, visual acuity, hearing acuity, and tactile sensation.

John's visual acuity, hearing acuity, and tactile sensation are within functional limits for operating the communication device. He is working with occupational therapy to address sensory concerns. A keyguard is recommended to support John's ability to directly select icons on the touch screen.

How does the member show intent to communicate?

John will occasionally make eye contact with his family to show engagement and direct their attention to what he wants to show them. He also shows engagement through physical proximity to others. He will guide his family by the hand to make requests for items and actions. John will sometimes script from TV shows to request watching that show and will occasionally use single words to say what he wants.

Does the member take turns in communication? If so, how many?

John is able to initiate communication and respond when others initiate. Interactions are in a variety of communication modes (e.g. pointing, words, using SGD) and are typically 1-2 turns with support provided.

How does the member protest and what does the member do with communication breakdowns?

John primarily initiates communication by using his body, so he will have a tantrum and sometimes throw when he doesn't want something. John is two, so he will get frustrated when a communication breakdown happens and his family can't understand what he wants. He requires support for regulation and repetition to be shown the words that match what he might be experiencing (e.g. help, all done, stop).

Does the patient initiate communication? If so, how often?

John is able to initiate communication when he wants something at least 10 times per day. He initiates communication by giving items to others, leading his family by the hand, physical proximity, and occasionally by vocalizing.

Does the member consistently turn their head when their name is called?

John will respond to his name being called intermittently. He continues to increase the consistency of responding to his name throughout continued therapy sessions.

Literacy Skills

Describe the patient's literacy level. Include objective information of member's pre-literacy or literacy skills. For non-readers, include objective information of early or pre-emergent literacy skills.

John is at the pre-literacy stage. He has memorized the alphabet and some of the sounds that letters make. He can recognize letters and short, common words in print. He can re-orient a book to be right-side-up and recognize simple visual patterns.

Daily Communication Needs

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

Communication Systems Tried and Ruled Out

Device 1 Tried	Device Name
Device 1 Tried: Outcomes/Rationale	Low-tech
Give a detailed description of how the client used the system and why it is being ruled out. Talk about the shortcomings of this system for adequately supporting the client’s communication needs.	<p>The PECS system did not have voice output, so John was not interested in engaging with it to communicate. Adults consistently modeled language using this system, but little carryover was noted. Hand under hand cueing was implemented to bring John’s attention to the symbols, but he was unable to use them independently. It was also difficult to add new pictures easily, and the book of symbols was too cumbersome for his family to use.</p>
Device 2 Tried	Device Name
Device 2 Tried: Outcomes/Rationale	Other
Give a detailed description of how the client used the system and why it is being ruled out. Talk about the shortcomings of this system for adequately supporting the client’s communication needs.	<p>Example 1: The (mid-tech device) was trialed but ruled out due to lacking the ability to give John access to a robust vocabulary. Adults recorded functional messages that matched the symbols on the device, but the voice output did not match the voice needs for a child of John’s age. It was difficult for John’s family to switch the inlays to give him access to more vocabulary pages. It was also difficult for John to learn muscle memory skills required for using the device when the same button location would speak a different message depending on the page.</p> <p>Example 2: The (high-tech device) was trialed but ruled out, as it was too cumbersome for John to carry independently. The screen was too large for his small hands, and it was too heavy for him to transport. The communication software was more difficult for John to use because of the way the vocabulary pages were set up. His family also prefers an Apple-based operating system, since they are already familiar with how to navigate it.</p>

Communication Systems Tried and Ruled Out

Provide member specific objective documentation that the member's communication needs cannot be met verbally, or through the use of speech alternatives.

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. John required consistent prompting to attend to adults modeling the use of a communication board for making choices of what he wanted to eat. Hand under hand cueing was utilized to connect pointing with receiving the food that was selected on the picture board. He understood the concept of cause and effect, but he was not motivated to use the communication board on his own.

Trial Device 3 - Recommended Device

Trial Start Date

05/01/2024

Trial End Date

05/31/2024

Explain the outcomes of the trial with the QuickTalker Freestyle.

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.

Explain why the QuickTalker Freestyle is recommended.

John's verbal language skills are insufficient to meet his communication needs at this time. He requires the use of the QuickTalker Freestyle 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. The QuickTalker Freestyle is the most suitable size for him and has the best language app to support his communication needs.

Trial Device 3 - Recommended Device

How does the member correct a missed selection?

When John selects the incorrect button, he will typically attempt to correct the mistake. At times, he requires redirection and cueing to select a different word.

Has the member used the device to greet others? Does the member initiate conversations? How is the member using the device daily?

John is able to use the device to greet his parents and therapists with moderate support provided. He is able to initiate exchanges to make requests and direct the actions of others. John enjoys exploring his device by repeatedly pushing buttons. He is able to communicate using the core vocabulary on the main page with minimal support. He is able to initiate communication using the device intermittently. His family provides opportunities for him to use the device during daily routines and activities.

When does the member request help? How/when does the member request to stop?

John typically requests by naming the item he wants or the action he wants to direct an adult to do. He is still working on recognizing when he needs help and communicating the word "help" on the SGD. He pushes the "stop" button in structured activities (e.g. stop a toy, tell his mom to stop spinning) with minimal cueing.

Describe the patient's ability to navigate the device (pages/icons) and the level of assistance required.

John is able to navigate the buttons on the main page John independently during structured tasks. He requires assistance in navigating to the vocabulary pages on the device. For example, an adult will demonstrate clicking on the folder to access the page with his favorite foods. John attends to the device as the adult pushes the buttons and then he is able to make a selection of the food he wants. He understands the concept of cause and effect to request desired items. He is able to push the buttons on the main page to communicate 5 one-word utterances (e.g. "open," "Mommy").

Describe the patient's use of the device in various locations.

John is able to use the device at home during structured tasks, daily routines, play, and at the outpatient clinic. He used it at home to request a snack, at the playground to label the slide, and in the speech clinic to make a choice between activities.

Device Model

QuickTalker Freestyle Mini

Communication App

Other/Multiple

Other/Multiple

App Name

Based on the trial period, has the patient proven that they can use the features of the QuickTalker Freestyle?

Yes

Trial Device 3 - Recommended Device

Prognosis Using the Above Outlined Device

John has demonstrated consistent gains in his functional communication skills through use of an SGD. A dedicated communication device would significantly improve his 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.

What is the most appropriate access method for the patient?

Direct selection

Goals

Goal 1

John will use total/multi-modal communication (e.g., speech, AAC, gestures) to express a variety of functions (e.g. greeting, requesting, rejecting, asking a question) in 8 out of 10 opportunities during daily interactions. This will be measured across 3 consecutive data collections, with the aim of fading cues to independence.

Goal 2

John will imitate two-word phrases on the speech generating device following an initial model in 8 out of 10 opportunities. This will be measured across 3 consecutive data collections, with the goal of fading cues to independence.

Goal 3

John will use the speech generating device to gain the attention of an adult in 8 out of 10 opportunities. This will be assessed across 3 consecutive data collections, with the aim of fading cues to independence.

Treatment Plan

Who will support the client with the device?

ableCARE

In what environment

As needed, Community

What have they been trained/prepared to do?

Troubleshoot operational issues with device to assist medical professionals and family members.

Who will support the client with the device?

Myself/Speech-Language Pathologist

In what environment

As needed, Community

Treatment Plan

What have they been trained/prepared to do?

Troubleshoot operational issues with device to assist medical professionals and family members., Visit with client to meet evaluation goals.

Explain the Patient's Treatment/educational plan, and Support Schedule upon funding of a device:

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.

Explain the Parent/Family/Caregiver Intervention, training plan and support upon funding of a device:

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.

Is the member and primary communication partner willing to learn and use the device for daily communication?

Yes

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

06/01/2024

Name

Samantha L. Pathologist

Credentials

CCC-SLP

Signature

Sample

Do you want a co-signer?

No

