

# Speech-Generating Device Screener

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ SLP Name: \_\_\_\_\_

Please answer the following questions to assess whether the client may benefit from a speech-generating device.

- 1) History of Spoken Language Development:** Has the client had a history of difficulty developing spoken language despite receiving interventions and exposure to models?
- ☐ Yes ☐ No ☐ Not Sure
- 2) Meeting Needs and Wants:** Is the client unable to consistently get their needs and wants met through their current communication methods?
- ☐ Yes ☐ No ☐ Sometimes
- 3) Intelligibility of Speech:** Is the client's speech often unintelligible or difficult for both familiar and unfamiliar listeners to understand?
- ☐ Yes ☐ No ☐ Sometimes
- 4) Frustration and Communication Breakdowns:** Does the client frequently display frustration or experience communication breakdowns?
- ☐ Yes ☐ No ☐ Occasionally
- 5) Communication Across Environments:** Is the client unable to effectively communicate in all environments, such as home, school, or daycare?
- ☐ Yes ☐ No ☐ Sometimes
- 6) Current Use of Low to Mid Tech Solutions:** Is the client currently using low to mid-tech communication aids or strategies?
- ☐ Yes ☐ No ☐ Not Sure

**Additional Notes:**

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**SLP's Recommendations:**

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This questionnaire can help guide the assessment process and determine if an SGD might be an appropriate tool for enhancing communication for your client. If you answered yes to one or more of these questions, you may want to consider a SGD.