

Speech-Language Pathologist Recommendation for a Speech Device Rental

Date of Recommendation	04/01/2025
Evaluating Speech-Language Pathologist	Samantha L. Pathologist
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Demographic Information

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

Background Information

Medical history with summary of speech therapy intervention	John's mother reported he was a full-term baby born without complications. John walked alone at 15 months, used single words to communicate at approximately one year of age. He used an expressive vocabulary of >10 words and participated in joint attention routines such as pat-a-cake and peek-a-boo. At 18 months, John began to withdraw and no longer made eye contact or responded when spoken to. His expressive vocabulary shrank to two words (no and water, which he used only infrequently). He was diagnosed with Autism in August 2020. John has received speech therapy (ST) consistently since his diagnosis and has demonstrated significant progress toward the development of functional communication skills. He is now able to use alternative/augmentative communication to request preferred items/activities, makes consistent eye contact during shared routines, and in vocal play.
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 Communication Impairment and Limitation

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John has been diagnosed with severe Mixed Expressive/Receptive Language Disorder. John does not have verbal production for functional communication. Prognosis is poor for verbal communication. John is completely non-verbal. He will occasionally and with maximum support use gestures or signs for simple requests such as "more" and "please, and will occasionally physically manipulate others in order to request or have needs met.

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

Comments - Hearing Status

John completed a hearing screening in September 2022, hearing is within functional limits.

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

Comments - Vision Status

John completed a vision assessment in September 2022, vision is within functional limits. There are no concerns with vision.

Functional Ambulation/Mobility

Independent Ambulation

Communication device to be used in the following positions:

Standing, Walking, or Seated, Patient has reliable and consistent motor response sufficient to operating a SGD

Cognitive Status

John interacts with family, peers and school staff appropriately in social and academic settings. John demonstrates the necessary cognitive prerequisites for appropriate use of AAC/SGD (e.g. simple cause and effect, object permanence and procedural memory for the operation of the device). John is currently working on receptive language skills in sessions. He has demonstrated the ability to maintain his attention to tasks. He has demonstrated the ability to locate icons/vocabulary on an SGD, independently. John demonstrates ability to use a speaking device to express a sequence of information with limited prompting. John demonstrates the cognitive abilities to use an SGD, high tech device.

Comprehensive Assessment

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?

John's language skills are developing however he shows a clear deficit in his verbal communication which makes it significantly more difficult to properly express himself. He currently demonstrates communicative intent through his use of non-symbolic and emerging symbolic forms of communication. He follows directions with support and responds mainly through non-verbal actions.

Expressive Language Skills: Is the patient able to adequately express ideas, thoughts, feelings or emergent information?

Using his current means of communication (i.e. physical leading, handing objects to adults, some gestures or signs), he cannot adequately express all of his ideas, thoughts, or feelings. However, he does consistently use his current means of communication to request objects, request continuation, request assistance, and protest. Using an SGD he would have the opportunity to gain attention, greet, request, protest, express basic needs, direct, comment, share information, ask questions, clarify information, carry on a conversation, and communicate health or medical needs. It is medically necessary for John to have access to high-tech AAC in order to autonomously communicate across environments.

Receptive Language Skills: Is the patient able to adequately understand?

John demonstrates the receptive skills needed to effectively operate and use an SGD. He consistently follows 1-step directions with gestural cues provided, responds to proximal point to locations, and demonstrate understanding of symbols as means to communicate. He attends to familiar language in conversation and shows that he understands through his response. He shows he knows the names of common items and actions during play and when looking at pictures or videos with his family.

Daily Communication Needs

Must be able to communicate about:

Personal Needs, Personal Information, Medical Needs, Social Interaction, School Tasks

Where will the device be used:

Home, School, Community

With whom will the device be used to communicate with:

Family, Friends, Therapists, People in the Community

Daily Communication Needs

Comments - Daily Communication Needs

John needs to communicate basic wants and needs such as when he is hungry, sick, needs help, etc. His current communication methods do not allow John to meet his daily communication needs. John needs to communicate with family, friends, school staff, and caregivers in the home, community, and school settings. Daily communication activities for John include expressing wants and needs, express how he feels and how he interact with peers.

Communication Systems Tried and Ruled Out

Trial Device 1

Device Name

Device Type

Low-tech 1

Trial Device 1 Summary

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.

Trial Device 2

Device Name

Device Type

Other

Trial Device 2 Summary

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.

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.

Communication Systems Tried and Ruled Out

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. 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. A mid-tech device would limit his access to a robust vocabulary and is not as easy to edit as his language skills grow.

Device Recommended For Rental

Device Model

QuickTalker Freestyle

Communication App

App Name

Do you need AbleNet accessories?

Yes

Accessories:

Keyguard

Prognosis and Anticipated Improvement to the Client's Functional Communication Using the Above Outlined Device.

Based on strong receptive language skills, communicative intent, and a supportive family and therapist, the prognosis for the use of the AAC device during the rental period is excellent.

I am recommending a rental period with a locked, and dedicated speech device to be used for medical needs.

Yes

Goals

Goal 1

Yes/no goal

1 - Yes/ no goal

John will respond to preferential yes/no questions, with 85% accuracy over 3 sessions, using SGD.

Goal 2

Wh questions

2 - Wh questions


John will answer “who” and “what” questions in 80% of opportunities given aided language stimulation and fading cues.

Goal 3

Language functions

Goals	
3 - Language functions	John will navigate pages appropriately to request, protest, or respond to a question 8/10 times gives language stimulation and fading models.
Treatment Plan for Rental Period	John will continue to receive speech therapy provided by me to support his communication needs. During our weekly, 30 minute sessions, client and I will work towards the goals listed above to ensure the device continues to meet their communication needs.

Speech-Language Pathologist Signature

<p>The recipient will be the sole user of the QuickTalker Freestyle.</p> <p>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.</p> <p>A copy of this evaluation and recommendation has been forwarded to the member’s treating provider for review and completion of DME order.</p> <p>I am not an employee of, nor do I have, a financial relationship with AbleNet Inc., the QuickTalker Freestyle speech device supplier.</p>	
Date	04/01/2025
Name	Samantha L. Pathologist
Signature	
Speech Language Pathologist Credentials	State License 123456