Sample AAC Evaluation Report

AUGMENTATIVE ALTERNATIVE COMMUNICATION EVALUATION

I. DEMOGRAPHIC INFORMATION

Name:		**Date of Birth:**	
Date of Service:		**Address:**	
ICD-9/Medical Diagnosis:		**Phone:**	
ICD-9/Speech Diagnosis:		**CPT/Start-End Time:**	
Speech Therapist:		**CPT/Start-End Time:**	
Phone:		**Total Duration:**	

II. HISTORY/BACKGROUND (ICD-9 Diagnostic Code:)

John was referred to Assistive Technology Partners by his primary care physician, Dr. Jane, for an Augmentative Alternative Communication (AAC) Evaluation. John underwent radiation therapy and chemotherapy after a throat tumor was discovered in date. Treatment was completed by date. He currently has a tracheostomy tube, however; due to scarring and muscle weakness he is unable to speak at this time. John also struggles to swallow and as a result is unable to handle his secretions. He presently has a gastrostomy tube for nutrition purposes. John's speech and dysphagia services were terminated, but he has been independently completing throat and swallowing exercises. He will return for continued therapy as progress dictates. Current means of communication include: gestures, pointing, facial expressions, and writing. His ability to communicate across environments and communication partners is limited.

Anticipated Course of Impairment

John is extremely motivated to communicate his thoughts and ideas. He is determined, persistent, and eager to learn an AAC system that will work for him.

He communicates using gestures, pointing, facial expressions and written communication. John struggles to speak due to scarring and muscle weakness from radiation and chemotherapy. John's ability to verbally communicate has not shown improvement at this time. John reported that his frustration level is high because he is unable to communicate across environments. His goal is to be able to communicate with others and be independent.

III. COMPREHENSIVE ASSESSMENT

Hearing

John did not report any hearing concerns. His hearing presents within normal limits. He responded well, localizing to typical conversational tones and volume as well as synthesized speech from a variety of text-to-speech communication devices.

Vision

John wears bifocals. He did not show or report any difficulties with visual attention, scanning, tracking, or acuity. He possesses the visual abilities to effectively use an SGD.

Physical

John is ambulatory. He does not present with any fine or gross motor weaknesses except for his swallowing difficulties. He crosses midline with all 4 extremities, grasps, reaches, manipulates small objects and is able to isolate his index fingers. He is a competent, 2-handed typist. John possesses the physical abilities needed to effectively use an SGD to communicate functionally.

Language and Cognitive Skills

John was unable to verbalize or vocalize throughout the entire evaluation. He provided a pre-typed paragraph at the beginning of the evaluation to describe his past medical history and communication frustration. He answered questions during the evaluations by writing with pen and paper. Informal assessment revealed language skills to be within normal limits. He answered yes/no questions and closed and open-ended questions with ease. When given a Lightwriter, Fusion and a DynaWrite he actively participated in conversation to answer questions without difficulty. He was able to follow multi-step directions related to the use of a variety of text-to-speech devices. After trialing each of the three devices, John reported that he felt most comfortable using the Fusion and wanted to pursue funding.

Throughout the evaluation, John retained task instructions without difficulty. He also provided feedback related to information presented and discussed throughout the evaluation. John demonstrates the language and cognitive skills to learn and functionally

utilize Augmentative and Alternative Communication (AAC) techniques, strategies and equipment including an SGD.

IV. DAILY COMMUNICATION NEEDS/HISTORY OF TECHNOLOGY USE

John's verbal communication skills are severely limited. Specific message needs include: expressing needs and wants, expressing preferences and making choices, making requests, commenting, asking questions, offering information and expressing feelings/opinions. He needs a consistent and efficient way to communicate across environments and communication partners including healthcare providers and unfamiliar listeners in the greater community. John currently uses pen and paper, facial expressions and gestures to communicate. He also emails, using a standard computer keyboard and mouse. He has never used an AAC device or other communication technology before, but has been told about the DynaWrite and the Franklin Language Master in the past.

V. ABILITY TO CURRENTLY MEET COMMUNICATION NEEDS

John is able to meet some of his communication needs by writing. However, he has language and cognitive skills for limitless, novel, generative language. John will require AAC training, strategies, equipment, and services to support and develop his communication skills

VI. FUNCTIONAL COMMUNICATION GOALS

1. John will utilize a comprehensive Augmentative Alternative Communication system for communication across limitless environments and communication partners including caregivers and healthcare providers.

VII. FINAL RECOMMENDATIONS

1. The Fusion Text-to-Speech with Speaker, see attached Order Form for pricing information. This package includes the Fusion, headphones, infrared receiver; AC adapter/recharger and canvas slip case.
2. 10 follow-up treatment sessions for education, training and programming services for the efficient and effective implementation of AAC strategies, techniques and equipment.
3. Develop low-tech AAC strategies and systems to augment the Fusion and support communication when the Fusion is unavailable.

The services of this program, Assistive Technology Partners, are available for further evaluation, training and follow-up as desired by John and/or his family.

I, SLP name, am not an employee of or have a financial relationship with The Writer Learning Systems or any other Assistive Technology/Speech Generating Device manufacturer.

Please contact me at the number or e-mail address below if I can provide additional information and/or answer any questions.

_____

Date signed:

Name of SLP	
Speech-Language Pathologist	
ASHA #	
Phone:	
Email:	

Cc: student record
Client and/or client family
Physician