

A Guide to Completing your Client's Speech-Generating Device Evaluation

Trial Dates

- **Begin Date of Eval/Trial:** This is the date that your client received their loaner and began their trial.
- **End Date of Eval/Trial:** This is the date that you submit the evaluation. You do not have to return the loaner by this date. This is decided between you and your clinical consultant.
- These dates may be pre-selected for you, but you can edit them if needed.
- At times, insurance requires a specific trial period (e.g. at least 30 days). If this is the case, your clinical consultant and clinical documentation specialist will notify you of this requirement.

Section I: Current Communication Impairment

- **Primary Medical Diagnosis:** This is the condition that caused the client's communication impairment, for example CVA, TBI, Parkinson's, etc.
- **Secondary Medical Diagnosis:** If the client has another medical diagnosis relevant to their communication impairment, please include it. Otherwise, you can put N/A.
- **Date of Onset:** must provide at least the month and year that the medical event (i.e. CVA, TBI, etc.) occurred.
- **Primary Communication Impairment:**
 - This is the condition that has the greatest impact on your client's communication.
 - **Example:** aphasia, apraxia, dysarthria, receptive-expressive language disorder, developmental disorder of speech and language, etc.
- **Primary Communication Impairment Severity:**
 - Should be moderate-severe, severe, or profound.
 - If your client has a progressive condition, such as primary progressive aphasia, moderate severity is acceptable.
 - If you're undecided between "moderate" and "moderate-severe," consider the client's communication abilities when they have the most difficulty.
 - For example, a client may appear to have mild or moderate difficulties in a quiet 1:1 conversation or when communicating simple concepts. However, they may have increased difficulty when they're tired, in a noisy environment, experiencing other health issues or flare-ups, upset, etc.

- o It may also be helpful to consider how much energy the client must expend to communicate verbally. Just because they can do it, doesn't mean it's preferred or accessible. If the client is using significant effort to communicate verbally, is this leading to fatigue/burnout or other negative effects that could be considered moderate-severe?
- **Secondary Communication Impairment and Severity:** If the client has a secondary communication diagnosis, please include it as well as the severity level (any severity level is acceptable here). Otherwise, you can put N/A.
- **Description of Natural Language:**
 - o This is a brief description of your client's communication/speech/language abilities, and it cannot be blank.
 - o *Examples:* Limited verbal communication, severe oral-motor deficits, word finding difficulties, unable to effectively communicate opinions and wants/needs, etc.
- **Motor speech/intelligibility, cognitive communication, auditory comprehension, spoken language expression, reading, and writing sections:** Please provide a description for each of these. These sections cannot be blank, but you may put N/A if necessary.

Examples:

- o Motor speech/intelligibility: volume WNL, imprecise articulation, reduced intelligibility, etc.
- o Cognitive Communication: alert and oriented, demonstrates ability to learn and remember new skills, uses visual cues to process information, can sustain attention, mild cognitive impairment that does not impact device use, etc.
- o Auditory Comprehension: can attend to communication partner, understands simple information, difficulty with complex information, benefits from visual cues, etc.
- o Spoken Language Expression: frequent breakdowns, limited to automatic speech tasks such as counting, aware of deficits, can self-correct, non-speaking, etc.
- o Reading: N/A due to severity of impairment, can read single words, reading comprehension skills intact, etc.
- o Writing: N/A due to hemiparesis, can write name, can copy shapes, cannot write full sentences, impaired legibility, etc.

Section II: Assessment of Daily Communication Needs/Effectiveness with Natural and Other Natural Modes of Communication

- Provide a description of your client's gestures/facial expressions and natural speech. These sections cannot be blank.
- **Gestures/Facial Expressions example:** Client can use gestures to communicate simple concepts and emotions via facial expressions. Gestures are ineffective for talking about past events, telling stories, describing pain or medical symptoms, gaining attention when not face to face, etc.
- **Natural speech example:** Client's natural speech is not adequate for functional communication. Client cannot communicate medical information adequately, cannot communicate adequately during social interactions, cannot communicate safety information in an emergency, etc.

Section III: Treatment Options/Methods Considered and/or Ruled Out for Functional Communication

- Must select at least one method.

Section IV: Anticipated Course of Speech Impairment

- Indicate whether the client's impairment is stable, chronic, expected to deteriorate, or "other."
- Indicate your client's prognosis without an SGD (should be poor or guarded.)
- Include risks that your client might experience without a speech generating device (i.e. safety risks, decreased quality of life, social isolation, etc.)

Section V: Communication Goals Expected to be Achieved

- This section cannot be blank. Please provide a brief description of the ways your client will functionally use the device.
- *Examples:*
 - o Client will reduce social isolation by using the device to share opinions, tell stories, and maintain/develop social connections.
 - o Client will reduce medical risks by using the device to report pain or other symptoms, communicate with healthcare professionals, and ask questions about their condition.
 - o Client will reduce safety risks by using the device to call for help, share information in an emergency, and share personal needs and concerns.

Section VI: Rationale for Selection of Device or Accessories (size, weight, vocabulary, ease of use, portability, user-friendliness, age appropriate, client-specific customization, etc)

- **High-Tech AAC Considered & Ruled Out:**
 - o On the evaluation, you'll provide at least two other devices that were ruled out (i.e. PRC Accent 1400, AbleNet QuickTalker, etc.).
 - o Unless specified by your Clinical Consultant or Clinical Documentation Specialist, other high-tech devices do not have to be trialed. They just need to be "considered" and ruled out based on your clinical judgement and/or input from your client.
 - o If other devices are in network with the client's insurance, they'll need to be ruled out in order for the Lingraphica device to be approved. If this is the case, your clinical documentation specialist will tell you which devices to include on the evaluation. Devices may be pre-selected on the evaluation for you, but you can make changes if needed (as long as the specific requirements are met).

- o You may also reference our [High Tech Rule Out Guide](#), which includes other devices and their features.
- **Reasons Why:**
 - o Provide a brief description of why the devices were ruled out. We need at least one reason per device, but you may provide more if you like.
 - o *Examples:* Device was difficult to navigate; Device was too complex; Device uses core vocabulary which is not functional for client, Device is pediatric in nature
- **Apps Considered and Ruled Out** and reasons why:
 - o If apps were trialed or considered, list them here (as well as why they do not meet your client's communication needs). Otherwise, you may put N/A.
 - o App examples: Proloquo, Proloquo2Go, TD Snap, Speech Assistant AAC, Leeloo, CoughDrop, TouchChat, TD Talk, GoTalk Now
- **No-Tech/Low-Tech AAC Considered and Ruled Out** and reasons why:
 - o Please provide low-tech options that were considered and ruled out, such as pen/paper, communication board, PECS, gestures, etc.
 - o Include reasons why these communication methods do not meet your client's communication needs.
 - o *Examples:* no voice output, cannot get others' attention, not customizable, limited vocabulary, etc.
- **Recommended Device** and reasons why:
 - o Must list the exact device needed: MiniTalk, TouchTalk, TouchTalk Plus (Wi-Fi), TouchTalk Plus (LTE)
 - o If you're unsure which device was trialed or requested, your Clinical Documentation Specialist can provide this information.
 - o List reasons why this device is a good fit for your client.
 - o *Examples:* Designed for individuals with aphasia; User-friendly; Easy to personalize; Literal representation of vocabulary (readily inferable meaning), etc.
- **Example of recommended SGD use for functional communication:**
 - o Cannot be left blank.
 - o *Examples:* Client used the device to communicate medical information; Client used the device to socially connect with others; Client used the device to communicate safety information; Client used the device to tell about past events.
- **Accessories Needed** and reasons why:
 - o Please list any accessories that your client needs, as well as why they need them.
 - o *Example:* Client needs a ball grip stylus to compensate for fine motor/upper extremity deficiencies and difficulty selecting icons.
 - o **Available accessories:** wireless keyboard, Bluetooth speaker, EZ Eyes Keyboard, Standard Mouse, Joystick, Trackball Mouse, Ball Grip Stylus, T-Grip Stylus, Flexible Stylus, Flexible Stylus with Strap, Weighted Stylus, Extended Stylus, Stylus Tether.

Section VII: Recommended Treatment Plan and Training Schedule

- Each item must be addressed.
- Please provide an estimate of how many therapy sessions have already been conducted or will be needed, indicate that they're "already achieved," or put N/A (do not put N/A for all items).
- This is just an estimate and does not necessarily mean that you will complete this number of sessions. If you discharge the client, transfer the client to another SLP, use fewer or more sessions, or only do the evaluation, that's okay. This section provides an idea of where the client is at with learning how to use the device, and how much training may be needed. The client's previous trial sessions can be used here, and Lingraphica can also provide ongoing support if the client is no longer seeing an SLP.
- **Example:**
 - o Operation of Device: Already Achieved
 - o Message Selection: 2
 - o Type and Talk (Text to Speech): N/A
 - o Training of Communication Partner: 6
 - o Client Specific Customization: 4
 - o Other: N/A
- **Operation of Device:** navigating to desired page or therapy activity, powering on/off, connecting to Wi-Fi, charging, etc.
- **Message Selection:** physically selecting icons, programming messages, creating different pages, choosing photos/visuals for icons and messages, etc.
- **Type and Talk:** using the keyboard to type spontaneous messages that will be played aloud
- **Training of Communication Partner:** teaching the communication partner how to operate the device and support their family member or friend with device use, education about the benefits of AAC, teaching the communication partner how to be responsive to the client's communication when the device is used, etc.
- **Client Specific Customization:** time spent customizing the device based on the client's needs, topics of interest, etc.

Section VIII: Other Abilities

- **Cognitive:** must be "yes" and must include a brief description of cognitive abilities.
 - o **Example:** Client learns from modeling and demonstration; Client can follow simple directions; Client maintains attention to a variety of tasks; Client has a desire to communicate, etc.
- **Physical:** must be "yes" and must include a brief description of physical abilities.
 - o **Example:** Client is able to select and activate icons on the screen, Client has upper extremity impairment but is able to select icons with adaptive equipment.
- **Visual:** Provide a brief description--within normal limits, functional with corrective lenses, etc.

- **Mount Needed** and reasons why:
 - o Cannot be left blank.
 - o Must check yes if mount is needed and provide reasons why.
 - o *Example:* Client has hemiparesis and cannot hold device and select icons at the same time.
 - o Additional documentation is needed for mounts. We order custom-designed floor stands and wheelchair/powerchair mounts from Rehadapt. Your clinical documentation specialist will guide you through the additional information that is needed.
- Indicate whether the client previously had or currently has a speech device. If yes, please provide an explanation regarding the functional benefit of a new Lingraphica device compared to their previous one. If they have not owned a speech device, you may leave the “functional benefit” field blank.
- **Additional Information:** You may put N/A or include any additional information that you feel is relevant.

Section IX: Evaluating SLP

- Must include your printed name, license number, ASHA number, signature, date.
- The date accompanying your signature must be on or after the end of eval/trial date.
- If these dates do not align, you will receive an error message. You may edit either date, but if possible, please do not select future dates.
- At times, a future date may be necessary (i.e. to meet trial length requirements). But typically, both the signature and end of trial dates can be the date the evaluation is submitted.
- If you are a CF, your supervisor will need to sign and date the evaluation as well. They’ll also need to provide their license and ASHA numbers.