SPEECH-LANGUAGE PATHOLOGY EVALUATION FOR SPEECH GENERATING DEVICE (SGD)

NAME: DATE OF EVALUATION:
ADDRESS: DATE OF BIRTH:
TELEPHONE: AGE:
REFERRED BY: MEDICAL DIAGNOSIS:
LICENSED SLP: SLP DIAGNOSIS: _____
DATE OF REPORT: DATE OF ONSET:

II. CURRENT COMMUNICATION IMPAIRMENT

Impairment Type, Severity

The patient presents with _____ due to   .

☐   Given the severity of the communication impairment as described above
        the patient is functionally nonspeaking.

☐   As indicated above, the patient's speaking rate was   words per
        minute (WPM). Research on speaking rate and intelligibility in
        degenerative diseases has found speaking rates less than or equal to
        50% of normal (range 190 – 220 WPM) are predictive of imminent
        precipitous decline (e.g., to the point of no usable speech in less than 3
        months) in speech intelligibility.

Anticipated Course of Impairment

The patient's condition is _____ in nature and _____ is expected to
_____. Therefore it is anticipated that the patient's natural speech will
not be sufficient to meet daily communication needs for _____

Comprehensive Assessment

Hearing Status
The patient has _____ of hearing impairment. The patient's _____
has _____ of hearing impairment. Informal observation of functional
listening performance during the SGD assessment revealed the patient and/or
caregiver required the following modifications regarding auditory output to use a
SGD effectively.

Modification	Patient	Caregiver
No modifications	☐	☐
Headphones	☐	☐
Use of dual visual display to read messages	☐	☐
Specific speech output options.	☐	☐
	☐	☐

With modifications as listed above, the patient demonstrates adequate hearing ability to use a SGD to communicate functionally.

Visual Status
The patient has a history of _____. The patient's _____ has a history of _____. Informal observation of functional visual performance during the SGD assessment revealed the patient and/or caregiver required the following modifications to use a SGD effectively given current vision status.

Modification	Patient	Caregiver
No modifications	☐	☐
Font size used on SGD display and/or symbol labels ("gloss") should be: _____	☐	☐
Picture-symbols and/or icons should be the following size: _____	☐	☐
A flat display is required to reduce visual tracking requirements (e.g., need to alternate focus between keyboard and display to monitor selections)	☐	☐
Color contrasts are needed to enhance text or symbol discrimination such as:	☐	☐
Number of items per display should be:	☐	☐
Auditory feedback from device is needed to assist in message preparation/selection.	☐	☐
	☐	☐

With modifications as listed above, the patient demonstrates the visual abilities to use a SGD to communicate functionally.

Physical Status
The patient was able to successfully access SGDs presented at the evaluation with the following selection technique/modifications.

Check	Selection Technique	Type	Additional Information
☐	Manual direct selection	_____	
☐	Optical Direct Selection		
☐	High Tech Eye Gaze Direct Selection		
☐	Scanning	_____, _____	
☐	Morse Code	_____	
☐	Requires access modifications over time due to degenerative condition		

The patient uses _____ for mobility. Therefore, a wheelchair mounting system _____ to transport the patient's SGD.

With the above modifications/considerations, the patient possesses the physical abilities to effectively use a SGD and required accessories to communicate.

Language Skills

The patient presents with _____ impairment in language functioning as it relates to using an appropriate SGD. Based on patient report and observation of the patient's language and literacy skills during the evaluation, the patient possesses the following skills/abilities.

Skill/Ability	Mastery
Follows simple instructions (e.g., "Look at me." "Turn your head." "Open your mouth.")	_____
Follows complex instructions	_____
Follows general conversation	_____
Reads/comprehends common words	_____
Reads/comprehends simple sentences	_____
Reads comprehends short paragraphs	_____
Reads the newspaper	_____
Spells common words	_____
Generates basic messages using writing/spelling skills	_____
Generates complex messages using writing/spelling skills	_____
Generates basic messages by using pictographic symbols	_____
Generates complex messages using pictographic symbols	_____
Generates messages using generative symbols (e.g., MinSpeak™)	_____

Given the patient's language/literacy functioning, a SGD that provides message production using _____ will be required. Following _____ instruction, the patient demonstrated the linguistic capacity to generate _____ messages on an SGD with_____.

The patient's linguistic performance with the SGDs presented during the evaluation indicated the necessary language skills to functionally communicate using a SGD.

Cognitive Skills

The patient presents with _____ impairment in cognitive functioning as it relates to ability to use an appropriate SGD.   The patient's attention, memory and problem solving skills observed during the evaluation appeared functional to learn to use a SGD successfully. For example, during the _____ assessment/training trials, the patient demonstrated independence or progress in mastering the following SGD features.

Feature	Mastery
Turns SGD on and off	_____
Navigates within and between display pages on a dynamic display SGD	_____
Uses dictionary features to locate vocabulary not available on pre-programmed displays	_____

Uses word-prediction	_____
Retrieves messages stored under letter codes or symbol codes	_____
Stores messages under letter codes	_____
Stores messages under picture symbols	_____
Learns icon-code sequences to retrieve words on SGD (e.g., Unity™ Core)	_____
Navigates within SGD "Menu" options to modify device options (e.g., voice, scan rate, feedback).	_____

The patient demonstrates the necessary cognitive abilities (i.e., attention, memory, and problem-solving) skills to learn to use a SGD to achieve functional communication goals.

III. DAILY COMMUNICATION NEEDS

Specific Daily Functional Communication Needs

The results of a communication needs interview conducted with the patient, relevant family members and caregivers revealed the following communication needs.

Communicative Activity. *Communication to:*	Communication Partner(s)	Communicative Environment(s)	Is Need Met with Natural Speech and/or Low Tech?
Express basic physical needs/wants.	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA
Express needs/wants in emergences.	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA
Express detailed physical needs/wants.	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA

Participate in decision-making (e.g., discuss choices for end-of-life care).	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA
Participate in conversation.	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA
Tell personal stories and anecdotes.	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA
Report medical status and complaints.	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA
Ask questions.	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA
Give responses.	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA

	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA
	☐spouse ☐immediate family ☐extended family ☐friends ☐healthcare provider ☐non-reader ☐hearing impaired ☐visually impaired ☐stranger	☐home ☐medical facility ☐community ☐support group ☐work/school ☐telephone	☐yes ☐no ☐NA

Ability to Meet Communication Needs With Non-SGD Treatment Approaches

Speech therapy to improve/increase functional speech is not a viable option to meet the patient's communication needs because:

☐ The patient's has a degenerative condition for which speech/language therapy is not effective.

☐ The patient received speech/language treatment for   with no significant changes in speech/language functioning.

☐ The patient's speech/language functioning has been static for and no improvement is expected.

The results of the communication needs assessment as documented in the previous section indicate the majority of patient's daily functional communication needs cannot be met with natural speech and/or low tech communication devices. Therefore the patient requires a SGD to achieve and/or maintain functional communication ability in activities of daily living.

IV. FUNCTIONAL COMMUNICATION GOALS

The patient's immediate, short term and long term goals and estimated times to completion following receipt of the recommended SGD are listed below.

Functional Communication Goals *Patient will use SGD independently to:*	Immediate	Short Term	Long Term
Call for help from a spouse/caregiver in another room in emergency. _____	☐	☐	☐
Contact a family member, friend or public agency for help on the	☐	☐	☐

telephone in emergency. _____			
Communicate physical needs and emotional status to spouse/caregiver on a daily basis, as needed. _____	☐	☐	☐
Describe physical symptoms and ask any questions when interacting with physician and other health care professionals as needed. _____	☐	☐	☐
Engage in social communication exchanges with immediate family members in person. _____	☐	☐	☐
Engage in social communication exchanges with extended family members and friends by use of the telephone. _____	☐	☐	☐
Engage in social communication exchanges with friends at their homes and in other community settings. _____	☐	☐	☐
Use the telephone to make contact friends and extended family to interact socially. _____	☐	☐	☐
Ask questions and provide responses in community-based transactions (e.g., ordering a meal in a restaurant, asking directions, etc.) _____	☐	☐	☐
Instruct caregivers on the care requirements (e.g., transfers, bathing, moving from wheelchair to the car.) _____	☐	☐	☐
Participate in family planning decisions (e.g., household management, finances, childrearing, etc.) _____	☐	☐	☐
Participate in support groups. _____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐

V. RATIONALE FOR DEVICE SELECTION

This individual requires a speech generating device with the following features to meet functional communication goals as stated in the previous section of this report.

Input Features/ Selection Technique

Check	Selection Technique	Type	Rationale
☐	Manual direct selection	_____	
☐	Optical Direct Selection		
☐	High Tech Eye Gaze Direct Selection		
☐	Scanning	_____, _____	
☐	Morse Code	_____	
☐	Provides multiple access technique options to accommodate changing physical condition		
☐	Keyboard		
☐	Dynamic display		
☐			

Name: 8.
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Message Characteristics/Features

Check	Characteristic or Feature	Rationale
☐	Message generation using spelling	
☐	Message generation using a combination of pre-programmed whole words and spelling	
☐	Message generation using pictographic symbols (e.g., PCS, Dynasyms, custom symbols)	
☐	Message generation using multi-meaning icon coding (e.g., MinSpeak™)	
☐	Message selection using photographs and/or tangible symbols	
☐	Ability to adjust font/symbol size to accommodate visual needs	
☐	Flat display to reduce visual tracking requirements	
☐	Ability to adjust color and contrasts to accommodate visual or cognitive needs	
☐	Ability to adjust number of items per display to accommodate visual, physical and/or cognitive needs	
☐	Ability to store/edit/retrieve whole messages under word/symbol buttons	
☐	Ability to store/edit/retrieve narrative messages (e.g., stories, reports, speeches) from message files	
☐	Provides word/symbol prediction rate acceleration techniques	
☐	Provides abbreviation expansion (letter coding) rate acceleration techniques	
☐		
☐		
☐		

Output Features

Check	Feature or Option	Specifications if Applicable	Rationale
☐	Synthesized speech		Essential for: ☐ message generation using spelling ☐ telephone ☐ non-reading partners

			☐visually impaired partners
☐	Digitized speech	_____	Essential for: ☐telephone ☐non-reading partners ☐visually impaired partners
☐	User display size	_____	
☐	Dual display (user/listener)		Essential for: ☐hearing impaired partners ☐noisy environments
☐	Auditory feedback from device to assist in message preparation/selection		
☐			

Other Features

Check	Feature or Option	Specifications if applicable	Rationale
☐	Wheelchair mounting System		
☐	Small/lightweight for carrying by user		
☐	Length of use after battery charged		
☐	Display viewable in direct sunlight		
☐			

Recommended Speech Generating Device Code

Based on the patient's communication needs and considering the patient's visual, hearing, physical, language and cognitive status as well as specified features as described in this report, SGDs in the _____ Medicare/CPT code category were evaluated to determine the most appropriate SGD to meet the patient's functional communication goals.

Equipment and Procedures Used in Assessment

Speech Generating Devices and Accessories Evaluated
The following SGDs and accessories were presented for evaluation.

Procedures Used in SGD Trials
To assess the patient's ability to use the selected SGDs the following procedures were used.

Name: 10.
DOB:

Outcome of SGD Trials
For the following reasons the _____ was selected as the most appropriate
SGD for the patient. _____ The other SGDs evaluated were ruled out for the
following reasons.

Speech Generating Device and Accessories Recommended

The individual's ability to achieve functional communication goals requires the
acquisition and use of the SGD, mounting/carrying devices and accessories
listed below. This SGD represents the clinically most appropriate device for
(_____).

SGD, Mounting System, or Accessory	Medicare/CPT Code	Manufacturer/Vendor
	_____	
	_____	
	_____	
	_____	
	_____	
	_____	

☐   **Important: Contact family for specifications regarding tubing size for
          wheelchair mounting system.**

Patient/Family Support of Speech Generating Device

The patient's _____ was present at the evaluation. The _____ was
supportive of the patient using the SGD and agreed to the necessity of the SGD
for meeting the patient's communicative needs in activities of daily living.

Physician Involvement Statement

This report was forwarded to the treating physician _____ on _____ . The
physician was asked to write a prescription for the recommended SGD and
accessories.

VI. TREATMENT PLAN

Following receipt of the recommended SGD and accessories, it is recommended
the patient receive _____ of treatment sessions addressing the acquisition of
the functional communication goals described in part IV of this report. The
patient's family and/or primary caregivers are encouraged to participate in the
treatment sessions so they may learn to assist the patient in the use of the SGD
as needed. The patient's treatment goals would best be met in _____ setting.
Following discharge from treatment, the patient will be reevaluated as needed (at

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the request of the patient, physician, or family) to determine the need for
updates/modifications of the SGD.

VII. SLP ASSURANCE OF FINANCIAL INDEPENDENCE AND SIGNATURE

The Speech-Language Pathologist performing this evaluation is not an employee
of and does not have a financial relationship with the supplier of any SGD.

Evaluating SLP name:
ASHA Certification #:
State License #: