Speech-Generating Device Evaluation

Name:
ID/Medical record number:
Date of exam:
Referred by:
Reason for referral:
Medical diagnosis:
Date of onset of diagnosis:
Other relevant medical history/diagnoses/surgery
Medications:
Allergies:
Pain:
Primary languages spoken:
Educational history:
Occupation:
Hearing status:
Vision status:
Tracheostomy:
Mechanical ventilation:

Subjective/Patient Report:

Observations/Informal Assessment:

Mental Status (check all that apply):

__ alert
__ responsive
__ cooperative
__ confused
__ lethargic
__ impulsive
__ uncooperative
__ combative
__ unresponsive

Hearing:  __ Not Impaired
          __ Impaired

Impact of hearing impairment on selection of communication method: ________________________________

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.
Vision:  __Impaired  
__Not Impaired

Impact of vision impairment on selection of communication method: ______________________________

Physical Status:  __Impaired  
__Not Impaired

Impact of physical status on selection of communication method: ______________________________

Anticipated Course of Impairment (check all that apply)

__Stable  
__Continued disease progression with expected motor speech deterioration  
__Continued disease progression with expected language decline  
__Continued disease progression with expected cognitive decline  
__Other ______________________________________

Status of communication abilities

Motor Speech: ________________________________
Cognitive-communication: __________________
Spoken Language Comprehension: __________________
Spoken Language Expression: __________________
Reading: ________________________________
Writing: ________________________________

Daily Communication Needs

Personal needs: ________________________________
Family and community interaction: ________________________________
Obtain medical care and participate in medical decision making:

Vocational/educational: ________________________________
Other: ________________________________

Assessment of non-SGD Communication Methods

<table>
<thead>
<tr>
<th>Communication method</th>
<th>Simple Communication (basic needs)</th>
<th>Effective Complex communication</th>
<th>Level of listener cueing or assistance required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gesture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language/finger spelling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low tech:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SGD Trials

<table>
<thead>
<tr>
<th>Device/System Trialed</th>
<th>Patient/family response</th>
<th>Communication Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SGD input features trialed and results (check all that apply)

- Direct selection: ______________________________________________
- Scanning: ________________ ______________________________________
- Encoding: ___________________________________________________

Message characteristics/features

- Symbols: ______________________________________________________
- Storage capacity: _____________________________________________
- Vocabulary expansion: _________________________________________

Output features trialed

- Voice output: __________________________________________________
- Visual display: ________________________________________________

Other accessories trialed: _________________________________________

Findings

Communication diagnosis: _________________________________________

Recommend the following method(s) of communication (check all that apply):

- [ ] Speech
- [ ] Gesture
- [ ] American Sign Language/finger-spelling
- [ ] Low-tech communication device
- [ ] Speech-generating device

Recommended Medicare device code:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 2500</td>
<td>Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time.</td>
</tr>
<tr>
<td>E 2502</td>
<td>Speech generating device, digitized speech, using pre-recorded messages, with greater than 8 but less than or equal to 20 minutes of recording time.</td>
</tr>
<tr>
<td>E 2504</td>
<td>Speech generating device, digitized speech, using pre-recorded messages, with greater than 20 but less than 40 minutes of recording time.</td>
</tr>
<tr>
<td>E 2506</td>
<td>Speech generating device, digitized speech, using pre-recorded messages, with greater than 40 minutes of recording time.</td>
</tr>
<tr>
<td>E 2508</td>
<td>Speech generating device, synthesized speech, requiring message formulation by</td>
</tr>
<tr>
<td>E 2510</td>
<td>Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access</td>
</tr>
</tbody>
</table>

Accessories: ____________________________________________

Accessory codes: __________________________________________

Other: ____________________________________________________

Recommend speech-language pathology treatment: ___yes ___no

If yes: Frequency:

Duration:

**Functional Communication Goals**

Long Term Goals:

Short Term Goals:

**Suggested Referrals:**

___Neurology
___Occupational Therapy
___Physiatry
___Physical Therapy
___Prosthetics
___Rehabilitation Engineering
___Other: ____________________

**Patient/Family Education**

___Described results of evaluation
___Patient/caregiver expressed understanding of evaluation and agreement with recommendations.
___Patient/caregiver requires further education
___Other

*Evaluation items are derived from AAC-RERC website. http://www.aac-rerc.com -- Medicare Funding of AAC Technology. Information obtained on 6/6/08. Supported in part by the National Institute on Disability and Rehabilitation Research (NIDRR).*