



Dynamic Therapy Associates, Inc.

Speech Language Pathology, and Augmentative Communication Specialists
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Dynamic AAC Evaluation Protocol Step I: Initial Client Information Form

Client Info: Personal

Client/Student Name:	DOB:
Social Security Number:	Gender:
Date of Onset:	Referral Source:
Student: <input type="checkbox"/> yes <input type="checkbox"/> no Name of School:	Grade:
Employed: <input type="checkbox"/> yes <input type="checkbox"/> no	Name of Employer:
Medicare #	Medicaid #
Managed Care Medicaid <input type="checkbox"/> yes <input type="checkbox"/> no	Managed Care Medicaid ID#
Does client currently own a communication device: <input type="checkbox"/> yes <input type="checkbox"/> no Make and Model:	Date of Purchase:

Client Info: Residence

Place of Residence: <input type="checkbox"/> Home <input type="checkbox"/> Facility If Facility, Name: Facility Main Phone:	Address:
Home Phone:	County:
Alternate Phone:	
Email:	

Client Info: Medical Diagnosis

Medical Diagnosis:	ICD-9/10 Code:
Speech Diagnosis:	ICD-9/10Code:
Date of Onset, Accident, or Diagnosis:	Type of Accident: <input type="checkbox"/> Employment <input type="checkbox"/> Auto <input type="checkbox"/> Other
Date(s) of Evaluation:	

Client Info: Family Contact/Legal Guardian Use Client Address Info

Contact Name:	Relationship to Client:
Contact Home Phone:	Address:
Contact Alternate Phone:	
Contact Email:	
Contact Fax:	

Client Info: Primary Care Physician (PCP)

Physician Name:	Physician Address:
Physician Phone:	
Physician Fax:	
Physician Email:	
Medicaid Provider #	Physician UPIN
Physician NPI #	Physician License #
Date of Last Visit with PCP:	

Client Info: Private Insurance

Name of Insurance Company:	Address:
Employer Name:	
Policy #	Group #
Policy Holder Name:	Case Manager:
Policy Holder SS#	Policy Holder Relationship to Client <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> parent <input type="checkbox"/> legal guardian
Policy Holder Date of Birth:	

Client Info: Other Insurance

Name of Insurance Company:	Address:
Employer Name:	
Policy #	Group #
Policy Holder Name:	Case Manager:
Policy Holder SS#	Policy Holder Relationship to Client <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> parent <input type="checkbox"/> legal guardian
Policy Holder Date of Birth:	

Client Info: Alternate Funding-

Please list and describe in detail any alternate funding sources

Statement of Problem:

Please explain the concerns which brought you to this evaluation:

Desired Outcome of Treatment:

What would you like to happen as a result of today's visit and our subsequent involvement with your family/class?

Step II: Augmentative Communication Evaluation

1. Background Information

Team Members (family, professionals, community)	<i>Present at Evaluation?</i>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Educational History

In Grade Level: <input type="checkbox"/> Early Childhood/Preschool <input type="checkbox"/> Primary- Grade: _____ <input type="checkbox"/> College <input type="checkbox"/> Other
Completed Grade: <input type="checkbox"/> Elementary School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Other
Type of Program: <input type="checkbox"/> Special Education <input type="checkbox"/> General Education <input type="checkbox"/> Combination of Special and General Education <input type="checkbox"/> Other:
<input type="checkbox"/> No School

Current Therapy Services:

Therapy	Frequency	Site	Therapist/Contact Info
Speech Therapy			
Occupational Therapy			
Physical Therapy			
Other:			

Medical History (add pertinent medical procedures, history, medications, if any)

Vocational History:

- Unemployed
- Attends workshop/day program: _____

- Employed at _____

Additional Comments (vocation)

Additional Comments (Background Information):

2. Speech and Language Status

Speech and Language Status Determined by:

report (e.g. client, family, other therapists, teachers) informal assessment formal testing

Formal Tests Administered and Results:

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Receptive Language:

No deficits in Comprehension

Subjective Comprehension Checklist:
<input type="checkbox"/> single words
<input type="checkbox"/> phrases
<input type="checkbox"/> sentences
<input type="checkbox"/> conversation
<input type="checkbox"/> one-step directions
<input type="checkbox"/> two-step directions
<input type="checkbox"/> multiple-step directions
<input type="checkbox"/> yes/no questions
<input type="checkbox"/> choice questions
<input type="checkbox"/> wh-questions
<input type="checkbox"/> symbols: <input type="checkbox"/> symbols, <input type="checkbox"/> photos, <input type="checkbox"/> line drawings, <input type="checkbox"/> written words)
Additional information:

AAC Evaluation Genie Receptive Language Subtests:

Subtests	Percentage Achieved
Receptive Nouns	
Receptive Verbs	
Identification of Functions	
Category Recognition	
Word Association	
Category Inclusion	
Category Exclusion	

<https://itunes.apple.com/us/app/aac-evaluation-genie/id541418407?mt=8>

Test of Aided Symbol Performance (TASP) TASP available at <http://www.mayer-johnson.com/tasp>

Receptive Symbols (Concrete)	%age	Receptive Symbols (Abstract)	%age
Verbs		Verbs	
People		Pronouns	
Locations		Prepositions	
		Adj/Adv	
		Articles	
Categorization			
Subordinate		Grammatical Auditory	
Grammatical Visual		Category Closure	

Expressive Language

Expressive Communication Checklist: (<i>CommunicationMatrix.org</i>)
PreIntentional Behavior (<i>behavior reflects state but isn't on purpose to get a response from you</i>)
<input type="checkbox"/> facial expression <input type="checkbox"/> crying <input type="checkbox"/> laughing
Intentional Behavior (<i>purposeful but not necessarily communicative</i>)
<input type="checkbox"/> reaching for something <input type="checkbox"/> eye gaze <input type="checkbox"/> protesting with voice, body movement
Unconventional Gestures
<input type="checkbox"/> gestures <input type="checkbox"/> pulling on people <input type="checkbox"/> vocalizing <input type="checkbox"/> eye gaze
Conventional Gestures
<input type="checkbox"/> pointing <input type="checkbox"/> nodding <input type="checkbox"/> shaking head <input type="checkbox"/> looking from partner to item/activity and back
Concrete Symbols
<input type="checkbox"/> objects/pictures <input type="checkbox"/> iconic gestures (gesturing "come here" or patting seat for "sit down")
Abstract Symbols
<input type="checkbox"/> formal signs <input type="checkbox"/> symbols/printed words <input type="checkbox"/> speech at the <input type="checkbox"/> word level
Language
<input type="checkbox"/> putting words/abstract symbols together to form phrases
MLU:

TASP Syntactic Performance	Message Form				
MLU:	S	V	OBJ	ART	ADJ/ADV

TASP available at <http://www.mayer-johnson.com/tasp>

Speech Intelligibility: ___ non-speaking ___% intelligible with familiar listeners ___% intelligible with unfamiliar listeners
--

Functions of Communication Observed/Reported:

- Requesting to meet wants and needs
- Refusing/Protesting
- Sharing Information (specific news, labeling, responding, commenting, offering opinion “like it,” “yucky!”)
- Requesting Information (ex: “who’s that?” “what’s next?” “where?” “when are we done?”)
- Social Etiquette (greetings, polite forms)

AAC Evaluation Genie: Picture Description Subtest:

Mean Length of Utterances				
Syntactic Category Used	S	V	O	Adj/Adv

Language Sample in Picture Description Task:

Additional Information:

Written Language

Produces by handwriting:	Produces by typing:	Given single words (with or without symbols), produces:
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> 2-3 word phrases
<input type="checkbox"/> Words (copying)	<input type="checkbox"/> Words (copying)	<input type="checkbox"/> Simple sentences
<input type="checkbox"/> Words (independently)	<input type="checkbox"/> Words (independently)	<input type="checkbox"/> Complex sentences
<input type="checkbox"/> Sentences	<input type="checkbox"/> Sentences	
<input type="checkbox"/> Paragraphs	<input type="checkbox"/> Paragraphs	

Adaptations For Typing

<input type="checkbox"/> Standard keyboard	<input type="checkbox"/> ABC keyboard
<input type="checkbox"/> Writing tool adapted	<input type="checkbox"/> Spelling on device
<input type="checkbox"/> QWERTY keyboard	<input type="checkbox"/> Word prediction support

Reading

Functional Reading Comprehension	Reading Comprehension Level
<input type="checkbox"/> Nothing	<input type="checkbox"/> Age-appropriate (at grade level)
<input type="checkbox"/> Sight words only	<input type="checkbox"/> Below age-level (grade level)
<input type="checkbox"/> Sentences	Approximate Grade Level:
<input type="checkbox"/> Paragraphs	
Additional Information:	

Cognition

Formal Cognitive Tests or Professional Observations:

Memory for tasks presented:	Attention to tasks presented
<input type="checkbox"/> within functional limits	<input type="checkbox"/> within functional limits
<input type="checkbox"/> partially limited	<input type="checkbox"/> partially limited
<input type="checkbox"/> severely limited	<input type="checkbox"/> severely limited

Learning:

demonstrated new learning during this evaluation (e.g., new techniques, devices).

Describe:

Summary:

possesses the cognitive abilities to effectively use an augmentative communication device to achieve functional communication goals.

Summary of Speech and Language Status

- **Emergent/Functional**
 - Difficult to fully assess receptive language
 - Beginning to communicate using a variety of methods (gestures, body language, facial expressions, simple symbols)
 - Requires assistance from the communication partner
 - Communicates a limited number of messages in a small set of specific contexts or routines

- **Context Dependent/Situational**
 - Understands simple and clear symbols; beginning to understand more abstract symbols.
 - Understands most communication about things that are present. May misunderstand references to people, situations and items that are not present
 - Communicates effectively in a limited number of situations OR communicates in a limited way across a variety of situations
 - Overall ability to communicate effectively depends on the environment, topic or communication partner
 - Has very limited ability to creatively combine symbols to create new messages
 - Limited literacy skills

- **Independent/Creative**
 - Age appropriate receptive language
 - Follows the linguistic rules appropriate for his/her age
 - Writes and spells at or near age level
 - Able to combine single words, spelling, and phrases together to create novel and flexible messages about variety of subjects.

Continuum of Communication Competence model by Patricia Dowden
http://depts.washington.edu/augcomm/03_cimodel/commind1_intro.htm

3. Current Communication Needs

Environments: *please check all environments the client participates in*

- | | |
|---|--|
| <input type="checkbox"/> Home/Residence | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> School | <input type="checkbox"/> Community |
| <input type="checkbox"/> Work | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Medical Facility | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Face-to-Face | |
-

Partners: *please check all partners with whom the client interacts*

- | | |
|--|--|
| <input type="checkbox"/> Immediate Family | <input type="checkbox"/> Medical professionals |
| <input type="checkbox"/> Extended Family | <input type="checkbox"/> Home health assistants/caregivers |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Individuals in the community |
| <input type="checkbox"/> Peers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Co-Workers | |
| <input type="checkbox"/> Teachers | |
| <input type="checkbox"/> Residential staff | |

Topics: *please check all topics about which the client needs to communicate*

- Activities of Daily Living (ADLs)
- Medical needs
- Medical/Personal/Legal decision-making
- Emergency needs/information
- Personal needs
- Personal information
- Other: _____

Functions:

- Ask questions
- Respond to questions
- Social interaction (family and community)
- Social etiquette
- Resolve/prevent communication breakdowns
- Other: _____

Summary and Prognosis:

Choose one of the following:

Daily functional communication needs cannot be met using natural speech or low-tech/no-tech augmentative communication techniques.

OR

Improvements in the quantity and intelligibility of client's speech are unlikely, possible, expected at this time. At this time, verbal skills do not allow him/her to meet all of his/her daily communication needs nor do they allow him/her to continue to develop/ regain age-appropriate language skills.

OR

Client has a degenerative condition for which traditional speech/language therapy is not effective. His/her natural speech does not allow him/her to meet the majority of his/her daily communication needs.

From Funding Manager, Tobii-Dynavox

Additional information:

Prognosis for functional use of an augmentative communication system:

excellent good fair poor

4. Sensory and Motor

Vision <input type="checkbox"/> unaided and functional for AAC use <input type="checkbox"/> corrected (glasses/contacts) and functional for AAC use <input type="checkbox"/> functional use of AAC system required vision accommodations (<i>check necessary accommodations</i>) <input type="checkbox"/> Concerns regarding functional visual processing (cortical visual skills) in absence of acuity difficulty	Vision Accommodations: <input type="checkbox"/> increased font size <input type="checkbox"/> increased symbol size <input type="checkbox"/> color contrast <input type="checkbox"/> auditory feedback <input type="checkbox"/> familiar photographs <input type="checkbox"/> decreased visual clutter <input type="checkbox"/> animation <input type="checkbox"/> positioned at <input type="checkbox"/> other:
---	---

Hearing <input type="checkbox"/> unaided and functional for AAC use <input type="checkbox"/> Hearing Aids <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> bilateral and functional for AAC use <input type="checkbox"/> Modifications needed (with/without hearing aids)	Hearing Accommodations: <input type="checkbox"/> increased volume <input type="checkbox"/> visual cues (display of message, highlight on activation) <input type="checkbox"/> headphones <input type="checkbox"/> dual display for communication <input type="checkbox"/> other:
---	--

Additional information related to visual and hearing abilities of client or family members/caregivers:

Motor:

Mobility:

- no assistive devices
- a cane
- a quad cane
- a walker
- a manual wheelchair (self-propelled or partner-dependent)
- a power wheelchair (joystick, head array, or sip and puff switch)
- a scooter

Head:

- Control: complete partial, no
- Functional Movement: complete partial, no

Hand Use:

- Control: complete partial, no
- Functional Movement: complete partial, no
- Accuracy for Touching Targets: phone keyboard computer keyboard
- alternate keyboards: button size _____

Access Trials: *can use the AAC Eval Genie, SGDs and SGD software with trial pagesets such as Communicator, Compass, Accent (NuVoice)*

Size of Buttons Reliably Accessed	
Number of Buttons Reliably Accessed	
Size of Screen	
Quadrants Reliably Accessed:	

Additional information:

Step III: Hands-On Trials and Results

4. Required Features

Required Features

Language

- Message generation via spelling (language structure)
 - Message generation via combinations of single words (language structure)
 - Message generation via pre-stored messages (language use)
 - Combination of message generation modes for quick communication and creation of novel messages (language use and language structure)
 - Variety of symbols to represent words or concepts
 - Ability to use digital photos to represent words or concepts
 - Ability to use scenes to set the context for communication
 - Word, character, and phrase prediction to speed rate of communication or decrease effort when spelling
 - Other: _____
-

Access

- Carrying case for protection while device is being transported and used
 - Wheelchair mounting system for easy and safe access in all environments
 - Desk mount for access at various tabletops
 - Standard size keyboard for touch typing to optimize communication speed
 - Keyboard to allow for exploration and literacy learning
 - Keyboard to allow for spelling of novel messages
 - Multiple keyboard layouts
 - Adjustment of access settings (e.g., hold time, scanning speed) to best meet patient's needs
 - Accessible via direct selection
 - Accessible via eye gaze
 - Accessible via keyguard
 - Accessible via mouse or mouse alternative (e.g., trackball, Head Mouse, Tracker)
 - Accessible via joystick
 - Accessible via one- or two- switch scanning
 - Accessible via Morse code
 - Accessible via multiple modes to accommodate for changes in condition over time
 - Other: _____
-

Device Characteristics

- Portability for use in multiple environments
- Durability to withstand daily use
- Battery power to allow for use throughout the day
- Voice output for communication in all environments
- Synthesized speech for production of novel messages
- Feedback (e.g., button click, message window highlight) to assist in message preparation/selection
- Dual display for interactions with hearing impaired individuals or in noisy environments

- Flexible font size and color for clearest visual presentation
- Flexible number and size of messages per page for optimal ease of use and comprehension
- Ability to save, retrieve, and edit longer files for use during story telling, speeches, and caregiver direction
- Other: _____

Connections to the World

- Telephone access to allow for communication of emergency information
- Control of electronic appliances (e.g., lights, fan) for increased independence
- Email/texting capability for interaction with community (medical appointments, information, vocational interactions etc)
- Internet accessibility for interaction with community (medical appointments, information, vocational interactions etc)
- Other: _____



5. ASSESSMENT OF SPECIFIC EQUIPMENT AND TECHNIQUES- Use one form per device trialed.
 Fill in details, check items patient can accomplish, mark N/A for features not available on this device, and X for features not useable by this patient

DEVICE/SOFTWARE/MATERIALS: _____

TRIAL SPECIFICS

Length of Trial:

Considered but rejected without trial due to:

- | | |
|--|---|
| <input type="checkbox"/> inability to meet required features | <input type="checkbox"/> lack of symbols to represent language |
| <input type="checkbox"/> lack of voice output | <input type="checkbox"/> limited ability to meet communication needs in the near future |
| <input type="checkbox"/> weight or size limiting portability | <input type="checkbox"/> small size not meeting physical or visual needs |
| <input type="checkbox"/> other: | |

Trial during evaluation session Longer trial (> 1 week) for _____

Additional Information:

Techniques To Elicit Communication:

- discussion response to questions role play functional activity (snacks, activities, mobility) play with motivating items (videos, toys, magazines, books)
- other: (describe) _____

Describe Evaluation Activities:

Care for AAC System	Independent	Partner Assisted	Partner Dependent
Transportation (carrying)			
Battery/Charger			
Maintenance			
Turn on/off			
Programming Mods			
Volume Control			

Size of Display: hand-held (5"-7") tablet sized (10") large screen (12") extra-large (15")

Size of Symbols: Keyboard 1" 2" >3"

ACCESS METHODS: (consider physical, sensory, behavioral and attention skills and needs)

Direct Selection with Touch, with touch enter delay, with touch exit delay (to decrease accidental activation or repetitive tapping)

Keypad Configuration: _____# locations _____touch indicator (thin borders between buttons)
_____keyguard (wider border between buttons) _____ touch guide (small openings, i.e. circles, with larger covered space between buttons)

Movement Considerations	Sufficient on Left	Sufficient on Right	Sufficient Bilaterally
Range of Motion			
Accuracy			

Eye Tracking/Eye Gaze:

Selection Via: Blink Dwell

Hold Time: _____seconds

Zoom Highlight Border Highlight Inversion Highlight

Fill Type: Bottom Up Contract Drain (color to no color)

Audio Feedback Click yes no

Calibration: both eyes left eye right eye

Joystick/Mouse:

Selection Via: Pause External Switch Fire (joystick only)

Zoom Highlight Border Highlight Inversion Highlight

Audio Feedback: voice selection _____

Private Speaker Output

Device Speaker Output at _____ volume

Speed: _____

Scanning:

Scan Type:

- Automatic Scanning with Single Switch
- Single Switch with Dwell Select with _____ second hold to select
- 2-Switch (switch to move scan target + switch to select)

Scan Cues:

- Zoom Highlight Border Highlight Inversion Highlight
- Auditory Scan Cue: voice selection _____
 - Private Speaker Output
 - Device Speaker Output at _____ volume

Scan Pattern:

- Row/Column
- Column/Row
- Left/Right
- Left/Center/Right
- Six Zones
- Linear
- Top/Bottom

Switches Tried: mechanical button style mechanical pad style

Switch Control Site on Body:

Position of Input (placement of switch):

Targeting Method Accuracy: independent partner support needed emerging

Body Position Considerations:

COGNITIVE ACCESS

Size of Symbols: Keyboard 1" 2" >3"

Navigation: single page, no navigation can navigate pages – list pages: _____

Navigation Support: independent verbal prompts taught in context repetition hand over hand
 visual cue-button shape, highlight partner assisted navigation

Type of Symbol: Object Photograph Symbol Word Spelling

Page Format: Grid Free Form Scene

Vocabulary Organization: (check all that apply)

- Generative/Creative Word Based (ex: Gateway, Word Power)
- Context Based (scenes or grids related to particular settings)
- Activity Based (scenes/grids related to specific activities)
- Pragmatically Organized (function- ex: want something, greetings, something's wrong...)
- Quick Messages (yes/no, hi/bye, let me/you do it, more/all done, good/bad)
- Social and Control Messages (greetings, needs, feelings, questions)

Number of Symbols on Page: 1 2-4 8-11 12-15 20-30 40 60 >60

Message Unit: Sentence Phrase Word Letter

Mean Length of Utterance: 1 word 2 words 3-5 words using carrier phrases only
Ex: I want...I see...I go...I like...
 on single page
 with navigation to other pages to complete sentence

>3 words independently combined
 on single page
 with navigation to other pages to complete sentence

Functions: request respond comment share information reject
 social exchange escape

Vocabulary Expansion: Multiple levels Dynamic Display Encoding

Editing Functions: close popup delete clear message

Rate: Word prediction Abbreviation expansion Pre-stored messages

Trial 1: _____

Conclusion:

- Most appropriate device at this time
- Meets some needs, but will continue looking with the following concerns:

Trial 2: _____

Conclusion:

- Most appropriate device at this time
- Meets some needs, but will continue looking with the following concerns:

Trial 3: _____

Conclusion:

- Most appropriate device at this time
- Meets some needs, but will continue looking with the following concerns:



Step IV: Post-Evaluation Recommendations and Follow-Up Planning

6. Summary and Recommendations

SGD AND ACCESSORIES RECOMMENDED

Check recommended device and accessories:

DEVICE

Prentke Romich Accent 800	Saltillo NovaChat 8	Tobii Dynavox T7
Prentke Romich Accent 1000	Saltillo NovaChat 10	Tobii Dynavox T10
Prentke Romich Accent 1200	Saltillo NovaChat 15	Tobii Dynavox T15
		Tobii Dynavox I-12
		Tobii Dynavox I-15
Other:		

TABLET APPLICATIONS: Comprehensive (core, context-based, dictionary, added features)

Aacorn AAC	LAMP	Speak4Yourself
Autismate	Proloquo2Go	Speech Hero AAC
Avaz Together		Tobii Dynavox Compass
GoTalk Now		TouchChat

TABLET APPLICATIONS: Limited (typically one type of vocab organization)

ChatAble	Something to Say	So Much to Say
My First AAC	SonoFlex	Talking Cards
Scene&Heard		

SWITCH

Mechanical Button Big Button Microlight Plate Switch Cap Switch Cup Switch Mini Cup	Square Pad Pillow Trigger Switch Switch Joystick with Push Mini Joystick SCATIR Other:
---	--

ACCESS ACCESSORY

Extra Charger Headmouse Tracker Headpointer	Eye Gaze Camera: _____ Keyguard/guide: _____ Other:
--	---

MOUNTING & PORTABILITY EQUIPMENT

Switch Mount: _____ Tubing Size: _____” Other Mounting Placement: _____ Mount Brand: _____	SGD Mount: Tubing Size: _____” Other Mounting Placement: _____ Mount Brand: _____
Standard Carrying Case	Accessible Carrying Case
Durable Carrying Case	

7. Treatment Plan and Follow-Up

INTERVENTION SCHEDULE

Recommended Follow-Up:

- Consultation as Needed
- Limited number of follow-up treatment sessions after receipt of device: _____ (#)
- On-going therapy with _____ minutes per session; _____ number of sessions per week
- Individual therapy recommended
- Group treatment recommended

If follow up services are not available, a high tech speech generating device is not recommended.

TREATMENT GOALS: See **Dynamic AAC Goals Grid and Planning Guide (DAGG-2)** The Goals Grid should be completed to determine areas of strength and need. Partners should be consulted regarding priority goals targeting increasing function and independence.

PATIENT/FAMILY SUPPORT OF SGD

Responsible Parties	Patient	Family	Caregiver (name) _____	Manufacturer Representative (name) _____	Therapist (name) _____ _____	Other (name) _____
Therapy to address above goals						
Initial Training						
Initial Customization (programming, vocabulary selection, intervention planning)						
On-Going Training and Modification						
Maintenance of Device						
Warranty Maintenance Management						

NECESSARY FUNDING PAPERWORK

	<i>Check when obtained</i>	<i>Date</i>
Medicaid/Insurance Cards Copied		
Benefits Assignment Signed by Parent/Consumer		
Doctor's Prescription		
AAC Evaluation Written		
Quote from Manufacturer		

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