



Procedures for AAC and Speech Generating Device Evaluation and Device Trials

Activity Timeline and Associated Resources

*** Underlined items are hyperlinked to on-line resources and forms*

Initial 1st Session:

- **Meet and Greet!** Help the patient get used to the therapist and the environment. A no-pressure time to get to know the family, look over and complete the initial interview paperwork using the [Dynamic AAC Evaluation Protocol](#)
- **Review Documentation to Determine Speech, Language and Reading Evaluation Results:** If these are not current, AAC evaluation must include assessment of these skills. If the patient is an emergent communicator who is not testable using standardized methods, use [The Communication Matrix On-Line Tool](#) to determine early developing communication skills.
- **Motivation Assessment:** Find out motivating activities/items to use in future assessments. Ask partners for specific, detailed motivators. If motivators are not known for emergent communicators, may consider doing a motivation assessment such as [Every Move Counts, Clicks and Chats](#)

Session 1-2: AAC Skills Assessment:

- **Only if the patient is comfortable and able to tolerate work tasks**, begin working through some of the skills assessment tools:
 - [AAC Evaluation Genie App](#)
 - [Test of Aided Symbol Performance \(TASP\)](#)
 - Begin to complete the Speech and Language Status in the [Dynamic AAC Evaluation Protocol](#), pages 7-11
 - Manufacturer provided skills assessments available on loaner devices. Skills assessments are available on the Prentke Romich Accent devices and the Tobii Dynavox I-Series Devices. Free downloads of trial software you can load on your laptop and trial are available at the following:
 - [Tobii Dynavox Communicator 5](#) Requires a keycode every 10 mins after initial trial period.
 - [Prentke Romich PASS Software](#) (Accent devices) Speaks for a period of time and then stops speaking but still operates as an editor program.

This will give you a feel for the patient's ability to

- understand verbal directions ("touch the ___")
- to match picture to picture
- to understand symbol concepts (categorization, associations)
- to understand language concepts such as phrase and sentence building, morphology use etc.
- to visually scan increasingly larger groups of images to locate the requested item
- to visually scan increasingly smaller symbols to locate the requested item
- to touch/look at increasingly smaller symbols given only a visual cue (not verbal direction)
- to touch/look at symbols in an increasingly wider area on a page (range of motion)
- OR if a **scanner**, assess understanding of different types of scanning (automatic, 2-switch step..)
- OR if a **scanner**, assess ability to scan via linear and row/column scanning
- OR if a **scanner**, assess ability to access increasingly small symbols on pages with increasing number of symbols

What this skills testing will NOT tell you: the patient's ability to learn to access symbols through repetition, motor memory for location, and with motivation to acquire desired items/activities, social rewards etc. Success on these out-of-context drills is NOT a prerequisite for the use of a speech generating device.

- Determine a list of motivating activities/items to introduce at the next session. Begin mentally eliminating devices and narrowing down your options keeping physical, sensory and cognitive skills in mind. Questions to ask yourself:
 - Does the patient appear to be able to follow simple directions to "touch" symbols?
 - How many buttons per page does the patient appear to be able to physically access (either through scanning or direct selection)?
 - Does the patient appear to understand basic social interaction? Is s/he responsive to communication from partners? Does s/he appear to understand communicating for a variety of functions (requesting, responding, social interaction)? If SO, introduce **basic core word based vocabulary sets** (ex: Unity, Gateway, WordPower, Core) because the patient is *only* learning a new means to communicate. If NOT, consider a **pragmatically organized vocabulary set** (ex: PODD- Pragmatically Organized Dynamic Display, Saltillo MultiChat User) OR **context-based (scenes) with simplified vocabulary** because **you will be teaching the concept of communication at the SAME TIME you are teaching a new means to communicate (to an Emergent Level Communicator)**. Consider initial simplification needs for emergent users such as hiding buttons and limiting the number of messages per page.

Preparation for Sessions 2-4: Customize at least 3 AAC options for the patient to try out. Customization should include placing highly motivating photographs, videos, or sound effects on the devices. Highly motivating activities/items should be gathered to present to the patient.

Contact your local sales representatives for the speech generating devices you are considering. Make an appointment for them to meet you and your patient to try out specific devices. Before the sales representative comes, familiarize yourself with the software by downloading and trialing the free editing software or apps provided by the companies. (See above links) *Remember that the sales representative is there to introduce their equipment and the features of the equipment. S/he is NOT there to do the evaluation for you. Most funding sources expressly forbid evaluators from having any financial interest in the device they recommend. You are required to not only complete the evaluation but to trial multiple different AAC solutions.*

Try out some of the free and/or trial apps available to evaluators for feature matching. You can use these apps to determine the features your patient needs, even if you are not considering the specific app you are using to evaluate. Features might include access, vocabulary organization and display options.

- **Tobii Dynavox Compass** (iPad or Windows)
Free for all ASHA certified SLPs or other professionals regularly evaluating and supporting students using AAC. Professionals can set up an account on www.mytobiidynavox.com. Download the Compass perpetual app and log in with the user name and password you created on the Tobii Dynavox site.
- **AVAZ** (iPad)
Avaz is offering access to a one year trial for the purpose of evaluating patients/students using this link: <https://avazapp.viewpage.co/Workshop>.
- **TouchChat Lite** (iPad)
Is a \$10 app non-speaking app that matches the full version app
- **SonoFlex Lite** (iPad)
Is a free speaking app that has the core and fringe vocabulary of the full version but has less context based pages.
- **Aacorn** (free professional version)
Free for evaluators at this link: <http://aacornapp.com/evaluation/>
- **Austimate Lite**
Includes one visual scene, visual schedules, stories and video modeling; grid trial for sentence construction

Or some more expensive trial apps (but still less expensive than full versions of the above apps)

- **Talk Tablet NEO** \$79.99
- **ChatAble** \$64 (sale price)

Sessions 2-4 AAC Communication Assessment (Trial Period)

- Introduce motivating activities/highly interesting topics of conversation. Model appropriate use of the device without pressure to perform. **Invite** the patient to try out the device following your model to meet communication functions (requesting, commenting, responding). **Offer** suggestions of possible messages the patient could try out. Model navigation to desired

messages. Avoid “show me the ___” language for this portion of the assessment. **Model and expect** functional, purposeful communication.

- Use the **Hands On Evaluation Data Sheets** to cue you for skills to assess (ex: [GPAT Forms](#) or Dynamic AAC Evaluation Hands On Data sheets- pages 16-30 of the [Dynamic AAC Evaluation Protocol](#))).
- Assess the patient’s ability to remember and reproduce your model for direct communication, navigation, various functions of language (greeting, commenting, requesting...).

Preparation for Sessions 3-5 Funding Paperwork Generation

- Write the AAC/SGD Evaluation. Use report templates to ensure you use all required terms and statements.
 - [Prentke Romich Funding Assistant](#) (for Saltillo and Prentke Romich devices)
 - AAC Funding Help: [AAC Report Coach](#) (also in your handout)
 - [AAC-RERC Medicare Funding of AAC Technology Website](#)
 - [Tobii Dynavox On-Line Funding](#) Packet
- Collect copies of all insurance/Medicaid/Medicare cards
- Complete Client Information Forms (demographics) from manufacturers’ websites
- Request and procure a quote for all equipment (including device and accessories) from the manufacturer
- Complete a Benefits Release form available on most manufacturers’ websites
- Request a prescription for all equipment from the patient’s physician. (prescription forms are often available from the manufacturers and are often in “packets” of information the manufacturer’s provide) *Prescriptions in Georgia have to show the date the physician saw the patient (within the last 6 months) and have the patients height and weight listed.*
- Send all paperwork to the manufacturer to be filed with insurance/Medicaid/Medicare

Sessions 3-5 Customization & Implementation Planning

- Request patient and partners in all primary environments (home and work/school) complete lists of the patient’s favorite people, activities, places, items, food/drinks, leisure activities etc. Consider asking partners to take photographs of significant people to include on the communication pages. Logos for favorite items/community places can be copied from the internet using image search engines such as [Google Image search](#).
- Complete the [AAC Implementation Worksheets](#) to determine environmental communication needs and vocabulary/messaging needs. (Handout)
- Complete the [Dynamic AAC Goals Grid](#) to determine individual skills and needs in competency areas (Linguistic, Operational, Social and Strategic)
- Begin putting custom vocabulary into selected page sets using editing software, if available.

Sessions 6-7 Delivery of Equipment

- Check in all equipment, label each item and load any custom programming.
- Assist team in setting up an appointment with sales representatives to do initial equipment training.

- Determine follow up services. For all patients receiving a speech generating device, best practice is to follow up with weekly therapy and consultation for at least 8 weeks. Monthly consultation is recommended for the year following receipt of equipment. After the initial year, biannual or annual visits continue to be indicated to meet changing communication needs.
- Duration of services on a weekly basis is dependent on the needs of the patient. Patients with intact language skills usually require significantly less follow-up services after the initial 6 months. Patients who are learning both communication skills and the techniques of augmentative communication require significantly longer follow-up services. Younger patients who are in formative years of language development, learning communication skills concurrently with augmentative communication skills can receive services for many years to meet developmental needs.

Special Notes for Evaluating Emergent Communicators:

If you are assessing an emergent communicator, evaluation most likely will begin with the AAC communication assessment using motivating activities and items. Our favorites include YouTube videos, wind-up toys, snacks & drinks, balloons & bubbles. You may or may not be able to complete AAC skills assessment using criterion referenced tools (TASP or AAC Evaluation Genie).

Emergent Communicators have the following characteristics:

- It is often difficult to know if an Emergent communicator always understands his/her communication partners. Understanding may be impacted by the partner, by context or by other variables.
- Emergent communicators are just beginning to communicate by using a variety of forms, including gestures, body language, facial expressions, and a few simple and easily-recognized symbols.
- For Emergent communicators, the focus is on communicating basic needs and beginning social interaction.
- Emergent communicators often require assistance from a communication partner to help narrow down choices or provide other guidance.
- Emergent communicators can relay a limited number of messages in a small set of specific contexts and routines.

**from A Dynamic AAC Goals Planning Guide, copyright 11/2010, Clarke & Schneider*
Emergent Communicators often have difficulties in one or more of the following areas:

- Auditory comprehension
- Symbolic understanding
- Sensory impairment
- Motor planning difficulty
- Cortical visual processing
- Blindness

- Cognitive impairment

When evaluating a patient with any of these difficulties, it is imperative that the patient is provided with maximum information about the symbol they are accessing and the expected response of the communication. The evaluator must make sure that the patient is supported in the following ways to allow him to make use of his strengths:

VISUAL: access to a symbol that has the best visual characteristic for their abilities (size, color, location);

MOTOR MEMORY: that the symbols, once learned, stay in a static, predictable location (for motor memory)

AUDITORY: auditory feedback labels the button or gives a predictable phrase message

LEARNING: consistent response from partners every time a message is activated

LEARNING OVER TIME: exposed for a long period of time, in context, before expected mastery

TACTILE SENSITIVITY is not impacted by the physical features of the symbols/buttons/device (paper, extraneous auditory noises/feedback etc).

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Consider: What type of AAC system meets these needs? Can you meet these needs with light technology?

Consider the demands of the evaluation task you are presenting. When you ask a patient to “touch the cookie” symbol, are you assessing his ability to recognize the symbol, understand the word “cookie,” understand the direction “touch” or to visually scan and find the symbol? OR all of these?