NEW HAMPSHIRE MEDICAID

Augmentative Alternative Communication (AAC) Equipment
Trial Summary

RECIPIENT INFORMATION
Name: Medicaid ID #:   DOB:
AAC Device:
Trial Begin Date   Trial End Date   Total Length of Trial (in days):

ACCESS METHOD

☐ Direct Selection

     ☐ Touchscreen   ☐ Joystick   ☐ Eyegaze   ☐ Keyguard used

☐ Scanning

     ☐ 1-switch   ☐ 2-switch   ☐ Automatic   ☐ Directed

Type of scanning array used:_____

Scanning enhancements used (e.g. auditory prompts, zoom):_____

☐ Other access method Description:_____

_____

Accuracy of _independent_ access

     At the beginning of the trial: ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

     At the end of the trial: ☐ Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Potential for increasing the accuracy of _independent_ access:

         ☐ Poor   ☐ Fair ☐ Good ☐ Very Good ☐ Excellent

Did the individual self-correct errors?   ☐ Yes   ☐ No

     Was prompting required for the individual to access the device? ☐ Yes   ☐ No

If yes, description of the type and level of prompting provided

     At the beginning of the trial:_____

     At the end of the trial:_____

Recipient Name: _____ Device: _____ Date: _____

FUNCTIONAL LANGUAGE SKILLS

Device was used with (indicate the number of individuals in each group that applies):

☐ Peers_____ ☐ Adults_____ ☐ Familiar Partners_____

☐ Unfamiliar Partners _____ ☐ Medical Personnel_____

Device was used:

☐ At School ☐ At Home ☐ In the Community ☐ Other_____

Device was used during:

☐ Work/Learning Activities (classroom) ☐ Social Activities ☐ Free Play

☐ Therapy Sessions ☐ ADL's ☐ All Activities

The device was used to:

☐ Initiate Communication ☐ Respond to Questions/Requests ☐ Carry on a conversation

The device was used to perform the following language functions (please give an example for all that are applicable):

☐ Requesting _____

☐ Greeting _____

☐ Sharing information _____

☐ Expressing feelings _____

☐ Expressing basic wants and needs _____

☐ Asking basic questions _____

☐ Asking clarifying questions _____

☐ Retelling _____

☐ Describing _____

☐ Indicate preferences _____

☐ Accepting or refusing _____

☐ Other _____

During the trial the device was used:

☐ At All Times (except when not safe) ☐ Daily in Limited Settings

☐ Weekly ☐ Only During Specific Activities

Recipient Name: _____ Device: _____ Date: _____

SYMBOLIC LANGUAGE SKILLS

The following symbols were used during the trial:

☐ Photographs ☐ PCS Symbols ☐ DynaSyms ☐ Minspeak Symbols

☐ Symbol Stix ☐ Letters ☐ Words ☐ Other_____

Number of symbols used: At start of trial:_____   At the end of the trial: _____

The individual used symbols to:

☐ Communicate Phrases ☐ Communicate Single Words ☐ Create Phrases/Sentences

☐ Create Grammatically Correct Sentences

The following language system was used during the trial _____UNITY

☐ WordPower ☐ Gateway ☐ Tango! ☐ Other_____

Were function keys (clear, backspace, etc.) used?   ☐ Yes ☐ No

Was word prediction grammatical prediction used? ☐ Yes ☐ No

VISUAL SCANNING/DISCRIMINATION

Size of symbols used during the trial: _____

# of symbols presented: _____, # of grid locations: _____

Was masking used? ☐ Yes ☐ No

Were access errors made? ☐ Yes ☐ No   Corrected? ☐ Yes ☐ No ☐ N/A

Were errors in symbol recognition made? ☐ Yes ☐ No

What level of *independent* navigation was achieved during the trial?

☐ 1 Level ☐ 2 levels ☐ High Level of Navigation Skill (3 or more levels)

Was color-coding used? ☐ Yes ☐ No

Describe _____

Were visual enhancement features (such as zoom) used? ☐ Yes ☐ No

Recipient Name: _____ Device: _____ Date: _____

DATA

Summary of baseline data:_____
_____

Summary of end-of-trial data: _____
_____

TRAINING / SUPPORT

How often was direct trial support provided by an AAC Consultant? _____

Was training providing prior to the trial? ☐ Yes ☐ No   During the trial? ☐ Yes ☐ No

Who was responsible for vocabulary selection during the trial? _____

Who was responsible for programming during the trial? _____

What was the level and frequency of modeling provided during the trial? _____

What modeling strategies were used during the trial? _____

Please identify team members that were _directly_ involved with the trial: _____

_____

OUTCOME

Trial Outcome: ☐ Successful Trial   ☐ Unsuccessful Trial   ☐ Incomplete Trial

Recommendations:

☐ Purchase device/system

☐ Continue trial with same device/system

☐ Discontinue trials at this time

☐ Trial different device/system (describe):_____

☐ Purchase additional items/accessories (describe)_____

☐ Other_____

Rationale:_____

_____

SIGNATURE

Signatures and contact information of licensed SLP who completed this assessment

_____   _____

Printed name and Title of the licensed SLP   Phone number

_____   _____

Signature of licensed SLP   Date