Form #288-T
12/2024

NEW HAMPSHIRE MEDICAID

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) AIDS 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 ☐ Activities of Daily Living (ADLs) ☐ 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