

# **Technology for Independent Living Augmentative – Alternative Communication (AAC) Device Assessment Report Protocol**

Adapted from: Blackstone, S. (2001). Assessment protocol for Speech Generation Devices (SGD's).  
*Augmentative Communication News, Vol. 13 #6, Vol. 14, #1*

**All applications for AAC devices must be completed by a certified and registered  
Speech-Language Pathologist (CASLPA & BCASLPA).**

Assessment information may include:

- Review of medical records
- Interviews with the individual, caregivers, and others
- Structured observations
- Formal assessments and equipment trials

**Technology for Independent Living requires a standardized report covering these areas:**

## **1. Demographics**

- Client's name
- Date of birth
- Primary medical diagnosis
- Date of onset of disease/condition
- Communication diagnosis
- Date of S-LP assessment
- Contact information (name, address, phone number) for client, S-LP, primary support person

## **2. Current communication impairment**

- a) Impairment type and severity
- Dysarthria (often includes current speaking rate and intelligibility measures)
  - Aphasia (often includes scores on receptive and expressive aphasia tests over time)
  - Dyspraxia/apraxia (often focuses on motor planning/execution scores on apraxia tests over time)
  - Aphonia – include the reasons for the person's inability to produce voice naturally, or to use an electrolarynx or speaking valve.
- b) Anticipated course of impairment – whether the speech impairment is likely to improve, deteriorate, or remain stable over time.

*Examples of current status and expected course statements*

- *Mr. X has a severe dysarthria due to cerebral palsy. The condition is stable and speech intelligibility is not expected to improve.*
- *Mrs. B. has severe dysarthria due to amyotrophic lateral sclerosis (ALS – Stage 3). Currently speech rate is 100 wpm (half of normal) indicating that speech intelligibility will deteriorate at a rapid rate. She will require the use of an AAC device throughout the course of this disease.*

## 2. Comprehensive assessment

Describe the person's sensory, motor, language, and cognitive status and how these factors will likely influence the person's use of an AAC device.

### a) Hearing status

- Hearing acuity
- Any specifics regarding localization, understanding of natural speech, or machine generated speech
- Hearing status of primary communication partners, if relevant

*Statement example: "[The person] possesses the hearing abilities to communicate effectively using an AAC device."*

### b) Vision status

- Vision status on continuum from normal vision to blindness
- Any relevant information about acuity, visual tracking, visual fields, lighting needs, size, contrast or spacing of symbols

*Statement example: "[The person] possesses the visual abilities to communicate effectively using an AAC Device" or an explanatory statement about why someone without functional vision may require an AAC device with certain characteristics.*

### c) Physical status (often determined in consultation with OT, PT, and/or rehab engineer)

- Pertinent considerations regarding motor skills, ambulatory status, wheelchair seating, positioning, mobility, endurance levels and fatigue
- How the person will access the AAC device (e.g. direct selection, scanning)
- Specifics related to switch access, mouse control, other accessories and mounting systems
- Whether changes in physical access are likely to occur over time and will require accommodations

*Statement example: "[The person] possesses the physical abilities to use an AAC device."*

### d) Language status (as it relates to need for and use of the AAC device)

- Level of linguistic impairment
- Performance on any language test
- Type and level of symbolization the individual can use to communicate
- Literacy skills
- Level of independence in formulating messages using symbols, words, spelling
- Whether changes in linguistic skills are likely to occur over time

### e) Cognitive status (as it relates to need for and use of n AAC device)

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- Level of cognitive impairment (from no impairment to significant cognitive impairment)
- Functional attention, memory and problem-solving skills
- Example of statement regarding cognitive status  
*“Mr. S.’s attention memory, and nonverbal problem-solving skills are within functional limits. He sustained attention for a two-hour evaluation and recalled symbol locations and device operations after brief instructions. He used the AAC device to initiate interactions and engage in conversations. Mr. S. possesses the cognitive/linguistic abilities to effectively use an AAC device to achieve functional communication goals.”*

### **3. Daily communication needs:**

- a) Specify daily functional communication needs, taking into account daily situations, environments, partners, and specific messages  
 Examples: *[The person] needs to*
  - *Direct the behaviour of caregivers*
  - *Communicate with family friends, employers, medical personnel using the phone*
  - *Participate in family decision-making*
  - *Report medical status and complaints*
  - *Discuss choices for end-of-life care*
- b) Discuss ability to meet communication needs with non-electronic AAC device approaches. Indicate
  - The types of other treatments that were considered (e.g. speech therapy) and ruled out
  - The person’s ability to use low-tech strategies and natural modes of communication (communication boards, displays, routines, etc.)
  - *“[The person’s] daily communication needs cannot be met using natural communication methods or low-tech/no-tech AAC techniques because of \_\_\_\_\_” (be specific).*

### **4. Functional communication goals:**

List immediate, short and long-term functional communication goals and a timetable for completion of these goals

*Examples:*

*Within one week of receiving it, Mr. B. will independently communicate physical needs and emotional status to his wife on a daily basis with 100% accuracy, using the recommended AAC device.*

*Within 6 months, Mrs. O. will independently ask questions and provide responses in community-based transactions (e.g. order in a restaurant) using the AAC device.*

**5. Rationale for AAC device selection**

- a) List general features of recommended AAC device and accessories.
- Consider access, symbol types, vocabulary needs, vocabulary organization, storage, and retrieval, rate enhancement features, type of speech output needed, display characteristics, and feedback mechanisms.
  - Consider need for mounts, switches, carrying case, protective covering, extra batteries, etc.
- b) Describe equipment and procedures used during the assessment process, and the results of any equipment trials

**6. Recommended AAC device and accessories**

After everyone involved with the assessment agrees, the S-LP lists the recommended equipment and rationale for including each item.

**7. Patient/family support for AAC device**

E.g. *“The family/caregiver/advocate participated in the assessment process and has agreed to support the recommended AAC device and accessories and to assist the person to achieve the stated functional communication goals.”*

**8. Functional benefit of upgrade:**

When requesting an upgrade of a previously issued AAC device, provide information about

- Features or capabilities of the upgrade compared to existing equipment
- Additional functional communication goals the patient can achieve with the upgrade compared to existing equipment
- Importance of the patient’s ability to achieve functional communication goals.

**9. Assurance of financial independence and signature**

- E.g. *“The speech-language pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any AAC device or AAC device accessory.”*
- Sign your name, with your professional designation and degree

Send the completed TIL request form and report to TIL. TIL will review the request and respond to you.