# **AUGMENTATIVE COMMUNICATION EVALUATION**

<u>Date</u> :
Name:
Age:
Date of Birth:
Address:
Telephone:
Referral Source:
<u>Diagnosis</u> :
Participants:
Social History and Current Services: lives with hisin a private home in He receives home health care services through He receives nursing services, occupational, physical and speech therapy through Reportedly, he has received a speech/language evaluation through this agency and will receive treatment for one month. Goals were reported as attempts to increase oral-motor and speech skills is no longer employed indicated they were interested in this evaluation to assess for methods to increase his ability to communicate more effectively in all
environments, now and throughout the progression of his disease currently demonstrates a moderate to severe dysarthria of speech secondary to his diagnosis of
Current Medical Condition and History:
was diagnosed as having at years of age. This is a progressive neurological disease that can eventually leave the individual without the capacity to speak. There is presently a moderate to severe dysarthria of speech secondary to this diagnosis stated his symptoms began with dizziness. He was in remission until In he began having difficulty with his speech. In he could no longer complete weight bearing on his legs. He has weakness in his upper extremities and indicated there are days when he cannot use his right arm at all. He has noted some weakness in his neck muscles. He has been prescribed a

mechanical soft diet. He was catheterized in He is prescribed for increased memory, to reduce anxiety and to decrease spasticity. He has a history of seizures for which medication has also been prescribed.
Current Communication Skills:
primary method of communication continues to be verbalizations. Vocalizations, gestures, facial expressions and eye gaze are also used. Overall speech intelligibility was subjectively rated by as 80% in a quiet environment and with repetitions. This reduces to 25% to the unfamiliar listener indicated she must interpret for him "all of the time." indicated he repeats, rephrases and verbally spells his messages much more frequently now than in the past. Writing is no longer an option for due to upper extremity motor involvement. He only talks on the telephone very briefly due to his difficulty being understood. The family has desk top and laptop computers but no longer uses these due to the difficulty with access.
Educational and Vocational History:
reported he left the public school system when he was in the He was employed as a truck driver until
Motor Status:
is non-ambulatory with mobility provided by a manual and/or power wheelchair. He uses his manual chair when being transported in a car. He was seated in this chair for today's evaluation. It is an Invacare chair with 2 foot plates and a ROHO seat cushion. He indicated he is not always comfortable in this chair. When at home, he is positioned in his power wheelchair. This is a reclining tilt-in-space chair with a left hand joystick, foot plates and a head rest. He indicated there are also days when he is in bed for most of the day.
Upper Extremity Function:
Observation of these skills revealed could best access a communication display using the index finger on his left hand. Range and strength of movement were such that he could access all areas of the display with good speed and accuracy. These were increased through use of a touch screen and a delay in acceptance time placed on the screen indicated he was right handed but has too much weakness in this arm on most days to use it. During today's evaluation, he demonstrated the ability to lift his arm and move his fingers on his right hand.
Sensory Status:
vision was indicated as being within functional limits with prescription lenses. These were in place on this date stated he receives vision exams every two years due to his diagnosis. Hearing was within functional limits within a quiet environment.

Cognitive Status:
No formal cognitive testing was completed during this evaluation. Observations established that cognitive skills were adequate to answer some questions and follow simple commands. He also comprehended conversation; however, some memory deficits appeared to interfere with his ability to respond often needed to correct his response.
Social/Emotional Status:
was cooperative and attentive during the entire session. He was extremely interested in identifying methods to increase his ability to communicate more independently across all environments. He obviously had a high desire to communicate and a good sense of humor as indicated by appropriate and humorous interactions within the evaluation session.
Language Status:
No formal language testing was completed during this evaluation. Informal assessment of picture recognition, object function identification, categorization and sequencing skills revealed that these were all within functional limits. Reading and spelling skills were also within functional limits. As was previously indicated, some memory deficits were present. These were indicated by the need for to correct his answers to questions quite frequently and his difficulty recalling steps to type a sentence on a keyboard.
Communication during the evaluation was completed primarily through verbalizations. Gestures, facial expressions, and eye-gaze were also used speech was 80-90% intelligible to this trained listener in a quiet environment with one to two repetitions. The listener had to watch him very closely to understand. This reduced to 25% on the first trial; especially toward the end of the session.
Anticipated Duration of Need:
will always need to rely on forms of augmentative communication to interact with others due to his diagnosis. Use of such forms of communication will be required to assure that his medical, emotional and social needs are met across all environments, especially as the disease progresses.
Oral Motor Skills and Potential:

characteristics and the fact that \_\_\_\_\_ is a progressive disease, prognosis for maintaining functional speech was considered as very guarded.

An oral peripheral examination was not completed in this session; however,

observations revealed that \_\_\_\_\_ oral motor skills are severely compromised.

Range and speed of movement in his lips and tongue were reduced. With these

#### **Identified Communication Needs:**

- 1. Provide with a more efficient method to discuss medical and emotional issues with family, friends and physicians.
- 2. Provide with a more effective and efficient method to socially interact and converse with others.
- 3. Provide with an effective method to communicate by telephone.
- 4. Provide with a method to communicate independently within the community.
- 5. Provide with a method to communicate when traveling in a vehicle.
- 6. Provide with a method to communicate independently across all environments now and throughout the progression of the disease.

### Required Features of a Communication System:

- ✓ Word/phrase-based message selection and retrieval with the option for spelling.
- ✓ Direct selection for input through a touch screen
- ✓ Option for use of scanning for input, as needed
- ✓ Switch accessible
- ✓ High quality visual display with larger screen
- ✓ Delay in acceptance time
- ✓ Rate enhancement strategies
- ✓ Capacity for the user to independently change pages
- ✓ High quality voice output
- ✓ Text to speech
- ✓ Portable
- √ Easily programmed
- ✓ Option for a keyguard
- ✓ Option for a wheelchair mount

### Summary of Evaluation with Augmentative Communication Systems and Strategies:

Seven different speech-generating devices were demonstrated and tried during the evaluation session (DynaWrite,/ Lightwriter/V Max-DynaVox Technologies, LINKPlus-Assistive Technology, Inc., Vanguard Plus with WordCore Vocabulary/ECO2 with 15 Adult Vocabulary-PRC, Freedom 2000-Words+, Inc.). The device thought to best meet the required features criteria was the ECO2. It has a touch screen for input that can have a delay in acceptance time added and allows the user to independently change pages. It can also be switch accessible. It has a large screen with high quality visual display that is important for \_\_\_\_\_\_ due to his possible changes in vision with his diagnosis. It uses the RealSpeak or Dectalk voices that are both very high quality. It is portable when mounted on a wheelchair.

The Dynawrite, LinkPlus, Lightwriter and Freedom 2000 were thought to be too limitil	nς
forbecause of his difficulty recalling the steps to use a keyboard. The V-Ma	lΧ
and Vanguard's screens are smaller than the ECO2 so not as easy for visual access	
when one's vision changes. The V Max is also heavier and it was felt	
required a 3 month trial that is not available through DynaVox Technologies	

During demonstration and trial of the Vanguard/ECO2, messages pertaining to \_\_\_\_\_\_ were programmed using corresponding words and phrases. He demonstrated the ability to identify all words and phrases named. He responded to questions and interacted with the evaluator by retrieving the correct message. He most definitely understood the purpose of the device and was interested in having such a device to use on a trial basis to assess the impact it could have on his functional communication.

## Impressions and Recommendations:

The overall impression obtained was of a very pleasant man who would be a good candidate for use of a speech-generating device on a trial basis demonstrated the necessary language, cognitive, motor and interaction skills to use
such a device successfully to achieve functional communication goals. Use of such a device could provide with methods to effectively communicate
medical/emotional needs, socially interact and converse with others, communicate by telephone, and communicate independently across all environments throughout the progression of the disease. His present communication system does not meet these needs due to a moderate to severe dysarthria of speech. Writing and other light tech
strategies such as communication boards are not options for due to motor involvement in his upper extremities.
Recommendations are as follows:
<ol> <li>Rental of the ECO2 from PRC for no less than a one month period. If rental is pursued, request should be made for a Daessy Wheelchair mount.</li> </ol>
Approximate Cost: \$XXX per week
2 can provide 24 hours of augmentative communication training with and significant others in set up and application of the ECO2. A speech/language pathologist who specializes in augmentative communication will provide these services.
3. During the evaluation a demonstration of how to create and use some "light tech" strategies was provided to These included alphabet boards, partner-assisted scanning and an eye-gaze system. These methods should be available to as a back-up to the speech-generating device in case of system failure and/or when in a position that it is not accessible.
4. All those involved with should continue to accept verbalizations, vocalizations, gestures, eye-gaze and facial expressions in conjunction with a speech-generating device, as long as possible, as a total augmentative communication approach.
Long Term Goal:
will use a speech-generating device to increase his expressive language skills across all environments.

will have an effective method to communicate across all environments throughout the progression of his disease.
Short Term Goals:
and significant others should identify vocabulary appropriate for programming in the ECO2 and send to the AC specialist at to the initial training.
and significant others will meet with the AC specialist at to learn set up and application of the ECO2.
<ol> <li>and significant others will demonstrate understanding of the functions, maintenance and programming the ECO2.</li> </ol>
<ol> <li>will use the ECO2 to greet and socially interact with others, as needed, without assistance.</li> </ol>
5 will use the ECO2 to converse with others, as needed, without assistance.
<ol> <li>will use the ECO2 to communicate independently within the community without assistance.</li> </ol>
7 will use the ECO2 over the telephone at least one time during the trial period without assistance.
Report of Conference:
The impressions and recommendations were discussed with immediately following the evaluation. They indicated agreement. Funding for rental of the ECO2, wheelchair mount and augmentative communication training will be pursued through Medicare and Medicaid of Indiana. Once funding is obtained will be contacted for training to be scheduled. The vocabulary for programming in the device will need to be sent to at at that time.
It should be noted that a copy of this evaluation report was sent to the prescribing physician,, License# in It should also be noted that this speech/language pathologist does not have any financial relationship with PRC.