

Speech-Generating Device Evaluation

Name:
ID/Medical record number:
Date of exam:
Referred by:
Reason for referral:
Medical diagnosis:
Date of onset of diagnosis:
Other relevant medical history/diagnoses/surgery
Medications:
Allergies:
Pain:
Primary languages spoken:
Educational history:
Occupation:
Hearing status:
Vision status:
Tracheostomy:
Mechanical ventilation:

Subjective/Patient Report:

Observations/Informal Assessment:

Mental Status (check all that apply):

- alert
- responsive
- cooperative
- confused
- lethargic
- impulsive
- uncooperative
- combative
- unresponsive

Hearing: Not Impaired
 Impaired

Impact of hearing impairment on selection of communication method: _____

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Vision: __ Impaired
 __ Not Impaired

Impact of vision impairment on selection of communication method: _____

Physical Status:
 __ Impaired
 __ Not Impaired

Impact of physical status on selection of communication method: _____

Anticipated Course of Impairment (check all that apply)

- Stable
- Continued disease progression with expected motor speech deterioration
- Continued disease progression with expected language decline
- Continued disease progression with expected cognitive decline
- Other _____

Status of communication abilities

Motor Speech: _____
Cognitive-communication: _____
Spoken Language Comprehension: _____
Spoken Language Expression: _____
Reading: _____
Writing: _____

Daily Communication Needs

Personal needs: _____
 Family and community interaction: _____
 Obtain medical care and participate in medical decision making:

 Vocational/educational: _____
 Other: _____

Assessment of non-SGD Communication Methods

Communication method	Simple Communication (basic needs)	Effective Complex communication	Level of listener cueing or assistance required
Gesture			
American Sign Language/finger spelling			
Low tech:			
Other:			

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

SGD Trials

Device/System Tried	Patient/family response	Communication Effectiveness

SGD input features trialed and results (check all that apply)

___ Direct selection: _____

___ Scanning: _____

___ Encoding: _____

Message characteristics/features

Symbols: _____

Storage capacity: _____

Vocabulary expansion: _____

Output features trialed

Voice output: _____

Visual display: _____

Other accessories trialed: _____

Findings

Communication diagnosis: _____

Recommend the following method(s) of communication (check all that apply):

- Speech
- Gesture
- American Sign Language/finger-spelling
- Low-tech communication device
- Speech-generating device

Recommended Medicare device code:

E 2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time.
E 2502	Speech generating device, digitized speech, using pre-recorded messages, with greater than 8 but less than or equal to 20 minutes of recording time
E 2504	Speech generating device, digitized speech, using pre-recorded messages, with greater than 20 but less than 40 minutes of recording time.
E 2506	Speech generating device, digitized speech, using pre-recorded messages, with greater than 40 minutes of recording time
E 2508	Speech generating device, synthesized speech, requiring message formulation by

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

	spelling and access by physical contact with the device.
E 2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access

Accessories: _____

Accessory codes: _____

Other: _____

Recommend speech-language pathology treatment: __yes __no

If yes: Frequency:

Duration:

Functional Communication Goals

Long Term Goals:

Short Term Goals:

Suggested Referrals:

- Neurology
- Occupational Therapy
- Physiatry
- Physical Therapy
- Prosthetics
- Rehabilitation Engineering
- Other: _____

Patient/Family Education

- Described results of evaluation
- Patient/caregiver expressed understanding of evaluation and agreement with recommendations.
- Patient/caregiver requires further education
- Other

Evaluation items are derived from AAC-RERC website. <http://www.aac-rerc.com> -- Medicare Funding of AAC Technology. Information obtained on 6/6/08. Supported in part by the National Institute on Disability and Rehabilitation Research (NIDRR).

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.