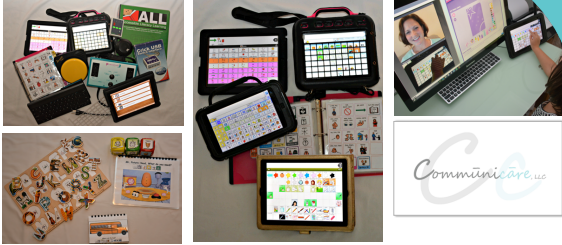


AAC Assessment



AAC Assessment

- Gathering and analyzing information so that individuals with complex communication needs (CCN) make decisions about:
 1. The adequacy of current communication
 2. Current and future communication needs
 3. AAC techniques that appear to be most appropriate
 4. How to provide instruction regarding use of such techniques, and
 5. How to evaluate the outcomes



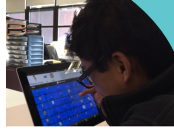
Who is Involved?

- Individual with CCN
 - Level of involvement varies, but must be included to the greatest extent possible
- Family members and/or caregivers
- Professionals
 - AAC Specialists/Experts
 - SLPs
 - ATPs
 - OTs
 - PTs
 - Paraprofessionals
 - General/Special Educators
 - Inclusion Specialists
 - Team Leaders/ETLs



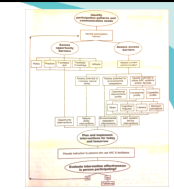
Assessment Models

- Candidacy Model (should not be used):
 - Included/excluded based on being “too something” or “not ready for”...
- Participation Model (endorsed by ASHA, 2004):
 1. Referral for AAC Assessment
 - identifies CCN and initiates the process
 2. Initial Assessment and Intervention for Today
 - identify current communication needs, and physical, cognitive, linguistic, and sensory capabilities
 3. Detailed Assessment for Tomorrow
 - Developing a robust system to support future communication needs
 4. Follow-up Assessment
 - Maintenance, repair and adjustment as needed



The Participation Model

- The model looks at the things that typically developing peers of the same age need to be able to do to join. This information is then used to determine what communicative interaction the person with CCN could or may need to engage in, as well as how interactions could be made more effective. The model takes account:
 1. Existence of communication participation patterns
 2. Barriers of participation in communication situations
 3. The effectiveness of previous strategies
 4. New potential strategies to enhance participation



4 Phases of Assessment

1. Referral
 - Recognize CCN and the need for additional support
2. Initial Assessment
 - Assess the individual's current communication interactions, abilities and areas of need
3. Assessment for Tomorrow
 - Assess future needs and needs outside of familiar environments
4. Follow up
 - Maintenance and support to adapt to changing needs



Capability Assessment

- Process of gathering information about an individual's capabilities in a variety of areas.
- Need to identify areas of strength rather than impairment using assessment procedures:
 - Criterion-referenced
 - Feature-matching
 - Norm-referenced (formal, standardized tests – must be used with considerable caution)



Assessment Domains...

- Process Positioning and seating
 - Neuromotor impairments affecting muscle tone, reflexive movement, posture, balance & strength
- Motor capabilities
 - Hand, arm, head, orofacial, foot & leg control
 - Accuracy of movement, ROM, extended control, overall affect of movement
 - Switch access



Assessment Domains...

- Cognitive and linguistic abilities
 - Cognitive skills: awareness, communicative intent, world knowledge, memory, symbolic representation & metacognition
 - Symbol assessment
 - Language assessment: single-word vocabulary, morphology, syntax, grammar
- Literacy skills
 - Reading, spelling, writing
- Sensory perceptual skills
 - Vision: visual acuity, visual field, light sensitivity, etc.
 - Hearing
 - Tactile defensiveness and/or sensory needs



Additional Considerations

- Account for, and accommodate barriers:
 - Policy barriers
 - Practice barriers
 - Knowledge and skill barriers
 - Attitude barriers
- Plan for future communication needs
 - Careful review of EBP
- Constant monitoring
 - Avoid abandonment



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Diagnostic Tools

- Use standardized measures as guides ONLY – these assessments are generally not normed on individuals with complex communication needs.
 - An idea of what prompting and support is needed is essential
- Assessments that don't require a verbal response and/or involve manipulatives can be useful.
- Tools that assess icon size and number, as well as vocabulary and language level can be useful:
 - AAC Genie
 - Exploration Wizard on devices



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Evaluation Walk-Through...

SAMPLE Augmentative Alternative Communication (AAC) Report

Name: _____ DOB: _____ Age: _____
 Address: _____ Referral: _____
 Phone: _____ Phone: _____
 Parents: _____
 Native Language(s): _____
 Speech Pathologist(s): _____
 Date of Evaluation: _____



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Evaluation Walk-Through...

Background Information

X was referred for an Augmentative and Alternative Communication (AAC) evaluation by her school-based IEP team, secondary to concerns regarding her ability to express herself functionally in daily environments and settings. X was previously evaluated by specialists in the Springfield Public Schools District at it was recommended that X use a 32 location Tech Speak with 16 of the locations hidden. X transitioned to Holyoke Public Schools and her team felt that she was capable of using a more advanced system given her language capabilities. X is currently in 3rd grade, and is participating in a special education program with a shared paraprofessional throughout the entire school day. In addition, X receives speech, occupational, and physical therapy.

X is a friendly and playful young lady with a great sense of humor. She has a diagnosis of Cerebral Palsy and global delays, and as a result presents with significant expressive language deficits (as outlined below). X attempts to communicate through verbal approximations and simple gestures; however, she is only approximately 10-15% intelligible and is easily frustrated when not understood. When aided X is able to ask questions and tell jokes. However, without any support, and using natural means alone, X is currently unable to communicate even her most basic wants and needs.



Evaluation Walk-Through...

Speech and Language Status

Given the severity of X's communication difficulties formal testing was not completed. Her speech and language status was determined through completion of unstructured and criterion-based tasks, informal observations, school documentation, and consultation with members of her IEP team.

Receptive Language

X was observed and reported to comprehend the following:

Expressive Language

X's speech is characteristic of dysarthric speech. She communicates using the following modalities:

- facial expression
- pointing
- simple ASL sign approximations for "more" and "all done"
- gestures
- eye gaze
- vocalizations



Evaluation Walk-Through...

Cognition

X's memory and attention for tasks presented on multiple occasions was within functional limits. She demonstrated new learning over the course of 3 months of diagnostic sessions (e.g., new techniques, devices). X demonstrated that she clearly possesses the cognitive abilities to effectively use an augmentative communication device to achieve functional communication goals. She quickly responded to the device and was aware of how effectively she could communicate and interact with others. At the end of the sessions she was reluctant to leave the device and would become upset and even cry.



Evaluation Walk-Through...

Current Communication Needs

Environments

X needs to communicate in the following environments:

- ☒ Home/Residence
- ☒ School
- ☒ Community
- ☒ Face-to-face



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Evaluation Walk-Through...

Sensory and Motor

Vision/Hearing

X's visual acuity and hearing are functional for effective use of an augmentative communication system

Motor

X uses no assistive devices for mobility, however she presents with hemiparesis as a result of her diagnosis of Cerebral Palsy. X walks with an uneven gait and has no functional use of her left arm. X possesses functional use of the right side of her body, upper and lower extremities, and she demonstrates complete head control.



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Evaluation Walk-Through...

Required Features

Based on X's current speech, language, and motor status, the following features were identified as being required in an augmentative communication device. Without these features, it is unlikely she would be able to meet her functional daily communication needs as previously stated.

Language

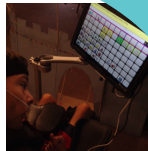
- Message generation via spelling (language structure)
- Message generation via combination of single words (language structure)
- Message generation via pre-stored messages (language use)
- Combination of message generation modes for quick communication and creation of novel messages (language use and language structure)
- Variety of symbols to represent words or concepts
- Word, character, and phrase prediction to speed rate of communication or decrease effort when spelling

Access

- Accessible via direct selection

Device Characteristics

- User accessible core for portability and use in multiple environments
- Usability in recreational daily use
- Battery power to allow for use throughout the day
- Easy hook up battery and charger for use throughout the day at school where an outlet is available for re-charging
- Voice output for communication in all environments
- Synthesized speech for production of novel messages



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Evaluation Walk-Through...

Assessment of Specific Equipment and Techniques

Trial #1 and Trial #2: Picture Based Communication Board and Tech Speak with 32

X was offered a single grid-based communication board with 12 icons to use to request preferred items. She quickly demonstrated her understanding of the icons: representations of the images, and used a single index-finger point to identify which items she wanted. She was offered a smaller "board" replicated on the Tech Speak to offer voice output. She was able to combine 2 pictures to offer more specific requests, such as "want book" and "want book". She was able to understand language and sequencing ability. In addition, X frequently changed her shoulders or moved her hand in a questioning motion to engage in further conversation by asking follow-up questions. Her success with the communication board and Tech Speak, as well as her attempts to elaborate made it clear that X needed access to a larger vocabulary (included with a dynamic display) and that she needed voice output in order to improve her communicative effectiveness.

Trial #3: Prentke Romich's ECO

Given X's success with the low-tech options, she trialed the ECO with both a 40 and 60 grid layout via direct selection. She needed little assistance to understand the communicative function of the voice output device, and quickly learned to push a button in order to make it speak. X learned the basic operation of the device (such as using the message window to speak, closing the message window, and navigating between pages, reading only minimal prompting to locate target vocabulary. The consistent layout of the Message vocabulary, designed to support motor learning, aided X in her rate of production. Given her success with the Message and Unity language foundations of the Prentke Romich device, it was determined that the smaller device should be trialed to support her independence with transporting the device.

Trial #4: Prentke Romich's Vantage Lite



Evaluation Walk-Through...

Summary and Recommendations

X presents as an enthusiastic and friendly young lady with a medical diagnosis of Cerebral Palsy. At this time, X's daily functional communication needs cannot be met using her natural speech.

In order to fulfill all of X's daily functional communication needs, the following augmentative communication device and accessories are recommended:

1 x Prentke Romich's Vantage Lite

1 x Extra Charger (for use at school and home)

1 x Clear Keypad 45 location

1 x User Accessible Case (as she will be transporting the device between home, school, and extra-curricular activities)

The recommended augmentative communication device represents my best clinical judgment regarding the appropriate type and degree of services required based on the nature and severity of X's communication impairment. The Vantage Lite and above listed accessories will allow her to meet the functional communication goals listed in the treatment section below. Without access to the Vantage Lite, X will be unable to meet her daily functional communication needs.



Evaluation Walk-Through...

Treatment Plan and Follow-Up

Purchase of the Vantage Lite and accessories will be pursued through X's medical insurance. During this time, it is recommended that X and others involved in her care formulate a list of vocabulary necessary for her to communicate more functionally and independently in a variety of environments. This information will be programmed into the device upon its arrival.

Upon receipt of the Vantage Lite and accessories, individual speech-language therapy sessions should be scheduled, once a week to provide structured treatment.



Evaluation Walk-Through...

Signatures

The evaluation results and plan of action have been discussed with X's family and IEP team and have been agreed upon by all; everyone is supportive of X's use of an augmentative communication device. It was a pleasure to evaluate X. If there are any questions regarding this report or if I can be of any further assistance to X or others involved, please contact me at _____.

A copy of this report will be forwarded to X's treating physician, with a request for a prescription to order the Vantage Lite and accessories.



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Evaluation Walk-Through...

Note: The speech-language pathologist conducting this evaluation has no financial relationship with nor will receive any financial gain from the supplier of this device.



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