

## Step III: Hands-On Trials and Results

### 4. Required Features

*Use this section to identify features of a communication device that must be present for your client to be the most functional communicator possible. Some features may be needed immediately and others may be needed for language growth and development. You may include a large number of features here. You will use this list to justify your equipment recommendation in a later section.*

#### **Required Features**

##### **Language**

- Message generation via spelling (language structure)
  - Message generation via combinations 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
  - Ability to use digital photos to represent words or concepts
  - Ability to use scenes to set the context for communication
  - Word, character, and phrase prediction to speed rate of communication or decrease effort when spelling
  - Other: \_\_\_\_\_
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##### **Access**

- Carrying case for protection while device is being transported and used
  - Wheelchair mounting system for easy and safe access in all environments
  - Desk mount for access at various tabletops
  - Standard size keyboard for touch typing to optimize communication speed
  - Keyboard to allow for exploration and literacy learning
  - Keyboard to allow for spelling of novel messages
  - Multiple keyboard layouts
  - Adjustment of access settings (e.g., hold time, scanning speed) to best meet patient's needs
  - Accessible via direct selection
  - Accessible via eye gaze
  - Accessible via keyguard
  - Accessible via mouse or mouse alternative (e.g., trackball, Head Mouse, Tracker)
  - Accessible via joystick
  - Accessible via one- or two- switch scanning
  - Accessible via Morse code
  - Accessible via multiple modes to accommodate for changes in condition over time
  - Other: \_\_\_\_\_
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##### **Device Characteristics**

- Portability for use in multiple environments
- Durability to withstand daily use
- Battery power to allow for use throughout the day
- Voice output for communication in all environments
- Synthesized speech for production of novel messages

- Feedback (e.g., button click, message window highlight) to assist in message preparation/selection
  - Dual display for interactions with hearing impaired individuals or in noisy environments
  - Flexible font size and color for clearest visual presentation
  - Flexible number and size of messages per page for optimal ease of use and comprehension
  - Ability to save, retrieve, and edit longer files for use during story telling, speeches, and caregiver direction
  - Other: \_\_\_\_\_
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**Connections to the World**

- Telephone access to allow for communication of emergency information
  - Control of electronic appliances (e.g., lights, fan) for increased independence
  - Email/texting capability for interaction with community (medical appointments, information, vocational interactions etc)
  - Internet accessibility for interaction with community (medical appointments, information, vocational interactions etc)
  - Other: \_\_\_\_\_
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**5. ASSESSMENT OF SPECIFIC EQUIPMENT AND TECHNIQUES- Use one form per device trialed.**  
*Fill in details, check items patient can accomplish, mark N/A for features not available on this device, and X for features not useable by this patient*

**DEVICE/SOFTWARE/MATERIALS:** \_\_\_\_\_

**TRIAL SPECIFICS**

**Length of Trial:**

**Considered but rejected without trial due to:**

<input type="checkbox"/> inability to meet required features	<input type="checkbox"/> lack of symbols to represent language
<input type="checkbox"/> lack of voice output	<input type="checkbox"/> limited ability to meet communication needs in the near future
<input type="checkbox"/> weight or size limiting portability	<input type="checkbox"/> small size not meeting physical or visual needs
<input type="checkbox"/> other: _____	

Trial during evaluation session     Longer trial (> 1 week) for \_\_\_\_\_

**Additional Information:**

**Techniques To Elicit Communication:**

discussion     response to questions     role play     functional activity (play, look at magazine)

other: (describe) \_\_\_\_\_

**Describe Evaluation Activities:**

**Care for Device:**

<input type="checkbox"/> independent transport of device	<input type="checkbox"/> partner transport of device
<input type="checkbox"/> independent battery/charger maintenance	<input type="checkbox"/> partner assisted battery maintenance
<input type="checkbox"/> turn on/off independent	<input type="checkbox"/> on/off with partner assistance
<input type="checkbox"/> volume control independently	<input type="checkbox"/> partner assisted volume control
<input type="checkbox"/> independent programming capability	<input type="checkbox"/> partner assisted programming
<input type="checkbox"/> programming will be accomplished by partners	

**ACCESS METHODS:**

**Direct Selection with Touch**, with  touch enter delay, with  touch exit delay (to decrease accidental activation or repetitive tapping)

**Keyguard:** number of locations=  6  8  12  15  20  30  40  60  100  150

**Scanning:**

<b>Scan Type:</b>	<input type="checkbox"/> Automatic Scanning with Single Switch <input type="checkbox"/> Single Switch with Dwell Select with _____ second hold to select <input type="checkbox"/> 2-Switch (switch to move scan target + switch to select)
<b>Scan Cues:</b>	<input type="checkbox"/> Zoom Highlight <input type="checkbox"/> Border Highlight <input type="checkbox"/> Inversion Highlight  <input type="checkbox"/> Auditory Scan Cue: <input type="checkbox"/> voice selection _____ <input type="checkbox"/> Private Speaker Output <input type="checkbox"/> Device Speaker Output at _____ volume
<b>Scan Pattern:</b>	<input type="checkbox"/> Row/Column <input type="checkbox"/> Column/Row <input type="checkbox"/> Left/Right <input type="checkbox"/> Left/Center/Right <input type="checkbox"/> Six Zones <input type="checkbox"/> Linear <input type="checkbox"/> Top/Bottom

**Joystick/Mouse:**

**Selection Via:**  Pause  External Switch  Fire (joystick only)  
 Zoom Highlight  Border Highlight  Inversion Highlight  
**Audio Feedback:**  voice selection \_\_\_\_\_  
 Private Speaker Output  
 Device Speaker Output at \_\_\_\_\_ volume  
**Speed:** \_\_\_\_\_

**Eye Tracking/Eye Gaze:**

**Selection Via:**  Blink  Dwell  
**Hold Time:** \_\_\_\_\_ seconds  
 Zoom Highlight  Border Highlight  Inversion Highlight  
**Fill Type:**  Bottom Up  Contract  Drain (color to no color)  
**Audio Feedback Click**  yes  no  
  
**Calibration:**  both eyes  left eye  right eye

**Other:** \_\_\_\_\_

## RESULTS OF TRIAL

**Range of Motion:** Sufficient on  Left  Right  Both      **Size of Display:**  16x12  9x7  handheld  
4x3

**Size of Symbols:**  Keyboard  1"  2"  >3"

**Navigation:**  single page, no navigation  can navigate pages – list pages: \_\_\_\_\_

**Navigation Support:**  independent  verbal prompts  taught in context  repetition  hand over hand  
 visual cue-button shape, highlight  taught in context  partner assisted navigation

**Type of Symbol:**  Object  Photograph  Symbol  Word  Spelling

**Page Format:**  Grid  Free Form  Scene

**Vocabulary Organization: (check all that apply)**

- Generative/Creative Word Based (ex: Gateway)
- Context Based (scenes or grids related to particular settings)
- Activity Based (scenes/grids related to specific activities)
- Pragmatically Organized (function- ex: want something, greetings, something's wrong...)
- Quick Messages (yes/no, hi/bye, let me/you do it, more/all done, good/bad)

**Number of Symbols on Page:**  2-4  8  12  20  40  60  >60

**Message Unit:**  Sentence  Phrase  Word  Letter

**Mean Length of Utterance:**  1 word     2 words     3-5 words using carrier phrases only  
Ex: I want...I see...I go...I like...       >3 words independently combined

on single page  
 with navigation to other pages to complete sentence

on single page  
 with navigation to other pages to complete sentence

**Functions:**  request  respond  comment  share information  reject  
 social exchange     escape

**Vocabulary Expansion:**  Multiple levels  Dynamic Display  Encoding

**Editing Functions:**  close popup  delete  clear message

**Rate:**  Word prediction  Abbreviation expansion  Pre-stored messages

### Conclusion:

- Most appropriate device at this time
- Meets some needs, but will continue looking with the following concerns:

## Step IV: Post-Evaluation Recommendations and Follow-Up Planning

### 6. Summary and Recommendations

#### SGD AND ACCESSORIES RECOMMENDED

*Check recommended device and accessories:*

#### DEVICE

Dynavox Maestro Dynavox Tango Dynavox V Dynavox Vmax Dynawrite Dynavox Xpress PRC Springboard PRC Vantage Lite PRC Echo	Saltillo Alt-Chat Saltillo Silk Tobii C8 Tobii C12 iTouch iPad
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#### SWITCH

Buddy Button Big Buddy Button Microlight Plate Switch Cap Switch Cup Switch Mini Cup	Square Pad Soft Trigger Switch Switch Joystick with Push Mini Joystick SCATIR Other:
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#### ACCESSORY

Extra Charger Headmouse Tracker Headpointer Switch Mount	Eye Gaze Camera: _____ Carrying Case Accessible Carrying Case Other:
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#### SOFTWARE/APPs

Series 5 Speaking Software  
 Speaking Dynamically Pro  
 Boardmaker Studio  
 The Grid  
 Proloquo2Go  
 Other iDevice App: \_\_\_\_\_

## 7. Treatment Plan and Follow-Up

### INTERVENTION SCHEDULE

#### Recommended Follow-Up:

- No follow-up treatment
- Limited number of follow-up treatment sessions after receipt of device: \_\_\_\_\_ (#)
- On-going therapy with \_\_\_\_\_ minutes per session; \_\_\_\_\_ number of sessions per week
- Individual therapy recommended
- Group treatment recommended
- Treatment is available at: \_\_\_\_\_

#### TREATMENT GOALS: See Dynamic AAC Goals and Planning Guide

*Example Goals: Select goals that are most appropriate for patient or use Goals Grid examples*

#### Operational:

- Using written instructions will program at least 10 messages on existing pages with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Patient will demonstrate the ability to program messages with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Patient will demonstrate comprehension of basic maintenance and operations (on-off, adjusting volume) of the device with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Other: \_\_\_\_\_

#### Basic Communication:

- Patient will call for help from a spouse/caregiver in another room in emergency situations with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Given a specific message to find, patient will navigate to the correct page
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- During conversation, patient will navigate to the correct page
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Patient will communicate basic/medical needs and feelings to family/caregivers with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Patient will greet and initiate conversation
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Patient will ask questions, respond to questions, and express opinions
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).

- Patient will communicate basic personal information
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- When asked, patient will select desired activities
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Other: \_\_\_\_\_

**Language Learning:**

- Patient will use the (recommended device) to make simple sentences (e.g., subject + verb + object) appropriate to the current activity page
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Using:  core words  keyboard  combination of core words and spelling,  
Patient will formulate \_\_\_\_\_ word sentences appropriate to the current activity
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Patient will use word prediction to spell a core set of 3-5 letter words
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Other: \_\_\_\_\_

**Communication in the Community:**

- Patient will participate in a phone conversation
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Patient will describe physical symptoms and ask questions while interacting with a physician or other healthcare provider
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Patient will engage in social interactions with friends in a variety of community settings
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).
- Patient will ask questions and respond in community-based interactions (e.g., at the bank, ordering in a restaurant)
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_\_ % accuracy (within \_\_\_\_\_ week/months).

- Patient will participate in support groups
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_ % accuracy (within \_\_\_\_ week/months).

Other: \_\_\_\_\_

**Self-Advocacy:**

- Patient will instruct caregivers about care requirements and preferences
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_ % accuracy (within \_\_\_\_ week/months).

- Patient will participate in family and medical planning decisions
  - independently
  - with minimal cues
  - with moderate cues with \_\_\_\_ % accuracy (within \_\_\_\_ week/months).

Other: \_\_\_\_\_

**PATIENT/FAMILY SUPPORT OF SGD**

<b>Responsible Parties</b>	<b>Patient</b>	<b>Family</b>	<b>Caregiver (name)</b> _____	<b>Manufacturer Representative (name)</b> _____	<b>Therapist (name)</b> _____ _____	<b>Other (name)</b> _____
Therapy to address above goals  ___N/A- not recommended					Group tx: Individual tx: Group/Individual therapy:	
Initial Training						
Initial Customization (programming, vocabulary selection, intervention planning)						
On-Going Training and Modification						
Maintenance of Device						
Warranty Maintenance Management						

**NECESSARY FUNDING PAPERWORK**

	<i>Check when obtained</i>	<i>Date</i>
Medicaid/Insurance Cards Copied		
Benefits Assignment Signed by Parent/Consumer		
Doctor's Prescription		
AAC Evaluation Written		
Quote from Manufacturer		