

Sample Speech-Language and
Augmentative Communication
Evaluation

Narrative Format for School-Aged
7/8/2008

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Augmentative Communication Evaluation

Name: John Smith

D.O.B.: April 15, 2008

Age: 18

Address:

School: Middle School, Anywhere, MA

Referred by: Mary Desmond, Speech-Language Pathologist

Date of Report: 4/25/08

Evaluator: Kevin Woods, MA/CCC-SLP Speech Pathologist

Medical Status:

Diagnosis: Autism Spectrum Disorder, History of lower gastrointestinal tract problems, Oral Apraxia

- **Hearing:** Within Normal Limits Bilaterally
- **Vision:** Within Normal Limits
- **Postural, Motor and Mobility Status:** Unremarkable
- **Speech-Language Services:** Followed by Ms.Desmond and Mary Drake, SLP's in the Anywhere School System.
- **Focus of SLP Services:** Language development and AAC

Cognitive / Educational Information:

- Grade level: 9th Grade
- John displays the cognitive skills necessary to use all of the end devices listed in this report.
- The use of modeling in this and other learning tasks seemed to improve learning for John.
- He has good memory skills. Once shown a words' location, John was able to independently navigate back to it on all of the devices.
- He manually scanned the symbols on the different devices by pointing to each symbol before making his final selection. This seemed to help him to attend to and correctly identify the pictures.
- John is at a Pre-reading level as outlined by Mary Drake (see checklist)

Background Information: Information for this assessment was obtained through interviews of Ms. Desmond, a review of a previous speech reports, observations in his classroom and through direct diagnostic interactions with John.

His preferences include food (especially pizza), animals (especially birds), holidays, play-doh, spelling, swimming, organizational tasks, and books.

John has a history of lower GI problems that cause him physical discomfort and for which he sees a doctor regularly. He reportedly does not communicate well about his medical state or needs and does not actively participate in identifying health issues with his doctor. His response to discomfort is behavioral (SIB and aggressive behavior). His current communication book does not have adequate vocabulary to allow him to express what's wrong or where something hurts. Even if it did, he would need to learn this vocabulary.

Speech and Language Skills: John is a pleasant 18 year old man who communicates his needs through the use of facial expressions, pointing, gesturing, vocalizations, alternating eye gaze, manual signs, single words and word approximations and symbol-based communication books. John frequently combined several of these methods when communicating (i.e. he pointed to himself and then to a symbol to let his SLP know that he had a swimming pool at home, he said “need hug” while extending arms.) This multimodal approach improves the intelligibility of his message.

John exhibits oral apraxia and has trouble coordinating the muscle movements involved in Speech. His speech can be intelligible if the listener has contextual cues and if he uses single word or short phrases. He frequently omits the final phoneme in words and displays other sound distortions and substitutions (See IEP Speech Report). This therapist found the intelligibility of his speech to vary from mildly to moderately unintelligible. John is working on articulation skills and on subject-verb-object sentence constructions in speech therapy. His Speech-Language reports show slight progress in improving his articulation skills over the years and his progress has been slow. The prognosis for further improvement given his age and therapeutic history is considered fair to poor.

He is a motivated communicator, and will respond to the communicative attempts of others. The topics about which he initiates communication are limited, however. He frequently perseverates on topics such as food, and this distracts him from more appropriate communication.

John becomes frustrated when his communication is not understood as evidenced by vocalizations and rocking back and forth. The degree of his frustration is difficult to determine. He will continue to use a failed method of communication rather than change how he communicates information.

He indicates “yes” by signing and shaking his head and indicates “no” through the lack of a response. He understands many signs (estimated to approximate 50). He will spontaneously and independently produce the signs for stop, book, watch, hat, cat, elephant and (approximation) bird, and will imitate the signs for boat, belt, walk, coat, dog, car, bus, horse, white, and bike. He reportedly requires hand over hand assistance to produce all other signs. Many of his signs are gross approximations of target signs but are nonetheless recognizable. Once given a model and hand-over-hand assistance, he can imitate the sign in the future according to reports. Classroom staff do not regularly use signs with him nor do they do anything to encourage use of signs. They do, however, respond to his signs. His signs are not readily understood outside of his circle of listeners.

John has a communication book that he uses to supplement his speech. He is somewhat compulsive about closing his book and putting it away when done with it, even if he is in the middle of a communicative exchange. Staff were not observed to offer him the book when he was having difficulties and did not seem to encourage its use. His book is tabbed by category and contains approximately 200 1.5” symbols arranged 20 to a page. He was able to recognize 1” sq. images during diagnostic activities. John responds best to photographs of familiar people and places and routines. Most of the images in his book are photographs. He reportedly used *Print to Communicate* in the past, but tended to play with it rather than using it meaningfully.

He uses his various methods of communication to gain attention (by tapping your arm,) to seek help, to provide information to others when asked, to reject, to answer questions, to

comment, to greet, and to label.

He appears to understand commonly occurring, concrete vocabulary and concepts. His receptive skills appear to breakdown at the abstract level where he shows little understanding of concepts such as time, quality, quantity and other concepts.

John's parents are very supportive of AAC, but his team gets conflicting messages from the SLP at the school and the staff of the Autism Center who provide educational guidance to the classroom. Classroom staff appear to gravitate toward what they are told from Autism Center staff who discourage AAC in all its forms (including sign language.)

John's IEP reports detail his academic, receptive and expressive language skills and should be referred to for more complete information in these areas.

Trials with AAC Systems:

As is true with many AAC users, John was observed to verbalize while pressing many of the symbols on the system. This is normal and should be encouraged.

John has had trials with four different voice output aids throughout his academic years. The **TechSpeak** did prove to be motivating and was used meaningfully, but changing the overlays proved difficult for him and the device didn't provide adequate vocabulary to meet the demands placed on him by his environment.

The **Vantage** communication aid (Prentke-Romich Inc.) was loaned to the school for 5 weeks and speech staff were trained in how to customize vocabulary for John. It was used about 25% of his school day (used during speech and selected academic times.) While he gradually learned the operation of the device (turning it on/off, navigating) and showed the ability to learn highly motivating vocabulary using the Unity software employed by the device, he perseverated on certain topics without meaningfully employing the device for communication. This may have been a learning strategy for him, but it continued throughout the trial. Staff found this device too difficult to learn (and therefore to teach), and their use of it was inconsistent at best.

The last two devices were tried within the past year. Both were chosen because of their size, ease of customization, ability to run educational software and access the Internet, ability to import the pages from his communication book and ability to store and import photographs. They were also tried because of their use as both an academic tool, judged to be critical for getting staff involved, and communication capabilities. Both had high quality male voices.

The **Dynavox V** with Gateway was rented for a month long period. John did learn this system more quickly than the Vantage and used it more meaningfully. He quickly learned the operation of the device. The Gateway software contained much of the vocabulary needed for everyday communication and staff found this device easier to learn than the Vantage. They did not support its use partly because of its weight and thickness (almost 1 pound heavier than the MiniMerc and 1.25" thicker) which made it difficult to carry. Photographs did not display well and were harder to import than on the MiniMerc. The Series V also has less RAM (256 vs. 512MB) which impacted the length of time it took to display images. Both the Series V and the MiniMerc had adequate hard drive space. The V did not come with a desktop stand which made it awkward to use. Loading educational software required an optional external CD/DVD drive not present for the trial.

The **MiniMerc** with Functionally Speaking 2 and Picture WordPower was tried. The

socially acceptable and helpful to caregivers and medical staff.

3. Reducing perseverative behavior and expanding John's topics of interest and conversation are also important goals.
4. The MiniMerc should be used throughout his day by everyone involved in his life, and staff should model, encourage and reinforce its use. This includes having it out and available to John at all times.
5. Staff will need training and ongoing support around ways to achieve integration in all settings.
6. Support should be in the form of development of materials, regular (minimally weekly) meetings and consultation with the SLP and other team members.
7. Consistency of exposure to and expectations around the use of this device will foster the use of the device. Inconsistency or low expectations / exposure will impede progress and ensure failure.
8. Research has shown that a multi modal approach to communication is the most successful approach to teaching effective communication. It is also the most natural. We all use both verbal and non-verbal methods to communicate throughout our day, and John should be encouraged to do the same. This means encouraging and making available all forms of communication from gestures to signing, from communication devices to speech.
9. For an augmentative approach to be successful it should be a coordinated approach between school and home. The same systems used in school should be available at home, and ongoing support should be provided to John's family as well. The best way to facilitate a coordinated approach is through regular (monthly) meetings involving all team members. These meetings should focus on putting systems in place, monitoring John's progress in using them, identifying the need for updating and/or repairs of the systems, brainstorming around ways to increase opportunities for communication in all settings, identifying problems and brainstorming ways around the problems and identifying the need for and coordinating the provision of ongoing training.
10. As modeling is a strong teaching technique with John, ALL staff should model the use of the MiniMerc using language stimulation techniques.

Please feel free to contact me should you have any questions regarding this report.

DON'T FORGET TO SIGN
Kevin Woods, M.A./CCC-SLP
Speech-Language Pathologist, AAC Specialist

4-15-2008
Date

Note: The Speech-Language Pathologist conducting this evaluation has no financial relationship with, nor will receive any financial gain from the supplier of the recommended equipment.