NAU NORTHERN ARIZONA UNIVERSITY
Institute for Human Development

AAC Evaluation and Training Program
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Augmentative and **A**lternative **C**ommunication **Evaluation Referral/Background Checklist (AACER)**

Member Name (Last, First, M.I.): _____
AHCCCS or Assists ID Number: _____
Date of Birth: _____
Address: _____
Parent/Guardian's Name: _____
Parent/Guardian's Email Address: _____
Parent/Guardian's Phone Number: _____
What language does the family speak? _____
Does the family need an interpreter? ☐ Yes ☐ No
Support Coordinator's Name: _____
Support Coordinator's Email: _____
Support Coordinator's Phone: _____
Name of School or Day Program: _____
Member's primary medical diagnoses and accompanying ICD-10 code(s):

- ☐ F79.0 UNSPECIFIED INTELLECTUAL DISABILITY
- ☐ G40.301 EPILEPSY
- ☐ F84.0 AUTISM
- ☐ G80.9 CEREBRAL PALSY
- ☐ F88.0 DEVELOPMENTAL DELAY
- ☐ Q90.9 DOWN SYNDROME
- ☐ OTHER- Please include code: _____

Name of Member's Primary Care Physician (PCP): _____
PCP Practice/Clinic Name: _____
PCP Address: _____
PCP Phone Number: _____
PCP Fax Number: _____

Member's Insurance Plan- Medicaid Managed Care Organization:

- ☐ MercyCare (This MCO does not require prior authorization.) ID#: _____
- ☐ DDD UnitedHealthCare Community Plan (This MCO requires prior authorization.) ID#: _____
- ☐ DDD Tribal Health Plan (This MCO does require prior authorization) ID#: _____

Does the individual have private, commercial insurance or Medicare? ☐ Yes ☐ No
Name of additional insurer: _____

Speech-language diagnoses and accompanying ICD-10 code(s) (check all that apply):

- ☐ F80.2 MIXED RECEPTIVE-EXPRESSIVE LANGUAGE DISORDER
- ☐ F80.1 EXPRESSIVE LANGUAGE DISORDER
- ☐ F80.0 ARTICULATION OR PHONOLOGICAL DISORDER
- ☐ R48.2 APRAXIA OF SPEECH
- ☐ R47.1 DYSARTHRIA/ANARTHRIA
- ☐ R13.1 DYSPHAGIA
- ☐ OTHER: _____

Has the member recently trialed any AAC devices in therapy? ☐ Yes ☐ No
Name of Device trialed: _____

Does this member already have a device? ☐ Yes ☐ No
If yes, what kind of device? _____
When was the device purchased? _____
Why is the device no longer meeting the member's needs?
- ☐ Broken
- ☐ Obsolete hardware or software
- ☐ Member has had a change in medical status

What experience does the member have using light-tech, aided AAC options?
- ☐ Physical object choices
- ☐ Eyegaze choice boards
- ☐ Picture choice boards/Picture exchange
- ☐ Printed word/alphabet boards
- ☐ Battery-powered simple, short message devices
- ☐ Other: _____

Gross Motor Skills

Ability to hold head up: ☐ Good ☐ Fair ☐ Poor
Ability to sit without support: ☐ Good ☐ Fair ☐ Poor
Ability to reach for items accurately: ☐ Good ☐ Fair ☐ Poor
Member is able to walk: ☐ Independently ☐ With assistance ☐ Does not walk
Balance: ☐ Steady ☐ Fair ☐ Poor
Mobility aids: ☐ AFO's ☐ Cane ☐ Crutches ☐ Walker ☐ Scooter ☐ Wheelchair ☐ Stroller
Manual Wheelchair Brand Name and Model: _____
Power Wheelchair Brand Name and Model: _____
Does the member have upcoming changes in his/her seating system? ☐ Yes ☐ No

Fine Motor Skills

Hand Function: ☐ Uses hands with no difficulty ☐ Uses hands with limited coordination ☐ Not able to use hands
Can pick up, hold, and manipulate: ☐ Cup ☐ Spoon ☐ Cookie ☐ Goldfish cracker
Can point and press buttons of the size found on: ☐ Pop machines ☐ Elevators ☐ Toys ☐ Tablet/Phone
Completes writing tasks with: ☐ Unable to write ☐ Regular pen ☐ Adapted pen ☐ Standard keyboard
Uses adaptive switches to manipulate and control toys and devices: ☐ Yes ☐ No

Hearing and Vision

Hearing is functional: ☐ Yes ☐ No Does the member use assistive hearing devices? ☐ Yes ☐ No
Vision is functional: ☐ Yes ☐ No Does the member wear eyeglasses? ☐ Yes ☐ No
Is the member considered cortically blind? ☐ Yes ☐ No
Member can track movement with their eyes: ☐ Good ☐ Fair ☐ Poor ☐ Not at all ☐ Unknown
What is the smallest size picture/icon you think the member can see? _____

Sensory Modulation/Behavior Regulation

How long can the member maintain their attention to task for preferred activities? _____

Member safety issues include: ☐ Self-injury ☐ Aggression ☐ Property destruction ☐ Sensory seeking

Member sensory aversions: ☐ Unexpected touch ☐ Textures ☐ Odors ☐ Noise ☐ Lights ☐ Other:

Typical activity level: ☐ Low/quiet ☐ Average ☐ High/very active

Response to unfamiliar people/places: ☐ None ☐ Withdrawal ☐ Run away ☐ Engaged ☐ Excited

Describe any current strategies used within sessions to support engagement (e.g. picture schedules, timers, first/then): _____

Please recommend 3 highly motivating, preferred items and/or activities for the evaluation (e.g. specific food, social praise, cartoon characters, toys, videos):

1. _____ **2.** _____ **3.** _____

Speech Production

Prognosis for functional speech production within the next 12 months: ☐ Good ☐ Fair ☐ Poor

Current speech production: ☐Vocalizations ☐One word ☐Simple phrases ☐Sentences ☐Conversational

Oral-motor structures and movements are functional for speech production: ☐ Yes ☐ No

Swallowing/feeding concerns: ☐ Yes ☐ No

Are there any other significant issues in relation to the production of speech? ☐ Yes ☐ No

Communication: Understanding

Does the member respond to their own name? ☐ Yes ☐ No

Do they appear to comprehend when told "Yes"? ☐ Yes ☐ No

Do they appear to comprehend when told "No"? ☐ Yes ☐ No

Demonstrates understanding:

- Basic cause/effect ☐ Yes ☐ No
- Body parts ☐ Yes ☐ No
- Prepositions ☐ Yes ☐ No
- Quantities ☐ Yes ☐ No
- Categories ☐ Yes ☐ No
- Sequencing ☐ Yes ☐ No

Follows directions: ☐ Simple ☐ Complex ☐ Familiar routines ☐ Unfamiliar routines ☐ 1-step ☐ 2-step ☐ Multi

Communication: Expression

Makes choices: ☐ Not at all ☐ Inconsistent ☐ Consistent

Asks questions: ☐ Not at all ☐ Inconsistent ☐ Consistent

Describes a sequence of events: ☐ Not at all ☐ Inconsistent ☐ Consistent

Expresses feelings and emotions: ☐ Not at all ☐ Inconsistent ☐ Consistent

Answers yes/no questions: ☐ Not at all ☐ Inconsistent ☐ Consistent

Answers questions given choices: ☐ Not at all ☐ Inconsistent ☐ Consistent

Answers open-ended questions: ☐ Not at all ☐ Inconsistent ☐ Consistent

Communicates successfully using: ☐ Complete words ☐ Incomplete words ☐ Echolalia ☐ Vocalizations ☐ Eye gaze ☐ Body language ☐ Gestures ☐ Facial expression ☐ Sign language ☐ Picture symbols ☐ Spelling board ☐ Communication device ☐ Behavior (socially appropriate or challenging)

Social Interaction

How does the member gain attention to initiate communication? _____

Mark the statements below that best describe observable social interaction behaviors. Check all that apply.

- ☐ Reacts to familiar people and/or motivating activities.
- ☐ Takes turns in familiar and motivating routines (e.g., "high five" or when someone spreads arms to receive a hug).
- ☐ Responds to close physical interaction by looking, smiling, or reaching.
- ☐ Shows clear preference for certain objects, activities, and people.
- ☐ Starting to show some interest in social interactions, especially in specific situations.
- ☐ Does not use symbols to interact socially.
- ☐ Initiates conversations and social interactions with familiar communication partners.
- ☐ Benefits from help to take additional turns in conversation.
- ☐ Uses turn taking independently.
- ☐ Answers routine questions appropriately with:
  - ☐ Familiar communication partners
  - ☐ A variety of communication partners
- ☐ Uses socially appropriate comments/questions to initiate with familiar communication partners.
- ☐ Social interaction skills, environments, and activities are similar to others of their age.

Literacy Skills

Mark the statements below that best describe observable literacy skills. Check all that apply.

- ☐ Does not appear interested in reading or book activities.
- ☐ Demonstrates a beginning interest in participating in shared reading and/or is beginning to engage with books more independently.
- ☐ Able to identify own name and a few other frequently seen words.
- ☐ Literacy skills growing to include: identifying letters of the alphabet, connecting some letters with corresponding sounds, understanding word boundaries, reading a small number of high frequency sight words, reading and writing name, beginning to spell words but not necessarily with conventional spelling.
- ☐ Literacy skills growing to include: increased letter-sound awareness, additional sight words, conventional spelling of simple words; adding word endings as appropriate (e.g., past tense "ed", plural "s" or "ing), and solid understanding of the connection between spoken words and print.
- ☐ Beginning to utilize word prediction with symbol support.
- ☐ Reads printed material that is somewhat below an age-appropriate level.
- ☐ Literacy abilities are on par with same-age peers.

Explain why a communication device is medically necessary for this member:

_____

REFERRING SLP/SLPA

Name *(please print):* _____

Phone Number: _____

Email Address (please print): _____

Facility Name: _____

Signature: _____

Supervisor Signature (if needed): _____