

## Addendum to AAC Evaluation Report

Client:	Date of Birth:
Medical and Speech-Language Diagnoses:	
ICD Codes:	Date of Addendum:

### **BACKGROUND:**

(IN THIS SECTION, SUMMARIZE THE CLIENT'S BACKGROUND INFORMATION, INCLUDING MEDICAL AND SPEECH DIAGNOSES. YOU CAN CUT/PASTE THE BACKGROUND INFORMATION FROM THE ORIGINAL AAC EVALUATION REPORT IF YOU WISH.)

### **SPEECH GENERATING DEVICE (SGD) TRIAL:**

(IN THIS SECTION, SUMMARIZE THE DEVICE(S) TRIALED, TRIAL LENGTH, TRIAL ENVIRONMENTS, AND COMMUNICATION PARTNERS. PROVIDE EXAMPLES OF USE AND A DISCUSSION OF THE MESSAGES PRODUCED. DISCUSS HOW THE CLIENT DEMONSTRATED INCREASED INDEPENDENCE OR PROFICIENCY IN LEARNING TO USE THE DEVICE OVER THE COURSE OF THE TRIAL. GIVE EXAMPLES OF A VARIETY OF COMMUNICATIVE FUNCTIONS THE CLIENT WAS ABLE TO EXPRESS WITH THE DEVICE – FOR EXAMPLE, GENERATING NOVEL UTTERANCES TO COMMUNICATE PHYSICAL NEEDS AND WANTS IN AN EMERGENCY SITUATION, EXPRESSING EMOTIONS, INITIATING INTERACTIONS WITH OTHERS, GETTING OTHERS' ATTENTION, PROTESTING, ASKING QUESTIONS, MAKING REQUESTS, PARTICIPATING IN DECISION MAKING, ACCESSING MEDICAL CARE OR ASSISTANCE.)

### **RECOMMENDATION:**

Following the SGD Trial, the (DEVICE NAME) has been found to be the most cost-effective SGD to meet (CLIENT'S) medical communication needs. It is recommended that the following items be purchased for (CLIENT) which are needed for the proper and most functional use, positioning, and care of the SGD:

- E2510 (DEVICE NAME)
- E2599 (ACCESSORY - SPECIFY THE ACCESSORY, IF ANY)
- E2599 (ACCESSORY - SPECIFY THE ACCESSORY, IF ANY)
- E2512 (MOUNT - SPECIFY THE MOUNT, IF ANY)

### **PHYSICIAN INVOLVEMENT STATEMENT:**

This report was forwarded to the treating physician, (PHYSICIAN'S NAME, ADDRESS AND PHONE NUMBER), on (DATE). The physician was asked to complete a Certificate of Medical Necessity for the recommended equipment.

### **STATEMENT OF INDEPENDENCE AND SPEECH-LANGUAGE PATHOLOGIST'S SIGNATURE:**

The Speech-Language Pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of any SGD.

(YOUR NAME), M.A., CCC-SLP  
Speech-Language Pathologist  
ASHA Certificate Number: (TYPE THE NUMBER HERE)

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Speech-Language Pathologist's Signature

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Date

\*Note to the SLP: This Addendum to AAC Evaluation Report should be accompanied by the following documents when submitted to PRC's Funding Department:

- updated Certificate of Medical Necessity
- if Medicaid, updated Medicaid Prior Authorization form
- Equipment Selection Sheets indicating all options requested

PRC Funding Department

Mail: 1022 Heyl Road, Wooster, OH 44691

Fax: (330) 263-4829

Upload securely online: <https://eval.prentrom.com/fundshare>