

Augmentative and Alternative Communication 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): _____