

DEVICE DECISION-MAKING

✓	FUNDING SOURCES	COMMENTS		
	Personal purchase			
	Medicaid			
	Medicare			
	Schools (educationally necessary)			
	Private Insurance:			
	DME limit _____ % paid _____			
	Co-pay _____ Other _____			
	Vocational Rehab			
	Organizations (i.e. Churches, Rotary,)			
	Other:			
✓	OTHER FACTORS TO DISCUSS/CONSIDER	Option #1	Option #2	Option #3
	Features required: See "The Device": Features to Consider			
	Will put together own hardware and appropriate apps; consider additional accessories (speaker, case, etc.) & other uses (educational, behavioral, etc.)			
	All-inclusive communication system from major manufacturer with after sale support			
	Company tech support			
	Company does funding			
	Representative support			
	Device available for hands-on evaluation			
	Variety of pre-made communication applications available to fit users needs as they change			
	Reason to like (continue on back as needed)	Option #1	Option #2	Option #3
	Reason don't like (continue on back as needed)	Option #1	Option #2	Option #3
Device Selected				
Name:				
Accessories: (list)				
Manufacturer: contact information				

The Device: Features to Consider

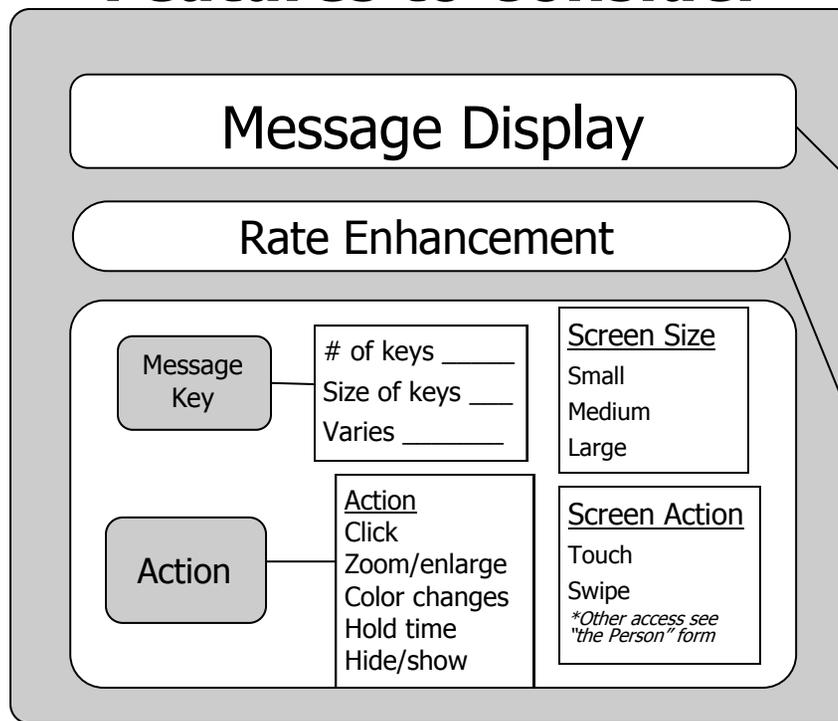
Symbols	
<input type="checkbox"/> Digital photos	<input type="checkbox"/> Words
<input type="checkbox"/> Pictures	<input type="checkbox"/> Letters
<input type="checkbox"/> Pictures with words	

Message Formulation
<input type="checkbox"/> Single key messages/1 key hit
<input type="checkbox"/> Sequence words (# ___)
<input type="checkbox"/> Semantic Compaction
<input type="checkbox"/> Routine Phrases
<input type="checkbox"/> Telegraphic Sentences
<input type="checkbox"/> Grammatical options
<input type="checkbox"/> Complex sentences

Language Representation/organization
<input type="checkbox"/> Visual scenes
<input type="checkbox"/> Single meaning pictures
<input type="checkbox"/> Multi-meaning pictures
<input type="checkbox"/> Phrase-based
<input type="checkbox"/> Core Words
<input type="checkbox"/> Categories
<input type="checkbox"/> Situations
<input type="checkbox"/> Alphabet/spelling

<input type="checkbox"/> Visual scenes
<input type="checkbox"/> Single meaning pictures
<input type="checkbox"/> Multi-meaning pictures
<input type="checkbox"/> Phrase-based
<input type="checkbox"/> Core Words
<input type="checkbox"/> Categories
<input type="checkbox"/> Situations
<input type="checkbox"/> Alphabet/spelling

Navigation/page changes
Page changes: <input type="checkbox"/> Facilitator <input type="checkbox"/> User
<input type="checkbox"/> Static Display # of pages: _____
<input type="checkbox"/> Dynamic Display # levels down _____
<input type="checkbox"/> Sequence across single page
<input type="checkbox"/> Sequence across multiple pages



Keyboard	
LAYOUT	FORM
<input type="checkbox"/> ABC	<input type="checkbox"/> Plug in keyboard
<input type="checkbox"/> QWERTY	<input type="checkbox"/> Onscreen Keyboard
<input type="checkbox"/> Frequency of occurrence	
Type of Device	Devices/Apps to trial:
<input type="checkbox"/> Dynamic Display device	1)
<input type="checkbox"/> Integrated (computer access)	2)
<input type="checkbox"/> Text-to-Speech (keyboard device)	3)
<input type="checkbox"/> Digitized (Static Display)	4)
<input type="checkbox"/> App for mobile technology	5)

Access: Use "The Person" form for required features

Voice/Speech
<input type="checkbox"/> Synthesized
<input type="checkbox"/> Digitized (human voice)
<input type="checkbox"/> Other Language
Male / Female / Child
Loudness / Clarity / Speaker needed

Message Display
<input type="checkbox"/> Words
<input type="checkbox"/> Pictures
<input type="checkbox"/> Speak each word/sentence
<input type="checkbox"/> Speak on demand
<input type="checkbox"/> Highlight each word as it speaks

Rate Enhancement			
<input type="checkbox"/> Pre-made Vocabulary	<i>starter</i>	<i>complex</i>	<i>expands w/ user</i>
<input type="checkbox"/> Prediction	<i>word</i>	<i>phrase</i>	<i>letter picture icon next word</i>
<input type="checkbox"/> Abbreviation - Expansion			
<input type="checkbox"/> Other			

Device functions/access		
On/off	Facilitator	User
Volume	Facilitator	User
Access to other program	Facilitator	User
Programming	Facilitator	User
<input type="checkbox"/> ECUs	<input type="checkbox"/> Phone	
<input type="checkbox"/> Internet browsing	<input type="checkbox"/> Other uses	(education, leisure, behavioral, etc.)

The Person: Skills & Features to Consider for Assistive Technology

Receptive Language / Cognition		
Y/N response	Method?	Memory/new learning
Answers ?'s:	Simple/Complex	Attention
Follow Directions:	Simple/Complex	Categorization/Assoc.
Follows Conversation?	Understands Humor?	Generalization

Vision Skills	Modifications	
W/in Functional Limits (WFL)	Tactile	Symbol modifications
Glasses	Auditory scan/fishing	Color
Cortically Blind	Zoom magnification	Contrast
Neglect/Field Cut	Other:	Font size: ____

Current Communication Skills			
Facial/body language	Speech	Board / Book	
Point to/take/look at	Gestures / Signs	Device:	
Vocal / verbalizations	Read: words	sentences	complex
Recognize <small>pictures objects</small>	Write: words	sentences	complex

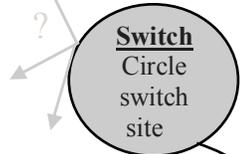
Hearing			
Skills	Modifications		
WFL	C / P	Volume Access	C / P
HOH*	C / P	Voice type/quality	C / P
H/A*	C / P	Headphones	C / P
Deaf	C / P	Silent Mode	C / P

*HOH = Hard of Hearing
*H/A = Hearing Aid

C = Communicator
P = Partner

Fine Motor Skills		WFL
Points: Left/Right hand	Finger/Knuckle	
Writes:		
Tremor:		
Limited (Describe):		
Gross Motor		WFL
Ambulatory	walker	cane
Paralysis/Plegia:	L↑ L↓ R↑ R↓	
Degenerative?	Locked in?	
Balance Issues:		
Weight/size restrictions:		
Positioning:		
Wheelchair: manual/power		
Type of transfer:		

Device Location/Positioning:
Left, Midline, Right,
High, Midpoint, Low



Access Modifications (Mark access site)			
<u>Direct select:</u> pointer stylus • Keyguard			
• Finger/Knuckle:		• Size?	
• Headpointer	• Headmouse	• Eye Gaze	
• Joystick	• Mouse	• Trackball	
• Scanning	• MorseCode	• Use w/c controls	
# of switches:	# of switches:		
Switch Type	Mount:	• w/c	
Switch Mount	Carry case	• other	
Scanning Options			
• Visual	• Auditory	• Zoom	
• Linear	• Row Column	• Group	
• Step	• Inverse	• Auto	
Other:			