

Augmentative and Alternative Communication (AAC) Assessment

Augmentative and alternative communication (AAC) assessment is provided to determine and recommend methods, devices, aids, techniques, symbols, and/or strategies to represent and/or augment spoken and/or written language in ways that optimize communication. These components, in any combination, are known collectively as an AAC system.

Augmentative and alternative communication assessment is conducted according to the Fundamental Components and Guiding Principles.

Individuals Who Provide the Service(s)

AAC assessments are conducted by appropriately credentialed and trained speech-language pathologists.

Speech-language pathologists may perform these assessments individually or as members of collaborative teams that may include the individual being assessed, family/caregivers, and other relevant persons (e.g., educational, vocational, and medical personnel).

Expected Outcome(s)

Consistent with the World Health Organization (WHO) framework, assessment is conducted to identify, measure, and describe —

- structural/functional strengths and deficits related to speech and language factors that affect communication performance and justify the need for AAC devices, equipment, materials, strategies, and/or services to augment speech production or comprehension, to support and promote spoken and written language learning, or to provide an alternative mode of communication;
- effects of speech-language and communication impairments on the individual's activities and participation (capacity and performance in everyday communication contexts), and how an AAC system would support such activities and participation;
- contextual factors that serve as barriers to or facilitators of successful communication and participation for individuals who need AAC systems.

Individuals of all ages, diagnostic categories, and severity who need AAC systems are assisted in selecting and obtaining components (e.g., aids, techniques, symbols, strategies) to optimize communication and activity/participation.

Assessment may result in recommendations for AAC systems, for AAC intervention, for follow-up, and for a referral for other examinations or services.

Clinical Indications

AAC assessment services are provided to individuals of all ages as needed, requested, or mandated or when other evidence suggests that individuals have communication impairments associated with their body structure/function and/or activities/participation that might justify the need for an AAC system.

Assessment is prompted by referral, by the individual's speech-language, communication, educational, vocational, social, and/or health needs, or following completion of a speech-language assessment that is sensitive to cultural and linguistic diversity.

Clinical Process

Comprehensive assessment is sensitive to cultural and linguistic diversity and addresses the components within the WHO's International Classification of Functioning, Disability and Health (2001) framework including body structures/functions, activities/participation, and contextual factors.

Assessment may be static (i.e., using procedures designed to describe current levels of functioning within relevant domains) or dynamic (i.e., using hypothesis testing procedures to optimize selection and use of AAC systems), and includes the following:

- Review of auditory, visual, neuromotor, speech-language, and cognitive status, including observation of posture, gross and fine motor coordination, and any existing adaptive and/or orthotic devices currently used by the patient/client (e.g., wheelchair, neckbraces, communication devices and/or techniques, other specialized equipment).
- Relevant case history information, including medical status, education, vocation, and socioeconomic, cultural and linguistic background regarding activities in which the person needs an AAC system to support communication.
- Standardized and/or nonstandardized methods for assessing the individual's use and acceptance of a range of AAC devices, aids, symbol systems, techniques, and strategies.
- Examination of specific aspects of voice, speech, language (e.g., spoken and written language samples, reading level), cognition, and existing communication options and abilities.
- Methods for identifying associated barriers and facilitators that are addressed in an intervention plan.
- Varied parameters of the AAC assessment (e.g., tests, materials) that depend on levels of severity, whether the patient/client is a child or an adult, and whether the expressive or receptive communication disorder is congenital or acquired.
- Selection of measures for AAC assessment with consideration for ecological validity, environments in which AAC systems routinely will be used, technology and device features, and preferences of the patient/client and communication partners (e.g., family/caregivers, educators, service providers).
- Assessment of a range of potential AAC systems in multiple controlled and natural contexts.
- Follow-up services to monitor individuals with identified speech-language and communication disorders justifying the need for AAC systems.
 - Cognitive-communication and language status
 - Appropriate intervention and support
 - Optimal use of the recommended AAC system
 - Adjustments in the AAC system as necessary
- Evaluation of the individual's ability to use the AAC system effectively in a variety of contexts, with adjustments made to the system as necessary.

Setting, Equipment Specifications, Safety and Health Precautions

Setting: Assessment is conducted in a clinical or natural environment (e.g., home or classroom) conducive to eliciting a representative sample of the patient's/client's language and communication abilities. The goals of the assessment and the WHO framework are

considered in selecting assessment settings. Identifying the influence of contextual factors on functioning (activity and participation) requires assessment data from a range of settings and AAC system components.

Equipment Specifications: Assessment may require the customization and/or fabrication of items to optimize AAC system use or provide an optimal alternative access method.

Assessment tools, methods, and a range of AAC systems are selected with regard to:

- evidence of adequate reliability and validity, including ecological validity;
- appropriateness for persons from the cultural and linguistic community, chronological age, and developmental age of the individual.

Safety and Health Precautions: All services ensure the safety of the patient/client and clinician and adhere to universal health precautions (e.g., prevention of bodily injury and transmission of infectious disease). Decontamination, cleaning, disinfection, and sterilization of multiple-use equipment before reuse are carried out according to facility-specific infection control policies and services and according to manufacturer's instructions.

Documentation

On completion of the initial AAC assessment, the professional reviews the results of any dynamic assessment trials, describes and gives a rationale for the preferred AAC system components, describes a recommended AAC intervention program, and indicates the patient's/client's (and family/caregivers') response to the recommended system and program.

Documentation includes pertinent background information, results, interpretation, prognosis, and recommendations. Recommendations may include the need for further assessment, follow-up, or referral. When intervention is recommended, information is provided concerning frequency, estimated duration, and type of service.

Documentation includes summaries of previous services in accordance with all relevant legal and agency guidelines.

The privacy and security of documentation are maintained in compliance with the regulations of the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and other state and federal laws.

Results of assessment are reported to the individual and family/caregivers, as appropriate. Reports are distributed to referral source and other professionals when appropriate and with written consent.