NHS Specialised AAC Service Equipment Request Report

This report template can be used as a framework to request AAC equipment from the NHS Specialised AAC Service.

Please note that if the AAC equipment you are requesting requires wheelchair mounting then a referral for a specialist assessment by the NHS Specialised AAC Service will be required. If this is the case, please complete a referral form.

SECTION 1: CONTACT DETAILS

1.1 Date of report: Click here to enter a date.

1.2 Patient name: Click here to enter name	**1.13 Assessor Name:** Click here to enter text.
1.3 Date of birth: Click here to enter text.	**1.14 Profession:** Click here to enter text.
1.4 Home address: Click here to enter text.	**1.15 Address:** Click here to enter text.
1.5 Postcode: Click here to enter text.	**1.16 Tel No:** Click here to enter text.
1.6 Tel No: Click here to enter text.	**1.17 Email:** Click here to enter text.
1.7 Email: Click here to enter text.	**SECTION 2: SUPPORT TEAM DETAILS**

1.8 NHS number: Click here to enter text.	**2.1 Details of environment/s:**	Click here to enter text.
1.9 Ethnicity: Choose an item.		
1.10 GP Name: Click here to enter text.	**2.2 Name of contact person:**	Click here to enter text.
1.11 GP Address:	Click here to enter text.	**2.3 Tel No:**	Click here to enter text.
		2.4 Email:	Click here to enter text.
1.12 Patient Diagnosis:	Click here to enter text.	**2.5 Details of local AAC service**	Click here to enter text.

2.6 OTHER PROFESSIONALS INVOLVED

NAME	PROFESSION	ADDRESS	TEL NO	EMAIL
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

SECTION 3: PATIENT DETAILS – BACKGROUND INFORMATION

3.1 Does the patient meet the criteria for eligibility as defined within the service specification D01S/b?

Please give detailed evidence of how the patient meets the eligibility criteria

3.2 Does the patient meet any of the prioritisation criteria identified within the service specification D01S/b?

Choose an item.

Please provide any relevant information where appropriate

Click here to enter text.

3.3 Does the patient have any hearing loss?   Yes   ☐

No   ☐

If Yes, please provide any relevant information

Click here to enter text.

3.4 Does the patient have visual problems?   Yes   ☐

No   ☐

If Yes, please provide any relevant information

Click here to enter text.

3.5 PHYSICAL ACCESS AND CONTROL SKILLS

Click here to enter text

Gross Motor: please detail movement of large muscle groups and whole body movements including movement of the head, legs and arms.

Fine Motor: coordination of the smaller movements of the hands and fingers.

Describe mobility.

3.6 COGNITIVE SKILLS

Click here to enter text

Describe levels of attention:

very distractible/attention fleeting

can attend to own activity for a longer period of time but cuts self off from everything else

still channelled attention but begins to attend to others

single channelled but more easily controlled

integrated attention for short periods of time

integrated attention well established.

Does the client have any memory difficulties?

3.7 LITERACY SKILLS

Reading ability
Click here to enter text

State approximate age equivalent where appropriate

Describe reading ability:
able to read extended text for meaning
able to read paragraphs for meaning
able to read simple sentences for meaning
able to read single words for meaning
unable to read single words for meaning.

Writing ability
State approximate age equivalent where appropriate

Describe writing ability:
able to write sentences generated by self with no assistance
able to write single words generated by self with no assistance
unable to write words.

3.8 UNDERSTANDING OF LANGUAGE
Click here to enter text
Describe receptive language skills:
able to follow group conversation
able to follow complex commands
able to follow 3+ word commands
able to follow 1-2 word commands
unable to follow single word commands

Please include assessment results. These could be standardised, non-standardised criterion referenced assessment procedures.

3.9 CURRENT METHODS OF COMMUNICATION
Click here to enter text
How does the patient currently communicate?
Speech
Vocalisations
Signing
Gestures
Communication board/book

Communication aid

If current method is a communication board/book or aid please provide detailed information about how the language is represented e.g. pictures, symbols, words, vocabulary organisation etc.

If current method is a communication aid please provide detailed information about hardware, software and vocabulary package where appropriate.

3.10 USE OF LANGUAGE i.e. what does the person communicate?

Click here to enter text
Describe expressive language skills:
Uses a full range of communicative functions such as requesting, rejecting, naming, commenting, giving information, asking questions
Uses some communicative functions
Uses limited communication functions
Please include assessment results. These could be standardised, non-standardised or criterion referenced assessment procedures.
Where appropriate, please provide evidence of analysis and recording of pragmatic skills e.g. communication intent/function, success and effectiveness, discourse skills etc.

3.11 WHAT IS THE PURPOSE OF THIS REQUEST FOR EQUIPMENT?

Click here to enter text
Please provide information that links the purpose of the assessment with the communication need e.g.
To provide a temporary means of expression
To identify an alternative to speech
To replace behaviours that challenge
To augment unintelligible speech.

Include information about any needs assessment and/or discrepancy analysis to identify why an individual's level of participation in an activity might be restricted due to his/her lack of access to an effective means of communication.

SECTION 4: ASSESSMENT DETAILS

4.1 WHO WAS PRESENT AT THE ASSESSMENT?

Click here to enter text
Where appropriate, are multidisciplinary professionals around the patient involved and contact details provided?
Where they exist, are members of a local AAC service/team involved?

4.2 WHERE DID THE ASSESSMENT TAKE PLACE?

Click here to enter text
Has the assessment taken place within a functional communication environments?
Where appropriate, please provide evidence of analysis of different modes of AAC and their success in different environments or with different communication partners.

4.3 ASSESSMENT SUMMARY
Click here to enter text
Please provide details of the assessment process which must include information such as:

Form of representation e.g. pictures, photos, symbols, text

Selection set e.g. PCS, Widgit, Symbol Stix, combination of whole word and a particular symbol set

Access method, consideration of other access methods where appropriate

Vocabulary organisation required including information about range of vocabularies considered
Where appropriate, evidence of compare and contrast process of either an existing/new vocabulary or new vocabulary 1/ new vocabulary 2
Where appropriate and available, please refer to any evidence based literature to support the vocabularies considered

Integration with other technologies if required

Portability and/or practical management

Other individual factors

Equipment trials/range of devices considered

SECTION 5: ASSESSMENT RECOMMENDATIONS

5.1 SUMMARY OF RECOMMENDATIONS
Click here to enter text
Please detail conclusions drawn from the assessment process

Please summarise how the required features identified through the background information and assessment process have been matched to the range of appropriate equipment.

Where appropriate, please provide a rationale for a final choice of symbol set.
Where appropriate, please provide rationale for final choice of vocabulary organisation.

Include information about what AAC will allow the individual to do that they currently cannot achieve.

5.2 EQUIPMENT REQUESTED

Click here to enter text

Please provide a detailed list of equipment requested.

Please be aware that this list will be used to order the equipment you are requesting.

Where you would prefer an item from a specific supplier, please state this.

If an item does not appear in this list, it will not be ordered.

Please ensure that all peripherals are included.

SECTION 6: ROLES AND RESPONSIBILITIES

Click here to enter text

Please provide details of the roles and responsibilities that have been agreed by the team around the patient.

This may include but is not restricted to:

Day to day maintenance of the system e.g. recharging, keeping clean, software updates

Overall responsibility for monitoring the system

Target setting: operational, linguistic, social, strategic

Everyday implementation of AAC

Training provided to those whose responsibility it is to support everyday implementation

Updating/editing vocabulary

Recording progress

Identifying timely reviews

Solving technical issues

SECTION 7: ANY OTHER INFORMATION

Click here to enter text

Please use this section to include any other information that might be relevant to your request.