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| 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. |
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| **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 textGross 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 textDescribe levels of attention: very distractible/attention fleetingcan attend to own activity for a longer period of time but cuts self off from everything elsestill channelled attention but begins to attend to otherssingle channelled but more easily controlledintegrated attention for short periods of timeintegrated attention well established. Does the client have any memory difficulties?*** |
| **3.7 LITERACY SKILLS****Reading ability*****Click here to enter textState approximate age equivalent where appropriateDescribe reading ability: able to read extended text for meaningable to read paragraphs for meaningable to read simple sentences for meaningable to read single words for meaningunable to read single words for meaning.*****Writing ability** ***State approximate age equivalent where appropriateDescribe writing ability: able to write sentences generated by self with no assistanceable to write single words generated by self with no assistanceunable to write words.*** |
| **3.8 UNDERSTANDING OF LANGUAGE*****Click here to enter textDescribe receptive language skills:able to follow group conversationable to follow complex commandsable to follow 3+ word commandsable to follow 1-2 word commandsunable to follow single word commandsPlease include assessment results. These could be standardised, non-standardised criterion referenced assessment procedures.*** |
| **3.9 CURRENT METHODS OF COMMUNICATION*****Click here to enter textHow does the patient currently communicate?SpeechVocalisationsSigningGesturesCommunication board/bookCommunication 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 textDescribe expressive language skills:Uses a full range of communicative functions such as requesting, rejecting, naming, commenting, giving information, asking questionsUses some communicative functionsUses limited communication functionsPlease 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 textPlease provide information that links the purpose of the assessment with the communication need e.g.To provide a temporary means of expressionTo identify an alternative to speechTo replace behaviours that challengeTo 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 textWhere 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 textHas 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 textPlease provide details of the assessment process which must include information such as: Form of representation e.g. pictures, photos, symbols, textSelection set e.g. PCS, Widgit, Symbol Stix, combination of whole word and a particular symbol setAccess method, consideration of other access methods where appropriateVocabulary 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 2Where appropriate and available, please refer to any evidence based literature to support the vocabularies consideredIntegration with other technologies if requiredPortability and/or practical managementOther individual factorsEquipment trials/range of devices considered*** |
| **SECTION 5: ASSESSMENT RECOMMENDATIONS** |
| **5.1 SUMMARY OF RECOMMENDATIONS*****Click here to enter textPlease detail conclusions drawn from the assessment processPlease 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 textPlease 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 textPlease 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 updatesOverall responsibility for monitoring the systemTarget setting: operational, linguistic, social, strategicEveryday implementation of AACTraining provided to those whose responsibility it is to support everyday implementationUpdating/editing vocabularyRecording progressIdentifying timely reviewsSolving technical issues*** |
| **SECTION 7: ANY OTHER INFORMATION*****Click here to enter textPlease use this section to include any other information that might be relevant to your request.*** |