

Announcing a workshop from



Special thanks to ISBE for their grant support of this training.



United Cerebral Palsy Seguin of Greater Chicago is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This Course is offered for 1.55 ASHA CEUs. Introductory level Professional area. (100% Attendance Required)

# AAC Assessment Series

Facilitated by: *Heather Miller* — MS, CCC-SLP, UCP Seguin & *Kathleen Post* — MS, CCC-SLP, Midwestern Univ. Multispecialty Clinics

**November 9, 2018 ~ ~ March 8, 2019**

See Schedule on page 2

**LaSalle County Special Education --**

**LEASE**

1009 Boyce Memorial Drive  
Ottawa, IL 61350

**Who Should Attend?** This session is designed for **AT teams - Any combination of the following:** SLPs; OTs; Sp. Ed. Teachers; PTs; Social Workers and Administrator.

**What Is It?** This presentation will discuss the *augmentative and alternative communication (AAC) assessment* process within the education environment. Participants will compare features of current mobile technology apps and dedicated speech generating devices and examine the benefits of matching the technology to the student rather than matching the student to the technology. The steps of an *AAC assessment* will be outlined & discussion will focus on evaluation models, tools, formats and recommendations. Participants will walk away with the knowledge necessary to make decisions that best support a student's communication needs within the classroom..

Financial Disclosure: Heather Miller Schwarz is employed by UCP Seguin Infinitec and received compensation for providing this training. Non-Financial Disclosure: Heather Miller Schwarz has no relevant nonfinancial relationships.

Financial Disclosure: Kathleen Post received compensation for this training by UCP Seguin Infinitec. Non-Financial Disclosure: Kathleen Post has no relevant nonfinancial relationships.

## Outcomes

**Participants will be able to:**

- identify the components of a feature match assessment and list three tools to support this process.
- compare and contrast the features of a variety of apps and speech generating devices for communication.
- identify three strategies to promote AAC usage during and after the AAC trial.

*Please Make Your Own Arrangements For Lunch*

**How do I sign up? – PLEASE PRINT NEATLY**

Registration Fee: **NO COST**

**CEUs for SLPs using the ASHA registry - \$5.00 processing fee (non-refundable). This fee does not apply to SLPs who independently track their credit hours.**

**Please Fax completed registration form to:**

**708-444-4204 Atten: Debra -- or Scan & Email To: [debanks@ucpnet.org](mailto:debanks@ucpnet.org) & [bliszeo@ucpnet.org](mailto:bliszeo@ucpnet.org)**

**Phone: 708/444-8460,**

**Debra, Ext. 223 or Maureen Joy, Ext. 248**

*This program qualifies for ISBE PD Clock Hours and CE for SLPs, PTs, OTs, SWs and Nurses through IDFP, and ASHA CEU*

*Please check the website [www.myinfinitec.org](http://www.myinfinitec.org) before coming to trainings to make sure there have been no changes in location or for any weather concerns.*

**Participants must submit a case study prior to the initial workshop. The case study form is attached. Please complete as possible**

.....  
This seminar that relates to Access to Core Curriculum aligns with my school improvement plan. \_\_\_Yes \_\_\_No

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Organization/School District: \_\_\_\_\_

Coalition Agency (if applicable): \_\_\_\_\_

Name of Work Site/Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Age-level(s) served:  Early Childhood  Elementary  Secondary  Adult Any info changed?:  Yes  No

Accommodations/alternate formats needed (2 weeks notice requested, please): \_\_\_\_\_

Registration for: **AAC Assessment - ISBE STATEWIDE -- NOV-9-2018 ~ MARCH-8-2019**

# TIMELINE AND AAC ASSESSMENT SERIES ACTIVITIES:

 NOV 9<sup>TH</sup>, 2018 ~~ (AAC OVERVIEW) / 9:00~3:00<sup>PM</sup>

 NOV 29<sup>TH</sup>, 2018 ~~ (AAC ASSESSMENT DAY 1) / 9:00~3:00<sup>PM</sup>

 DEC 19<sup>TH</sup>, 2018 ~~ ZOOM CALL / 8:00~9:30<sup>PM</sup>

 JAN 25<sup>TH</sup>, 2018 ~~ ZOOM CALL / 8:00~9:30<sup>PM</sup>

 FEB 13<sup>TH</sup>, 2019 ~~ ZOOM CALL / 8:00~9:30<sup>PM</sup>

 MARCH 8<sup>TH</sup>, 2019 ~~ FINAL WRAP UP ZOOM CALL / 8:00~10:00<sup>AM</sup>



STUDENT INFORMATION SUMMARY

**This information is to be used for the purpose of client consultation only. All information is confidential.**

School Contact: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_  
Team Member: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_  
Team Member: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_  
School Attending: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
School Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Student Information**

Student Initials: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
Grade: \_\_\_\_\_ Medical and Speech Diagnosis: \_\_\_\_\_  
Related disabilities (vision impairment, seizures, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Services received in school: OT PT Speech Therapy Vision Other \_\_\_\_\_  
Classroom placement: (please indicate % of day in each) \_\_\_\_\_

**Medical history**

Please note any significant medical concerns/events which may impact the student's current abilities/status

Date of student's last vision report: \_\_\_\_\_ Does the student have corrected lenses? \_\_\_\_\_  
Does student's vision interfere with the completion of daily activities?  
\_\_\_\_\_

Does the student have any apparent hearing difficulties that affect classroom participation/ performance?  
\_\_\_\_\_

Does the student have hearing aides? \_\_\_\_\_

**Motor**

Does the student have any limitations in range of motion which affect his/her classroom performance?  
\_\_\_\_\_

Does the student have abnormal reflexes or muscle tone that affect his/her ability to control movements?  
\_\_\_\_\_

Is fatigue a factor in the student's day? \_\_\_\_\_  
Describe the student's fine motor abilities (e.g., pencil grip, manipulating paper).  
\_\_\_\_\_  
\_\_\_\_\_

What is the student's typical means of mobility? (if wheelchair, power or manual?)  
\_\_\_\_\_

If the student currently uses a communication device, what method of access does he/she use?  
\_\_\_\_\_

Does the student have sensory processing issues? \_\_\_\_\_

## Behavior

Describe any behavioral concerns.

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## Cognitive Skills

Does the student understand object permanence? \_\_\_\_\_

Does the student understand cause and effect? \_\_\_\_\_

Does the student understand means-end? \_\_\_\_\_

Does the student anticipate routine? \_\_\_\_\_

Does the student identify familiar people/objects \_\_\_\_\_

Does the student demonstrate functional use of objects? \_\_\_\_\_

Does the student sort? \_\_\_\_\_

Does the student write? \_\_\_\_\_

Can the student identify sight words? \_\_\_\_\_ if yes, how many? \_\_\_\_\_

Does the student read? If so, what approximate grade level? \_\_\_\_\_

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How long can the student attend to tasks? \_\_\_\_\_

Does the student identify AAC supports as a means to communicate with others? (if applicable) \_\_\_\_\_

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## Communication

Does the student understand single words? \_\_\_\_ If yes, how many? 1-10 \_\_\_\_ 10-20 \_\_\_\_ more than 20 \_\_\_\_

Does the student follow verbal commands? If yes, how many steps? \_\_\_\_\_

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Does the student respond to yes/no questions? \_\_\_\_\_

Does the student respond to wh questions? \_\_\_\_\_

How well does the student understand conversational speech? \_\_\_\_\_

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What is the student's primary mode of communication at school? \_\_\_\_\_

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What is the student's primary mode of communication at home? \_\_\_\_\_

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Does the student show interest in communicating with others? \_\_\_\_\_

If the student uses verbal communication, how well is he/she understood? \_\_\_\_\_

How does the student communicate the following? (please circle)

Gain attention

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Basic wants and needs

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Requests choice

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Directing action of others

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Indicating continuation

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Termination of activity

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Express rejection/refusal

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Request assistance

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Commenting

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Providing personal information/sharing news

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Asking questions

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

Conversation/social communication

facial expression    vocalization/verbalization    action/behavior    sign    eye gaze    other \_\_\_\_\_

If relevant, please list most recent vocabulary and language standardized tests and scores:

\_\_\_\_\_  
\_\_\_\_\_

**Assistive Technology**

Briefly describe Augmentative communication system previously or currently used by the student.

\_\_\_\_\_  
\_\_\_\_\_

Does the student use symbols or words/letters on his/her system?

\_\_\_\_\_  
\_\_\_\_\_

What symbol set is used by the student? (e.g., PCS, SymbolStix, Minspeak)

\_\_\_\_\_  
\_\_\_\_\_

What is the size of the icons used by the student?

\_\_\_\_\_  
\_\_\_\_\_

From what field size does the student communicate? How many buttons are hidden/shown in his/her vocabulary? Does this differ across pages or screens? \_\_\_\_\_

What vocabulary is used by the student (e.g., Unity, WordPower, custom, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Are there any special settings or keyguards in place to assist the student's access? Please detail.

\_\_\_\_\_  
\_\_\_\_\_

How does this student access his/her communication system? (e.g., direct selection, switch, mouse, head, eye gaze, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How often does the student use his/her technology? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When used, how independent is the student? \_\_\_\_\_

Please describe your experience with this student's current/past AAC system. Please indicate any difficulties, successes, barriers that you have encountered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO EXCHANGE RECORDS**



We understand that information about your child is personal and confidential. In order to maintain the privacy of your child, we must obtain your authorization, before we may use, disclose, or exchange information. This form provides that authorization and helps us to make sure that you are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form.

**WHO IS COVERED BY THIS AUTHORIZATION?**

Student Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**WHO WILL EXCHANGE THE SPECIFIED INFORMATION WITH UCP INFINITEC?**

Contact Name \_\_\_\_\_  
Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**WHAT INFORMATION WILL BE EXCHANGED?**

- telephone consultation
- IEP information
- multidisciplinary reports
- pictures/videotapes
- progress notes
- other(please specify \_\_\_\_\_)

By signing this authorization form, you authorize the exchange of the information for the purposes of the UCP Seguin of Greater Chicago and Illinois State Board of Education Assistive Technology Assessment Series staff and participants. Information will be shared to help apply the skills acquired within this series and to assist your team with the educational programming of your child. You have the right to obtain the information about your child shared between the parties indicated on this form. You also have a right to receive a copy of this form after you have signed it. You have the right to revoke this authorization at any time. To revoke this authorization, please contact Heather Miller Schwarz at (708) 444-4203 x243.

**SIGNATURE**

I have read this form and understand all of the information presented to me. By signing below, I acknowledge that I have read and accept all of the above.

Signature of Parent or Legal Guardian \_\_\_\_\_  
Date \_\_\_\_\_

CC Parent/Legal Guardian