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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 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.*** | | | | | | |