Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg

# Assistive Technology

PRODUCTS AND SERVICES

## Communication Devices Program
## Equipment Trial Database

Deer Lodge Centre (DLC)
2109 Portage Ave.
Winnipeg, MB R3J 0L3
Phone: (204) 831-3430
Fax: (204) 885-2524

NAME:_____ DATE: _____ PHIN: _____

## PART 1: DEVICE HARDWARE & SOFTWARE ASSESSMENT: □ TRIAL #: □ 1, □ 2, □ 3, □ 4

**Hardware**: _____ **Software**:_____ **Persona/Profile/User**: _____

**Language Representation Method**:

□ Text (□QWERTY, □ABC) □ Word Power □ Phrases/Whole Messages □ Symbols □ Pictures □ Visual Scenes

□ Other:_____

**Page Format**:

□ Grid □ Free form □ Visual scene □ Other: _____

**Size of targets**:

□ Keyboard; □ <1" □ 1" □ 2" □ 3" □ >3" □ Other: _____

□ Array Size: _____ □ Space between targets: □ Small □Medium □Large □Extra Large

**Modifications made for hearing deficit**:

□ Volume □ Voice type/quality □ Headphones □ Silent Mode □ Other: _____

**Modifications made for vision deficit**:

□ Tactile □ Auditory □ Zoom □ Symbols □ Colour □ Contrast □ Font size: _____

□ Position re: field cuts/neglect (□ R, □ L, □ T, □ B), □ Other: _____

**Navigation**:

□ Single page □ Navigates between pages (□ up to ___ pages, □ unlimited) □ Other: _____

**Navigation support**:

□ Independent □ Verbal Prompts □ in Context □ with Repetition □ Hand over Hand

□ Partner Assisted Navigation □ Visual cue (□ button shape, □highlight) □ Other: _____

**Software Adaptation/Settings**:

□ Zoom Magnification: _____ □ Zoom Time: _____ □ Show Eye Dot; (□Y □N) □ Audio Feedback; (□Y □N)

□ Highlight Colour:_____□ Highlight Type; □ Border □ Inversion □ Cell; (□ Bottom-up □ Contract □ Drain)

□ Dwell time: _____ □ Repeats; □ On □ Off □ Click; □ On □ Off

□ Progress Colour: _____;□ Bar □ Pie □ Shrink Dot □Contract

□ Cursor Size: _____ □ Cursor Speed: _____ □ Edgeless Cursor: _____

□ Onscreen Keyboard: _____ □ Other:

**Physical Adaptation:**

□ Splint, □ Headpointer, □ Mouthstick, □ Stylus, □ Other: _____

## PART 2: ACCESS METHOD/POSITIONING

**i) Direct Touch Access:** □ **Not applicable (skip to section ii)**

□ Access method (i.e. R index finger): _____

**Method**:

□ Touch enter □ Touch exit □ Delay: _____ □ Touch & Hold/ Time: _____ □ Release time: _____

□ Keyguard: □ YES □ NO Details: _____

□ Other: _____

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**ii) Switch Access**: □ **Not applicable (skip to section iii)**

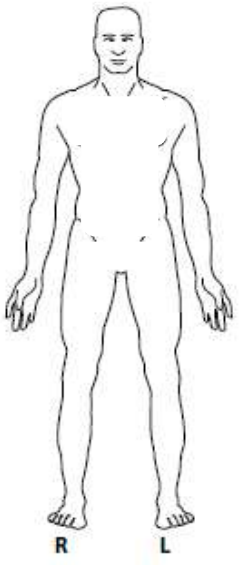
□ Mechanical □ Electronic □ Pneumatic □ Other: _____

**Force Available**: □ None(0 g) □ Light (<7 to 10 g) □ Medium (11 to 100 g) □ Heavy (100+ g) □ Other: _____

**Switches assessed during session**:

| Switch | Activation Site | Location/mount | Activate Y/N & Cues | Hold Time | Release Y/N & Cues | Reactivate Y/N & Cues | Recommend & Reason |
|---|---|---|---|---|---|---|---|
| **i.e. Big Red** | **Right hand** | **Lap tray, right front** | **Yes, no cue** | **Hold 2-3 seconds** | **Y, with v. cue** | **N, even with v. cue Required HOH.** | **NO** |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Scan Type**: □ Single Switch □ Multi-Switch; Switch 1: □ Auto □Activate □Advance Switch 2: □Auto □Activate □Advance
□ Auto □ Step/Tap □ Hold; _____ □ Inverse(Release) □ Elimination □ Other: _____
**Scan Pattern**; □ Linear □ Row Column □ Quadrant □ Group Scan □ Custom: _____
Scan Speed: _____ Pause**:** _____ Hold/Release Time: _____ # Scans: _____
□ Skip Empty Cells □ Reverse Scan Direction □ Ignore Repeats; □ Shorter:_____ □ Within: _____
□ Other Settings: _____




**iii) Alternate Access**: □ **Not applicable (skip to section iv)**
□ Head Mouse (DIP; □ UP □ DOWN) □ Eye Tracking* (□ both eyes, □ OD-R, □ OS-L)
□ Alternate Cursor Control: _____

***Calibration Settings**: Target/Colour: _____ # of Targets: _____ Size: _____
Speed:_____ Background Colour: _____ Field Size: _____

**iv) Access Site(s)/Location(s)**: □ **Not applicable (skip to Part 3)**
□ Head □ Forehead □ Eye(s) □ Mouth □ Chin □ Shoulder □ Arm □ Elbow □ Hand □ Fingers
□ Hip □ Leg (thigh) □ Knee □ Leg (calf/lower) □ Ankle □ Foot □ Other: _____

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## PART 3: DEVICE/ACCESS MOUNTING

**i) Device Mount:** □ **Not Applicable (skip to section ii)**

□ **DAESSY SYSTEM**

□ Swing Away □ Locking *FYI – MUST lock for transportation purposes
□ Rigid □ Folding (□ side or □ rear)
□ Rolling Mount: □ regular or □ tall / □ standard or □ offset / □ 24", □ 32", □ 36"
□ Desk Top □ Other: _____

□ **IDEAS SYSTEM**

□ Lift & Lock □ with Riser
□ M2 (0-5 lbs) □ M2X (5-10 lbs) □ M2Max (10-15 lbs)
□ Cobra Desk Mount
□ Post Mount (specify): _____
□ Other: _____

□ **OTHER SYSTEM**

□ Use current equipment for positioning (i.e. laptray, previous mount): _____
□ Universal Mounting Arm: _____
□ Loc-line: _____
□ Custom: □ Refer to HSC – Machinist Assigned: _____
□ Refer to Ideas – requires PO:_____
□ Other: _____

**ii) Switch Mount** □ **Not Applicable (skip to Part 4)**

□ **DAESSY SYSTEM**

□ Stem (list components): _____

□ **IDEAS SYSTEM**

□ Tube & Socket (list components):_____

□ **OTHER SYSTEM**

□ Use current equipment for positioning (i.e. laptray, previous mount): _____
□ Universal Mounting Arm: _____
□ Loc-line: _____
□ Custom: □ Refer to HSC – Machinist Assigned: _____
□ Refer to Ideas – requires PO:_____
□ Other: _____

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## PART 4: TRIAL CONCLUSION & PLAN

□ **Successful trial, recommend Prescription and Rental of above AAC system**

Please complete the following paperwork:

□ CDP-05 Prescription

□ CDP-07 Private Payee Rental/Deposit Agreement OR □ CDP-08 Third Party Rental/Deposit Agreement

□ Outcome Measure(s): _____

□ Schedule 6 month follow-up appointment, DATE: _____ TIME: _____

□ In-person (CDP) □ Telephone

□ CONFIRM TELEPHONE #: _____

Staff member assigned for follow-up: □ **SLP** □ **OT** □ **RA** □ **Admin Assistant**

□ **Further exploration required to address the following concerns**:

_____

_____

_____

□ **Equipment recommended for next trial (if known): _____**

_____

□ **High-Tech AAC not appropriate for rental at this time, secondary to the following concerns:**

_____

_____

_____

□ **Discharge from CDP**

□ **Refer to appropriate resource:**

□ **SLP Outpatient Waitlist**

□ **St. Amant**

□ **OTHER: _____**

**Details not captured elsewhere:**

_____

_____

_____

_____

_____

**Speech-Language Pathologist/ Date** **Occupational Therapist/ Date**