**SPEECH** / **LANGUAGE EVALUATION FORM**

**I. DEMOGRAPHIC INFORMATION**

Client's name: Date of Onset:

Date of birth: Date of Evaluation:

Age: Speech-Language Pathologist:

Medical Diagnosis & ICD Code: Physician:

Speech Diagnosis & ICD Code:

**II. CURRENT COMMUNICATION IMPAIRMENT**

**Type of Communication Impairment:**

**Severity of Impairment:**

**Anticipated Course of Impairment:**

**Speech** & **Language Skills:**

**Cognitive Ability:**

**Vision/Hearing Status:**

**Physical Status:**

**III. CURRENT COMMUNCIATION SKILLS**

**Current methods of communication:**

**Specific Daily Functional Communication Needs:**

**IV. DEVICE TRIALS**

**Previously Considered Communication Methods:**

**Device Trials:**

**V. DURABLE MEDICAL EQUIPMENT AND ACCESSORY REQUIREMENTS**

Based on this evaluation, the following equipment is recommended:

1. E2510 Eyegaze Edge Talker with Eyeworld Communication Software
2. E2599 Eyegaze Edge Eye Tracking Package
3. E2512 Eyegaze Edge Mounting Package

**VI. RECOMMENDATION AND RATIONALE FOR DEVICE SELECTION**

**VII. FUNCTIONAL COMMUNICATION GOALS**

**VIII. Training Schedule**

**IX. Physician Involvement Statement**

This report was forwarded to the treating physician: **Yes** No

**Date Forwarded:**

**Name of Physician: ­­­­­­­­­­­­­­­­­­­­­­­­**

**Address of Physician:**

**Phone number of Physician:**

**NPI:**

**X. Speech Language Pathologist Statement/Assurance of financial independence**

(SLP may not be an employee or have financial relationship with the supplier of the SDG):

I,  *(Name of SLP)* , am not an employee of the supplier of the SGD, nor do I have financial relationship with the company that supplies the device.

**Signature of licensed SLP (including credentials):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SLP Name (please print):**

**SLP Phone Number:**

**ASHA Certification Number:**

**State License Number:**

Please fax or mail this report with original signatures to:

Eyegaze Inc.

Attention: Funding Manager

10363 Democracy Lane

Fairfax, VA 22030

Fax: 703-385-7137

Please delete the following information for your final report copy: If using an encrypted email server, this completed evaluation report may be emailed to [funding@eyegaze.com](mailto:funding@eyegaze.com)

Questions? 1-800-393-4293 or 703-385-8800