

## SLP EVALUATION REPORT GUIDELINE

*The guidelines in RED will help you create a report that complies with Medicare and private insurance content requirements. For this report to be accepted, the client must have a physician face-to-face visit documented within the last 6-months prior to the date of the written prescription.*

## 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:** Detail how the client's functional and daily communication needs cannot be met using natural communication methods or low-tech AAC methods. Include specific details regarding their intelligibility, rate of speech, voice characteristics, inability to use arms or hands, justifying the need for eye gaze input. Rate the severity along a scale, mild/moderate/severe, etc.

**Anticipated Course of Impairment:** Include the prognosis and length of need (lifetime).

**Speech & Language Skills:** Include expressive, receptive, reading, spelling or symbol recognition.

**Cognitive Ability:**

**Vision/Hearing Status:**

**Physical Status:** Include the client's ability to ambulate, wheelchair or bed use, inability to use upper arms and/or hands (e.g., completely non-functional or rapidly declining in strength and movement) and limitations in ability to touch a screen or hold a device, justifying the need for eye tracking.

### **III. CURRENT COMMUNICATION SKILLS**

#### **Current methods of communication:**

- Detail current methods of communication and their inadequacy
- Can include unaided and aided communication methods and use of low-tech AAC communication (e.g., pencil/paper, boogie board, e-tran board, tablet or cell phone, letter board, blinking, thumbs up/down, etc.)

#### **Specific Daily Functional Communication Needs:**

- Detail the client's specific daily communication needs and current ability/inability to meet these needs

### **IV. DEVICE TRIALS**

#### **Previously Considered Communication Methods:**

- Alternative available AAC tools and rationale for ruling them out
- Include any current unaided or aided communication methods, use of low-tech AAC as well as natural modes of communication and why they are inadequate

#### **Device Trials:**

- Best practice is to trial multiple devices with a patient
- Document observations and data from each device trial, including examples of success and limitations. Document why other devices were ruled out.
- Examples can include the ease of set-up, ease of calibration, typing accuracy, navigation of functional communication pages, software navigation and customization, and patient preference. This can also include patient-specific eye conditions that will be factors in successful eye gaze use.
- The Eyegaze Edge calibration screen will provide a specific numerical calibration accuracy to include in your report. You may also document how many attempts were needed to calibrate, and how many calibration points were accepted (e.g., "The patient calibrated on the first attempt with 9 out of 9 calibration points with a 0.15" accuracy.")

### **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

Please Note: E2512 Eyegaze Edge Mounting Package will cover 1 or 2 mounts. Justification for 1 or 2 mounts must be made in the text of your evaluation. For example, if recommending an adjustable table clamp mount and a wheelchair mount,

you must provide justification as to why they need these mounts. Here is an example (customize as appropriate for your patient, their needs and environment):

“The Eyegaze Edge Talker with Eyeworld communication software is needed because the patient cannot reliably use other communication devices with their current motor skills. The Eye tracking package is required to provide them access, via the movement of their eyes, to the functions of the communication software including eye-typing keyboard, phrase pages, medical communication pages and emergency call bell features. The mounting package is required so the patient has access to the communication device day and night in all environments, including while sitting in a wheelchair, at medical appointments, and at home while in bed.”

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

- Detail the rationale for each component of the recommended device
- Include why the specific device or component was selected, how it will be used, the client’s cognitive and physical abilities to effectively use the selected device and accessories and how their speech impairment will benefit from ordering the recommended device
- Please note, you must provide the rationale for each component in section V.
- Use elements of the “Unique Benefits of the Eyegaze Edge” information sheet to justify your recommendation, e.g., “The Eyegaze Edge is the most robust system for the patient because the camera accommodates for ptosis of the eyelids, mydriasis, etc.” Customize according to your patient’s diagnosis and specific body function.

## **VII. FUNCTIONAL COMMUNICATION GOALS**

Using the Eyegaze Edge, the following goals will be targeted upon receipt of the SGD:

List long-term and short-term goals to be met once the client receives the device. These goals may include linguistic goals, operational goals or functional/social communication goals.

## **VIII. Training Schedule**

Upon delivery the local representative from Eyegaze Inc. will provide the client, family and caregiver training of at least 3 hours. Local representatives and Eyegaze Inc. staff will be available for support via phone, video conference and remote access. The Eyegaze Edge has a library of training videos accessible to the user at all times.

Detail additional recommendations on follow-up speech therapy sessions to achieve the goals outlined in this document.

## 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:**

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## 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

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

If you would like a blank template of this report, please contact Eyegaze Inc. by emailing [funding@eyegaze.com](mailto:funding@eyegaze.com)