

New York Medicaid Data Sheet Collection

Patient Name:	
Patient DOB:	
SLP Name:	
SLP Email:	
Device Usage Dates:	

Directions: Please select 3 communication functions below and list the messages that were produced using a high-tech device. **NOTE:** This form can be completed multiple times to document continued progress with the device.

What types of <u>communication functions</u> would you like to submit examples on? (Select all that apply)	☐ Requesting ☐ Commenting ☐ Labeling ☐ Describing ☐ Asking a question	☐ Protesting ☐ Social Interaction ☐ Share Information ☐ Express Emotions ☐ Other:
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Communication Function 1:	
Message 1:	
Was prompting/cueing provided to produce this message?	☐ No, this message was generated independently. ☐ Yes, prompting /cueing was provided. <u>If yes</u>, describe the specific prompting or cueing provided:
Message 2:	
Was prompting/cueing provided to produce this message?	☐ No, this message was generated independently. ☐ Yes, prompting /cueing was provided. <u>If yes</u>, describe the specific prompting or cueing provided:

Communication Function 2:	
Message 1:	
Was prompting/cueing provided to produce this message?	☐ No, this message was generated independently. ☐ Yes, prompting /cueing was provided. <u>If yes</u> , describe the specific prompting or cueing provided:
Message 2:	
Was prompting/cueing provided to produce this message?	☐ No, this message was generated independently. ☐ Yes, prompting /cueing was provided. <u>If yes</u> , describe the specific prompting or cueing provided:
Communication Function 3:	
Message 1:	
Was prompting/cueing provided to produce this message?	☐ No, this message was generated independently. ☐ Yes, prompting /cueing was provided. <u>If yes</u> , describe the specific prompting or cueing provided:
Message 2:	
Was prompting/cueing provided to produce this message?	☐ No, this message was generated independently. ☐ Yes, prompting /cueing was provided. <u>If yes</u> , describe the specific prompting or cueing provided:

Directions: Select the locations, communication partners, and medical relevance of the messages produced with the device. Please select all that apply.

Locations of device use: (Select all that apply)	☐ Therapy session ☐ Community ☐ School ☐ Other:
Communication Partners: (Select all that apply)	☐ SLP ☐ Peer ☐ Family Member ☐ Teacher ☐ Other:
How are these messages medically relevant and beneficial for functional communication? (Select all that apply)	☐ Expressed daily communication needs ☐ Reduced or prevented challenging behaviors ☐ Participated in curriculum/activities of daily living ☐ Self-Advocated ☐ Provided medical, health and/or safety information ☐ Repaired Communication Breakdowns ☐ Participated in social interactions ☐ Other: