

Speech-Generating Device Screener

Client Name: _____ Date: _____ SLP Name: _____

Please answer the following questions to assess whether the client may benefit from a speech-generating device (SGD).

- 1) History of Spoken Language Development:** Has the client had a history of difficulty developing spoken language despite receiving interventions?
 Yes No Not Sure

- 2) Meeting Needs and Wants:** Is the client unable to consistently get their needs and wants met through their current communication methods?
 Yes No Sometimes

- 3) Intelligibility of Speech:** Is the client's speech often unintelligible or difficult for both familiar or unfamiliar listeners to understand?
 Yes No Sometimes

- 4) Frustration and Communication Breakdowns:** Does the client frequently display frustration or experience communication breakdowns?
 Yes No Occasionally

- 5) Communication Across Environments:** Is the client unable to effectively communicate in all environments, such as home, school, or daycare?
 Yes No Sometimes

- 6) Current Use of Low to Mid Tech Solutions:** Is the client currently using low to mid-tech communication aids or strategies?
 Yes No Not Sure

If you answered yes to one or more of these questions, you may want to consider a SGD.

Additional Notes:

SLP's Recommendations:

This questionnaire can help guide the assessment process and determine if an SGD might be an appropriate tool for enhancing communication for your client.