Queensland Government — Medical Aids Subsidy Scheme (MASS) Queensland Health

Communication Aids Trial Information and Pro Forma

(Affix identification label here)

Family name:

Given name(s):

Date of birth: Gender: ☐M ☐F ☐I

Privacy Statement

Ongoing Application Information

Much of the information on this page will remain unchanged during the trial process. Use the table at the end of the page to summarise the series of device trials.

Applicant's communication goal/s for this device or software (there may be more than one)

Communication Team

Applicant	Family Member(s)
Speech Pathologist	Occupational Therapist

Additional team members may include class teacher, physiotherapist, unit manager, personal carer, psychologist, teacher aide, etc – please list below:

Summary of applicant's current communication skills

Include information about speech development/intelligibility, non-verbal means of communication (including names of signing/symbol systems, electronic equipment), language and literacy levels, sensory levels (vision and hearing) and access skills as appropriate.

It is strongly recommended that the applicant has in place and maintains a low-tech communication system (e.g. communication book/board) as a foundation and a secondary system for any high-tech communication system that is introduced.

Applicant's current and future communication needs

Summary list of communication aids trialled

Name of Device/Software	Period Trialled	Outcome of Trial

SW80039

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Communication Aid Trials

Use a new sheet for every device/software trial.

Pages 2-4 can be submitted with the MASS21 Speech Generating Device Application and/or used as a resource to assist with the completion of the application form.

Brand/Model of Communication Device or software trialled
Length of Trial

How was the device/software used? This table can be used to record incidents of device use

When was it used?	Who with?	Where?	Communicative situation/purpose	Set up e.g. vocab available, access equipment

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Communication Aid Trials continued…

Rate each out of 3; 1 = Poor, 2 = Fair/unsure, 3 = Good

Outcomes regarding the applicant's use of the device/software

Outcome	Applicant's Self Rating			Team's Rating of Applicant		
Linguistic Competence	**1**	**2**	**3**	**1**	**2**	**3**
• Understanding of letter/word/symbol displays	☐	☐	☐	☐	☐	☐

• Relevant/appropriate selection of keys/cell to convey meaning
    – Independently
    – With prompting
	☐	☐	☐	☐	☐	☐

Operational Competence	**1**	**2**	**3**	**1**	**2**	**3**
• On/off	☐	☐	☐	☐	☐	☐
• Volume Control	☐	☐	☐	☐	☐	☐
• Understanding Vocabulary storage system (levels/page navigation etc)	☐	☐	☐	☐	☐	☐
• Ability to scan/search displays	☐	☐	☐	☐	☐	☐
• Access	☐	☐	☐	☐	☐	☐
Social competence/participation	**1**	**2**	**3**	**1**	**2**	**3**
• Ability to initiate, maintain and terminate communication	☐	☐	☐	☐	☐	☐
• Turn taking	☐	☐	☐	☐	☐	☐

• Express a range of communicative function
    – Requesting   – Greeting
    – Choice making   – Directing
    – Commenting   – Questioning
	☐	☐	☐	☐	☐	☐

• Use with familiar people in familiar environments	☐	☐	☐	☐	☐	☐
• Use with unfamiliar people in unfamiliar environments	☐	☐	☐	☐	☐	☐
Strategic Competence	**1**	**2**	**3**	**1**	**2**	**3**
• Ability to cope with communication breakdown	☐	☐	☐	☐	☐	☐
• Ability to correct errors	☐	☐	☐	☐	☐	☐
• Ability to ask for help	☐	☐	☐	☐	☐	☐
Psychosocial Factors influencing communicative competence	**1**	**2**	**3**	**1**	**2**	**3**
• Motivation to use device	☐	☐	☐	☐	☐	☐
• Confidence using the device	☐	☐	☐	☐	☐	☐
Other comments on outcomes	**1**	**2**	**3**	**1**	**2**	**3**
	☐	☐	☐	☐	☐	☐

Outcomes regarding the family/carers knowledge, skills and confidence in supporting the device/software.

Family/Carer Self Rating	1	2	3
• Understanding of the language system – letters/words/symbols	☐	☐	☐
• Understanding of how to model and facilitate communication interactions using the device/software	☐	☐	☐
• Understanding and confidence in the ability to manage the operational features of the device/software	☐	☐	☐
• Ability and resources to customise vocabulary	☐	☐	☐
• Knowledge and skills to set up accessing equipment (if required)	☐	☐	☐
• Enjoyment and motivation to support device/software.	☐	☐	☐

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Communication Aid Trials continued…

Describe the level and type of support and training provided to the applicant and the family/carers during the trial

How did the device/software meet the applicant's communication goals?

How could this device/software or the environment be adapted to better meet the applicant's communication goals?

MASS Service Centre Details – Submit form to a MASS Service Centre

Website: health.qld.gov.au/mass/
Telephone: 07 3136 3696 **Fax:** 07 3220 6398

Postal Address: PO Box 281, Cannon Hill Qld 4170
Email: MASS-SpecialisedServices@health.qld.gov.au

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