SLP-chosen for you, from the Nicespeechlady.com library	SPEECH PATHOLOGY PATIENT:	
	SPEECH PATHOLOGIST:	
***************************************	SPECIAL INSTRUCTIONS:	
Nice Speech Lady		bate:

<u>Concise Nicespeechlady.com AUGMENTATIVE/ASSISTIVE COMMUNICATION (A/AC) ASSESSMENTS - Caregiver/Patient Perception -- Versions 1,2</u>

Caregiver and patient-perspective nicespeechlady.com assessments are available in this resource – to detail A/AC INFORMATION.

Assessments Listed include:

- Concise Nicespeechlady.com Caregiver Perception Assessment: A/AC, Version 1 (C-NCPA: A/AC1)
- Concise Nicespeechlady.com Caregiver Perception Assessment: A/AC, Version 2 (C-NCPA: A/AC2)
- Concise Nicespeechlady.com Self-Perception Assessment: A/AC, Version 1 (C-NSPA: A/AC1)
- Concise Nicespeechlady.com Self-Perception Assessment: A/AC, Version 2 (C-NSPA: A/AC2)

The "Verbal/Pointing Choices Sheet for Nicespeechlady.com Ranking/Perception Assessments" is attached to this resource and can be utilized with these tools.

Clinicians can choose to print each section individually through setting preferences if only one is required, as this resource includes both sections in totality.

SLP-cho	sen for you, from th	ne Nicespeechlady.com library	SPEECH PATHOLOGY	Y PATIENT:		
áras			SPEECH PATHOLOGIST:			
1	9		SPECIAL INSTRUCTION	ONS:		
Nice Speec	h Lady				DATE:	
		lady.com Caregiver Pe , please answer the qu	=	nt: A/AC, Version	1 (C-NCPA: A/AC1)	
Basic (rately-advance	<u>n =</u> speaking in single wed communication = spation = long sentences,	eaking in sentences		mple ideas.	
About	t Augmentativ	e/Assistive Communic	ation:			
1.	If others have A/AC.	e patience with the pat	ient, the patient car	n effectively com	municate with them through	
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
2.	The patient o		t needs through A/A	AC if only basic co	ommunication is needed,	
		OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
3.	The patient of is needed, wi		t needs through A//	AC if only modera	ately-advanced communication	
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
4.	The patient o	•	t needs through A//	AC if complex cor	mmunication is needed,	
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
5.		oesn't understand hov	•		_	
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
6.	The patient k	nows all of the parts o	f their device or con SOMETIMES (3)	nmunication syst MOSTLY (4)	em well. ALWAYS (5)	
7.	The patient p	oractices a speech path OCCASIONALLY (2)	ology home prograr SOMETIMES (3)	m for A/AC 5 days MOSTLY (4)	s out of every week or more. ALWAYS (5)	
8.	The patient t	ries to use strategies to OCCASIONALLY (2)	communicate with SOMETIMES (3)	A/AC. MOSTLY (4)	ALWAYS (5)	

SLP-ch	osen for y	ou, from t	he Nicespo	eechlady.com library	SPEECH PATHOLOGY	PATIENT:		
					SPEECH PATHOLOGIS	ST:		
			SPECIAL INSTRUCTIO	NS:				
Nice Speech Lady							hate:	
9				kills are function	nal to communicate	wants and needs	s, so they would not be a	
					SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
1				-	rection in improving SOMETIMES (3)		skills through A/AC. ALWAYS (5)	
SCOR	RE =	/50						
New	discuss	ion iten	ns					
Level	of Assi	stance I	Provide	d (reading items	, caregiver input, etc	•		
<u>Scori</u>	ng Proj	ection D	ata — F	Patient's A/AC SI	kill Level Self-Percep	ition is projected	as:	
10	_	17	=	profound invo	lvement/total assist	tance required		
18	_	25	=	severe involve	ement/maximum as	sistance required		
26	_	32	=	moderate invo	olvement/moderate	cues required		
33					ent/minimum cues	required		
38	_	44	=	WFLs with ind	ependent use of str	ategies		
45	_	50	=	WNLs with inc	dependent use of sti	rategies		

<u>NOTE TO THE SLP:</u> This perspective-ranking measures describe the patient's strengths and possible areas to address in treatment. These are not norm-referenced measures (levels are rough estimates of functioning by reporting, only, and are more descriptive in nature than evaluative). These measures should always accompany direct observational evaluation measures and testing tool administration by the clinician (norm-referenced, if possible), and should not stand alone as evaluative.

SLP-cho	sen for you, from t	he Nicespeechlady.com library	SPEECH PATHOLOGY PATIENT:				
			SPEECH PATHOLOGIST:				
			SPECIAL INSTRUCTION	ONS:			
Nice Speec	h Lady				DATE:		
	-	lady.com Caregiver Pe answer questions below	-	nt: A/AC, Version	2 (C-NCPA: A/AC2)		
Basic (rately-advance	<u>n =</u> speaking in single w ed communication = sp ation = long sentences,	eaking in sentences		mple ideas.		
About	: Augmentativ	re/Assistive Communic	ation:				
1.	The patient on NEVER (1)	can use an A/AC system OCCASIONALLY (2)		_	y if the listener takes the tin ALWAYS (5)	ıe.	
2.	helping.	communication is need	•		vith A/AC, without others ALWAYS (5)		
3.	others helpir	ng.			municate it with A/AC, witho	ut	
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
4.	If complex conhelping.	ommunication is neede	d, the patient can c	ommunicate it wi	th A/AC, without others		
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
5.	The patient on NEVER (1)	can modify when not ui OCCASIONALLY (2)	nderstood by others SOMETIMES (3)	s. MOSTLY (4)	ALWAYS (5)		
6.	•	nas a good understandi	•		•		
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
7.	The patient period.	performs a speech path	ology home progra	m at least 10 days	s out of every two-week		
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
8.	The patient t	cries to use techniques OCCASIONALLY (2)	to communicate wit	th A/AC. MOSTLY (4)	ALWAYS (5)		

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Nice Speech	Lady				bate.
9.	•	A/AC skills are functionial interactions.	nal to communicate	wants and need	ls, so they would not be a
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)
10.	•	moving forward in expr	•		ALWAYS (5)
SCORE	=/50				
New di	scussion item	s			
Level o	f Assistance P	rovided (reading items	, caregiver input, et	c.):	

10	_	17	=	profound involvement/total assistance required
18	_	25	=	severe involvement/maximum assistance required
26	_	32	=	moderate involvement/moderate cues required
33	_	37	=	mild involvement/minimum cues required
38	_	44	=	WFLs with independent use of strategies
45	_	50	=	WNLs with independent use of strategies

NOTE TO THE SLP: This perspective-ranking measures describe the patient's strengths and possible areas to address in treatment. These are not norm-referenced measures (levels are rough estimates of functioning by reporting, only, and are more descriptive in nature than evaluative). These measures should always accompany direct observational evaluation measures and testing tool administration by the clinician (norm-referenced, if possible), and should not stand alone as evaluative.

SLP-cho	sen for you, from th	e Nicespeechlady.com library	SPEECH PATHOLOGY PATIENT: SPEECH PATHOLOGIST:				
).						
****			SPECIAL INSTRUCTIONS:				
Nice Speec	h Lady				DATE:		
	=	ady.com Self-Perception, please answer the que		C, Version 1 (C-N	NSPA: A/AC1)		
Basic o	rately-advance	n = speaking in single wed communication = speation = long sentences,	eaking in sentences,		mple ideas.		
About	: Augmentative	e/Assistive Communica	ation:				
1.	If others have NEVER (1)	e patience with me, I ca OCCASIONALLY (2)	•				
2.	I can say wha NEVER (1)	t I need through A/AC OCCASIONALLY (2)	•		•		
3.	help.	t I need through A/AC OCCASIONALLY (2)			nication is needed, without		
4.		t I need through A/AC	if complex communic	cation is needed	, without help.		
5.	If someone d	oesn't understand how OCCASIONALLY (2)	I communicate, I ca SOMETIMES (3)	n adjust. MOSTLY (4)	ALWAYS (5)		
6.	I know all of t NEVER (1)	the parts of my device of OCCASIONALLY (2)	•	stem well. MOSTLY (4)	ALWAYS (5)		
7.	I practice my NEVER (1)	speech pathology hom OCCASIONALLY (2)		•	ery week or more. ALWAYS (5)		
8.	I try to use m NEVER (1)	y strategies to commu OCCASIONALLY (2)	nicate with A/AC. SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
9.	My A/AC skill interactions. NEVER (1)	s are functional to com		needs, so they MOSTLY (4)	would not be a barrier to social		

SLP-ch	osen for y	ou, from t	he Nicesp	eechlady.com library	SPEECH PATHOLOGY PATIENT:	
<u>^</u>					SPEECH PATHOLOGIST:	
4	9				SPECIAL INSTRUCTIONS:	
Nice Speech Lady					SPECIAL INSTRUCTIONS.	рате:
1		_		_	n improving my communication skills through A SOMETIMES (3) MOSTLY (4) ALWAYS	
SCOF	RE =	/50				
New	discuss	ion iten	ns			
Level	of Assi	stance	Provide	d (reading items	s, caregiver input, etc.):	
Scori	ng Proje	ection [Data —	Patient's A/AC SI	kill Level Self-Perception is projected as:	
10	_	17	=		olvement/total assistance required	
18	_	25	=	severe involve	ement/maximum assistance required	
26	_	32	=	moderate invo	olvement/moderate cues required	
33	_	37	=	mild involvem	nent/minimum cues required	
38	_	44	=	WFLs with ind	dependent use of strategies	
45	_	50	=	WNLs with ind	dependent use of strategies	

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â			SPEECH PATHOLOGIST:				
+	9		SPECIAL INSTRUCTIO	NS:			
Nice Speed	h Lady				DATE:		
	-	ady.com Self-Perceptions below		.C, Version 2 (C-N	NSPA: A/AC2)		
DEFIN	ITIONS:						
Basic	communication	<u>n =</u> speaking in single w	ords or few words a	t a time.			
		<u>d communication =</u> spo		mostly about sir	nple ideas.		
Comp	lex communica	<u>ition =</u> long sentences,	uncommon words.				
About	t Augmentative	e/Assistive Communica	ation:				
1.		A/AC communication s OCCASIONALLY (2)			if the listener takes the time. ALWAYS (5)		
2	If only basic o	rommunication is need	ed I can say what I r	need with A/AC	without others helping.		
۷.	NEVER (1)	OCCASIONALLY (2)	•				
3.	If moderately helping.	r-advanced communica	ition is needed, I can	say what I need	with A/AC, without others		
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
4.	If complex co	mmunication is neede	d, I can say what I ne	eed with A/AC, w	rithout others helping.		
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
5.	I can modify	when not understood b	oy others.				
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
6.	I have a good	understanding of all o	f the parts of my A/A	AC system or dev	rice.		
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
7.	I perform my	speech pathology hom	ne program at least 1	LO days out of ev	ery two-week period.		
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
8.	I try to use te	chniques to communic	cate with A/AC.				
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		
9.	My A/AC skill interactions.	s are functional to com	nmunicate wants and	d needs, so they	would not be a barrier to social		
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)		

SLP-ch	nosen for y	ou, from t	he Nices	peechlady.com library	SPEECH PATHOLOG	BY PATIENT:	
					SPEECH PATHOLOG	SIST:	
4	9						
Nice Speech Lady				SPECIAL INSTRUCTI	ON3.		
							DATE:
1	0 lam	moving	forwar	d in evnressing my	y wants and needs v	with A/AC	
1		_			SOMETIMES (3)		ALWAYS (5)
SCOI	RE =	/50					
	1.						
New	discuss	ion iten	าร				
Leve	l of Assi	stance	Provide	ed (reading items	, caregiver input, e	tc)·	
LCVC	1 01 7 (33)	Starree	TOVIGO	ed (redding reems)	, caregiver input, e		
Scori	ing Proj	ection [ata —	Patient's A/AC Sk	kill Level Self-Perce	ption is projecte	d as:
10	_	17	=	profound invo	olvement/total assi	stance required	
18	_	25	=	severe involve	ement/maximum a	ssistance require	d
26	_	32	=	moderate invo	olvement/moderat	e cues required	
33	_	37	=	mild involvem	nent/minimum cue	s required	
38	_	44	=	WFLs with ind	dependent use of st	trategies	
45	_	50	=		dependent use of s	_	

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4 9	SPEECH PATHOLOGIST:
Nice Speech Lady	SPECIAL INSTRUCTIONS:DATE:

Verbal/Pointing Choices Sheet for Nicespeechlady.com Ranking/Perception Assessments

NEVER (1)

OCCASIONALLY (2) -1% to 33%

SOMETIMES (3) - 34%-66%

MOSTLY (4) - 67-99%

ALWAYS (5) - 100%