

Your Agency's Header Here
Annual Therapy Re-Evaluation Report
Speech-Language Pathology

Name: _____ **Report Date:** _____
Address: _____ **Report Covers:** (date of previous annual re-eval)
_____ through (current date)
DOB: _____ **Case Manager & Agency:** _____
CA: _____
SS#: xxx-xx-(last 4 digits only)

Changes in the Past Year: This area shall describe changes in the context of life such as a change of health status, physical site, change of supportive relationships, change of DSP competence, loss or addition of any valued activity or opportunity to participate that effects the individual.

Residential and Family

Report issues related to change in DSP continuity, loss/initiation of significant DSP or family or friend or housemate relationship(s), in room/home/remodel, in home/city/neighborhood, new/loss of pet.

Customized Community Support

Report issues related to change in DSP continuity, loss/initiation of significant DSP or friend relationship(s), a new day activity or addition/loss of a day activity, focus of day activity program(s) or tasks involved in day activity program.

Work/Volunteer/Education

Report issues regarding changes in paid support/supervisor/peer relationship/significant teacher changes, addition/loss/change of a job or volunteer site, responsibilities, difficulties encountered.

Consultations in the Past Year: This area shall describe any individual specific clinical critiques/recommendations made to the SLP, IDT or other related supports regarding the scope of speech-language pathology assessment or intervention.

Findings and therapist's responses

Report PCP, TEASC, SAFE Clinic, Special Needs Clinic or other clinical source that advised or indicated a recommendation regarding therapy service and explain the purpose for the recommendation. Provide a response to identify how and why the recommendation will be addressed, or not, and why.

Re-Evaluation: This area shall be a report of the findings of a broad assessment regarding those domains that are included in the scope of speech-language pathology assessment or intervention.

SLP Assessment Tools:

Describe what tools and/or process were used to assess the individual. These may include both formal assessment protocols that are norm referenced for the IDD population and/or informal methods of observation, interview and interaction-based assessment.

Assessment Findings and Interpretations:

At a minimum include primary language; expressive and receptive communication modalities and functional status; speech status including articulation, voice and fluency; and oral-motor and swallow status including a report of aspiration risk criteria evaluated by the SLP as stated in the DDSD Aspiration Risk Screening Tool.

Name

date

Communication

Primary Language:

Describe English/Spanish/Tewa/ASL/etc.

Receptive Communication:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new AAC materials
- Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe current receptive communication modalities and functional status. Expand upon checklist items above. Indicate barriers and needed supports.

Expressive Communication:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new AAC materials
- Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe current expressive communication modalities and functional status. Modalities may include Facial Expression, Vocalizations, Body Movement, Gestures, Sign Language, Verbalizations/Speech, Aided Augmentative Communication (be specific regarding type of AAC/SGDs) and Other (i.e. pantomime, idiosyncratic non-verbal/behavioral communication). Indicate whether individual is intentional with communication; the intelligibility of the combined and/or separate modalities. IMPORTANT: Describe intelligibility in terms of familiar/unfamiliar conversational partners and familiar/unfamiliar topics. Identify successful communicative functions that are currently used by the individual given all modalities (i.e., ritualized, controlling, informing, feeling, etc.). Describe contexts of successes and challenges. Expand upon checklist items above. Indicate barriers and needed supports.

Language Production:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new AAC materials
- Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe use of semantics/vocabulary, syntax/grammar, language sample analysis and MLU if appropriate, etc. Expand upon checklist items above. Indicate barriers and needed supports.

Interactive/Social Pragmatic Communication:

- Functional to support participation in current activities
- No intervention required at this time/Not a priority to treat at this time
- Requires skilled intervention primarily with the individual
- Requires skilled development of new compensatory strategies
- Requires skilled procurement/development of new AAC materials

Name

date

- Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe aspects of social pragmatic interaction. This would include appropriate use of eye contact; space and touch; topic initiation, maintenance and termination; use of distance communication; use of humor. Expand upon checklist items above.

Literacy:

- Functional to support participation in current activities
 No intervention required at this time/Not a priority to treat at this time
 Requires skilled intervention primarily with the individual
 Requires skilled development of new compensatory strategies
 Requires skilled procurement/development of new AAC materials
 Requires skilled DSP training to use strategies/AAC materials effectively

Briefly describe current literacy experiences and functional status. This would include sign/logo recognition; sound-symbol relationships; decoding/sight word recognition; encoding; comprehension; functional use of literacy. Identify supports as in computer hardware/software (here or under the technology section, as preferred). Identify functional literacy needs. Expand upon checklist items above.

Speech Production:

- Functional to support participation in current activities
 No intervention required at this time/Not a priority to treat at this time
 Requires skilled intervention primarily with the individual
 Requires skilled development of new compensatory strategies
 Requires skilled procurement/development of new speech production materials
 Requires skilled DSP training to use strategies/ materials effectively

Briefly describe articulation/phonological inventory and errors, voice and fluency parameters. Identify intelligibility and contexts of success versus challenges. Expand upon checklist items above. Indicate barriers and needed supports.

Technology (i.e., Computer Use)

- Functional to support current needs
 No intervention required at this time/Not a priority to treat at this time
 Requires skilled intervention primarily with the individual
 Requires skilled development of new compensatory strategies
 Requires skilled procurement/development of new materials
 Requires skilled DSP training to use strategies/materials effectively

Briefly describe current technology use and functional status. Expand upon checklist items above. Indicate barriers and needed supports.

Oral Motor and Swallowing

NAME demonstrates the following:

- 100% NPO nutrition and hydration and medication status
 Combination PO and enteral feeding, see description below
 Observed rumination, if yes frequency _____
 Observed GERD, if yes frequency _____
 Diagnosis of oral dysphagia, date _____
 Diagnosis of pharyngeal dysphagia, date _____
 Dependent upon others for PO feeding and/or drinking
 Observed low level of alertness that impairs the ability to participate fully in PO eating and drinking

Name

date

- Observed Risky Eating Behaviors, see description below
- Observed signs/symptoms of aspiration, see description below

Briefly describe observation of oral-motor and swallowing function during eating and non-eating activities. Expand upon checklist items above. Describe the oral phase and any symptoms of difficulty with the pharyngeal phase. Identify the current diet texture and liquid consistency; adaptive equipment used; current levels of support; and supervision required. Follow up on descriptions identified in checklist above. Briefly describe saliva management and oral hygiene status. (If oral hygiene is addressed by the OT, the SLP does not need to report on it.)

Status of Therapy Goals and Objectives: In addition to reporting the status of each therapy goal and supporting objective, report on the implementation status of CARMP strategies for which the therapist is a contact person.

Goal #1 (#2, #3, #4, etc.)

Objective

Status: (Accomplished/Progress/Maintained/Loss of Progress/Loss of Function) State one of these descriptors for each objective that was addressed. Provide baseline data and data to support the current status descriptor or a narrative for each objective. Identify status of current WDSI(s) and/or assistive technology that support these objectives. Include a report of development, training and monitoring of each related WDSI and/or AT item, as applicable. Identify recommendations regarding continuation, modification or discontinuation of entire goal area and/or each objective included.

CARMP Strategies

Mealtime Strategies (if applicable)

Status: (Accomplished/Progress/Maintained/Loss of Progress/Loss of Function) State one of these descriptors for each strategy that was addressed. Provide baseline data and data to support the current status descriptor or a narrative for each objective. Identify status of current assistive technology that supports this strategy.

Saliva Management Strategies (if applicable)

Status: (Accomplished/Progress/Maintained/Loss of Progress/Loss of Function) State one of these descriptors for each strategy that was addressed. Provide baseline data and data to support the current status descriptor or a narrative for each objective. Identify status of current assistive technology that supports this strategy.

Etc.

Therapist's Signature (e-signature or original signature) _____

Therapist's Name and Professional Credentials

Date of Signature

Provider Agency's Name & phone no.