

POST-TRIAL ADDENDUM

CHILD NAME:	DOB:
CHILD DIAGNOSIS:	DATE OF ADDENDUM:

TRIAL INFORMATION

(INCLUDE TRIAL DATES, DEVICE/SYSTEM TRIALED, SOFTWARE/APP USED, ACCESS METHOD)

SUMMARY OF TRIAL

(INCLUDE TRIAL ENVIRONMENTS, COMMUNICATION PARTNERS, GIVE EXAMPLES OF A VARIETY OF COMMUNICATIVE FUNCTIONS USED, DISCUSS HOW CHILD DEMO'D INCREASED INDEPENDENT USE OF THE DEVICE)

RECOMMENDATIONS

Following the SGD trial, the _____ (device name) has been determined to be the most effective speech-generating device to meet _____ (child's name)'s complex communication needs. It is recommended that the following items be purchased to support optimal use, positioning, and maintenance of the SGD:

☐ **Speech-Generating Device (E2510):**

☐ **Mount (E2512) (if applicable):**

☐ **Accessory (E2599) (if applicable):**

STATEMENT OF INDEPENDENCE

The evaluating and treating speech-language pathologist(s) affirm that they are not employed by, and have no financial relationship with, the manufacturer or supplier of any recommended speech-generating device.

TREATING THERAPIST

SLP NAME:

FACILITY:

DATE:

SIGNATURE:

EVALUATING THERAPIST

SLP NAME:

FACILITY:

DATE:

SIGNATURE: