

EI ASSISTIVE TECHNOLOGY CASE REVIEW

This child has a diagnosis of spastic quadriplegic cerebral palsy and was 14 months when he started speech-language services. He is now in school so this case review covers Part C and Part B services. He saw specialists at The Children's Hospital, including: audiology, ophthalmology, nutrition, neurology, pediatrician, otolaryngology, and physical therapy. He was taking medication for seizures and reflux. He underwent two major surgeries for his hips. His strengths include determination, intelligence, and a good sense of humor. His needs include limited vocalizations and motor abilities.

Now at 3 years of age, he uses a [NOVA CHAT 10 Plus](#) IVONA. AT is being used in the home during daily routines such as eating and interacting with family; social interactions; participating in circle time as well as to initiate and converse with other students now that he is in school. AT is now written into his IEP as it is his primary means of communication (previously it was [written into his IFSP](#)). The device did need funding, and Medicaid paid for it.



Several devices were trialed from the [AT Loan Bank](#). Having a rep come to the house was also helpful. This child receives SLP 1x/week in the school as well as supplemental therapy at home. The family, teachers, and the child's therapists use the device. Children in his classroom also take interest in his device. Completing reports for funding was quite time consuming but worth it. When paperwork was completed they requested additional information. It took a couple of months to complete the paperwork but once it was submitted the process moved fairly quickly. He received the device in 4 – 6 weeks.

He received weekly SLP for 1 hour/week with an additional 15 – 30 mins/session to focus on AT. I was his primary provider as the SLP. I trialed a couple of devices with him. He was quite successful with the Nova Chat 7. Before he turned 3 and exited the program, we put in a request for funds for the Nova Chat app for an iPad mini. The service coordinator on the team was amazing and made this happen very quickly! This child did not yet have a diagnosis but showed signs of childhood apraxia of speech. He was very communicative without words. When he was provided with the Nova Chat, it was like he found his voice. He was able to not only communicate his needs more clearly, but express his feelings. This was something that his mother reported was extremely helpful for him because he often became VERY frustrated. He often screamed and cried and threw his body on the floor (the SLP suspected that there were some sensory needs as well- he did receive OT about 1x/month). His mother reported that when he became upset and she handed him the device, he immediately communicated, "I am mad!" or "I am frustrated!" "Because I want that!" etc. and having the words to say this often calmed him down. This device was such a huge support for the family and obviously this little boy.

This was a new avenue and way of obtaining a device that worked for this child and this family. He was familiar with an iPad, but having a separate device that had no games was important. He was able to distinguish which tablet was for communication and which was for games. In this case, ordering a mini iPad and then the NOVA CHAT app was something that his CCB funds could pay for. We made a good case for him and it all worked out. I would encourage others to trial different devices. Some of them are really simple to program now. I would also encourage therapists to talk to their service coordinators about adding extra time for AT and investigate funding. I feel like AT used to be a bit intimidating to some therapists, including myself, because we may not have had much experience with it. But now with the variety of tablets at our fingertips we are a bit more familiar with them. I encourage therapists to explore this means of communication. Don't be afraid to try some things. I continue to be amazed by how well children respond to different communication devices. I would also remind parents that studies show that using communication devices does not replace the child's speech and language; that in fact children's vocalizations/verbalizations often increase when provided with AT support. In my experience it is often a fear that the child won't talk if they have the device to communicate. It's important for therapists to address this concern.

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