**In order to receive CEUs please complete both sections**

**Educate and Empower: The SLP’s guide to managing the communication needs of individuals with ALS**

**Recorded Webinar #10**

**CEU Evaluation Form**

**Underline** the answer that you wish to indicate.

1. Content of the materials presented was: Not Useful Neutral Useful
2. Duration of the presentations was: Too Long About right Too Short

3. Research evidence and outcomes data

were used to support the presentations:

Disagree Neutral Agree

4. I think the impact of this work on my

clients who use assistive technology will be:

Adverse Neutral Beneficial

1. I was provided with feedback on my ability to master the learning objectives:
2. The information I learned will support my ability to collect data and measure outcomes as part of my evidence-based practices:

Disagree Neutral Agree

Disagree Neutral Agree

1. I think the following could be improved:
2. I think the following was particularly good / useful:
3. In my assessment, my continuing education needs that relate to achieving the most effective communication for my clients who use assistive technology include the following:
4. **Underline** items if you are 1) a member of ASHA; 2) a teacher; 3) an OT; 4) a PT; 5) a member of RESNA; 6) an ATP; 7) an ATS; 8) other: .

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Learning Assessment Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completion of this quiz is a requirement to receive CEUs for attending this seminar. Underline/Highlight/Circle the correct answer to each question. You must pass with 80% correct to be eligible for CEUs.**

**Q1: Due to presence of both upper and lower motor neuron involvement, the most common dysarthria type for individuals with ALS is:**

1. Mixed flaccid spastic dysarthria
2. Hypokinetic dysarthria
3. Hyperkinetic dysarthria
4. Ataxic dysarthria

**Q2: One purpose of the ALS Severity Scale is to:**

1. allow examiner to assign a numerical value to a functional level so that data regarding an individual clinical condition can be reported
2. assist clinicians in the timing of intervention
3. help to provide an objective indication of level of functioning from formal testing
4. All of the above

**Q3: A major goal of an Augmentative and Alternative Communication Evaluation is to:**

1. Provide the patient with the latest communication app to download on a tablet
2. Provide the patient with an eyegaze device and train on communication software
3. Establish the most appropriate communication system or strategies based upon current ALS severity levels
4. All of the above

**Q4: Which of the following describes a Stage 5 speech production on the ALS Severity Scale?**

1. Detectable speech disturbance
2. No functional or use of speech (AAC/SGD only)
3. Natural speech supplemented with AAC or SGD
4. Normal speech processes

**Q5: What would an appropriate intervention for AAC/AT for an individual with a Stage 2 speech with full upper extremity access?**

1. Information sharing, speech production strategies, voice and message banking
2. Alternative mouse or keyboard for access to a computer
3. Speech recognition training on smart speakers or devices
4. Partner Assisted Scanning intervention

**Q6: It is recommended that an ALS patient be referred for an AAC assessment when speaking rate reaches:**

1. 190 words per minute
2. 100 to 125 words per minute
3. 90 to 100 words per minute
4. Less than 80 words per minute

**Q7: What are other important factors that implicate need for AAC intervention other than speech production?**

1. Stage of Upper and Lower Extremity Access
2. Cognitive Status
3. Patient acceptance and readiness for Alternative Communication and Assistive Technology
4. All of the above

**Q8: Individuals with ALS will need Augmentative and Alternative Communication and Assistive Technology:**

1. that may be adjusted to meet a range of motor capability demands over time
2. that always provides speech synthesis
3. that is static and performs a single function
4. that is a dedicated communication device and not off-the-shelf

**Q9: What would a appropriate intervention for AAC/AT be for an individual with a Stage 5 speech with full upper extremity access?**

1. Use of alphabet board supplementation for speech production
2. Use of head or eye tracking on an SGD
3. Use of a portable and lightweight AAC system to access with upper extremities
4. Speech Recognition as an alternative access method for environmental control

**Q10: What would a appropriate intervention for AAC/AT for an individual with a Stage 4 speech with limited to no upper extremity access?**

1. Voice and message banking
2. Use of alternative access such as switch scanning or head/eye tracking with speech synthesis
3. Only provide education and information to patient at this stage
4. Use of a tablet based communication app to access with a stylus in hand

Please note any suggestions for improving this activity in terms of learning value.

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