



Augmentative and Alternative Communication – Partnership Program (AAC-PP) Agreement

Thank you for your interest in the AAC-PP. The AAC-PP offers an expedited feature matching evaluation in the Communication Aids & Systems Clinic (CASC) through partnership with families and local teams. To achieve the goal of helping the individual obtain a dedicated speech generating device (SGD) and to receive maximum benefit from the system, the following must be agreed upon by all parties.

If at any point the agreement is no longer met, the individual can still come to CASC. However, they would return to the regular waiting list and are unable to continue in the expedited model offered through the AAC-PP.

For scheduling to occur, the following must be signed by the individual's local team, family, and AAC-PP staff. If any party is not in agreement, the individual will remain on the regular CASC waiting list.

Local SLP or Autism Treatment Team:

Before the Evaluation:

- Plan to be providing services to the individual for at least 6 months.
- Complete the pre-evaluation questionnaire.
- Participate in individualized learning.

During the Evaluation:

- Attend and participate (virtually or in-person) in the evaluation, if able.

After the Evaluation:

- Lead the rental period, including data collection and device implementation.
- Generate the purchase report.
- Providing ongoing support as part of IEP or treatment plan.

I have read and in agreement with the requirements of the AAC-PP.

Printed Name: _____

Date: _____

Signature: _____

Patient/Family:*Before the Evaluation:*

- Complete UW Health Registration if new patient.
- Communicate any changes in insurance.
- Plan to remain in service for at least 6 months with current local provider.

During the Evaluation:

- Attend and participate in the evaluation.
- Complete any needed signatures for rental period.

After the Evaluation:

- Attend training with the device company.
- Implement the rental device and collect data.
- Optional participation in ECHO AAC Families to connect with others and learn implementation ideas.

I have read and in agreement with the requirements of the AAC-PP.

Printed Name: _____

Date: _____

Signature: _____

AAC-PP Staff:*Before the Evaluation:*

- Complete necessary triage to check insurance and schedule individual.
- Coordinate with team.

During the Evaluation:

- Guide the feature matching evaluation.
- Complete the initial evaluation required for insurance funding of a device.
- Submit paperwork for a rental device.

After the Evaluation:

- Connect team with company representative for necessary training.
- Provide individualized resources to team and family.
- Offer templates for purchase addendum and data collection sheets.
- Proofread and submit insurance paperwork, if desired.
- Continue to provide resources and support via email or phone, as needed.

I have read and in agreement with the requirements of the AAC-PP.

Printed Name: _____

Date: _____

Signature: _____

If you have questions about this agreement, please call CASC at (608) 263-7726 or email aacpartnershipprogram@waisman.wisc.edu.