Communication Skills Assessment

Client: _____   ID# _____

Birthdate _____

Type of Hearing Loss _____   Comment _____

Age at Onset _____   Age at Diagnosis _____

Hearing Loss (audiometric) _____   Comment _____

Hearing Loss Progression _____   Comment _____

Tinnitus (yes/no) _____

Etiology _____

Vision Loss _____

Motor Impairment _____

Comments about:

Hearing Loss _____

Psychiatric History _____

Medical History _____

Rater(s) _____

Date of Rating _____

Location of evaluation _____

Family Communication Background

Family Member	Hearing Status	ASL	PSE	MCE	Oral	Writes Notes	Home Signs	Gestures	Comments
Parent									
Parent									
Partner									
Sib/child 1									
Sib/child 2									
Sib/child 3									
Sib/child 4									
Other									
Other									
Other									

Communication Skills Assessment

Client: [   ]   ID# [   ]

Comments about family communication (include quality and quantity, as appropriate)

[   ]

Social Background:

Describe social groups and interactions (support groups, community activities, religious affiliation, etc)

[   ]

Educational Background: [   ]   Age(s): [   ]

[   ]   Age(s): [   ]

[   ]   Age(s): [   ]

[   ]   Age(s): [   ]

[   ]   Age(s): [   ]

Highest Educational Attainment [   ]

(_____th Grade, Certificate of Attendance, GED, H.S.Diploma, Some College, BA, MA, PhD)

Comments about Educational Background

[   ]

Communication Skills Assessment

Client: [   ]   ID# [   ]

Client's Use of Assistive Services and Equipment: Yes/No

Question	Yes/No
Has client used an interpreter before?	
Does client know the role of an interpreter?	
Is client comfortable using an interpreter?	
Has client used a deaf interpreter (CDI/DI) before?	
Does client know the role of a CDI/DI?	
Does client know how to obtain an interpreter?	
Has client used a communication specialist before?	
Does client know the role of a communication specialist?	
Does client have or use a videophone or TTY?	
Does client have or use a hearing aid or cochlear implant?	
Does client use closed captioning on their TV or computer?	
Does client have or use a signaling device?	
Does client have or use a telephone amplifier/captioned telephone?	
Does client have or use a hearing dog?	
Does client use text-based social media (i.e. Facebook, Twitter)?	
Does client use video-based social media (i.e. Instagram, Glide)?	
Does client have a smartphone?	
Does client use text messaging?	
Does client have or use an assistive communication device?	

If yes, describe in comment section & complete appropriate section

Include information about social media use, with examples.

Comments: [   ]

Communication Skills Assessment

Client: [   ]   ID# [   ]

Speech Recognition/Lipreading

Speech Recognition A   Select yes/no, form will automatically score 2 points if correct on 1st try, 1 point if correct on 2nd try (don't enter 2nd try if correct on 1st try)

	1st try	2nd try	list incorrect guesses, if given
a) toy			
b) fire			
c) book			
d) chair			
e) frog			
f) shoe			
g) star			
h) knee			
i) sock			
j) client's name			

Speech Recognition B   Select yes/no, form will automatically score 8 points if correct on 1st try, 5 points if correct on 2nd try (don't enter 2nd try if correct on 1st try)

	1st try	2nd try	list incorrect guesses
a) The coat is on the chair			
b) A boy is flying a kite			
c) The bird has white wings			
d) A woman is carrying a chair			
e) The woman has short hair			
f) A woman is eating an apple			
g) The girl is cutting a flower			
h) A picture is over a table			
i) The man has his foot on a truck			
j) Three stars are in the sky			

Comments:

Communication Skills Assessment

Client: [   ]   ID# [   ]

Speech

Speech A   score 2 points if understandable on 1st try, (don't enter 2nd try if correct on 1st try)

1 points on 2nd try

	1st try	2nd try
a) feather		
b) doll		
c) pig		
d) six		
e) star		
f) duck		
g) cat		
h) cake		
i) pencil		
j) client's name		

Speech B

Score each response from 0 – 4 on each of four characteristics; quantity, grammar, individual sound production and word production (A maximum of 16 points per picture). Review the scoring rubric in the manual for more information.

a) picture no. 1	[ ]
b) picture no. 2	[ ]
c) picture no. 3	[ ]
d) picture no. 4	[ ]
e) picture no. 5	[ ]

Comments: [   ]

Communication Skills Assessment

Client: [   ]   ID# [   ]

Reading

Reading A

score 2 points if understandable on 1st try, (don't enter 2nd try if correct on 1st try)

	1st try	2nd try
a) apple		
b) bell		
c) chicken		
d) door		
e) garden		
f) lamp		
g) ocean		
h) salt		
i) tongue		
j) worry		

Reading B

Select yes/no, form will automatically score 8 points if correct

a) You can't come without a ticket.		
b) Andrea is looking after the children.		
c) They only have one car for the family.		
d) She used to smoke cigarettes.		
e) Either teacher knows the answer.		

Writing

Writing A

2 points if understandable

a) client's name	
b) bear	
c) car	
d) fish	
e) milk	
f) bridge	
g) butterfly	
h) nickel	
i) train	
j) umbrella	

Writing B

Each written description is scored between 0 and 20, considering the quantity of the response, spelling, the grammatical accuracy of the sentences, the grammatical complexity and the vocabulary selection. Review the scoring rubric in the manual for more information.

a) picture no. 1	
b) picture no 2	

Comments:

[   ]

Communication Skills Assessment

Client: ID#

Reading and Writing combined

Score 0-4

a) When is your birthday?
b) When do you go to sleep?
c) When do you use a bandaid?
d) When did you last see a doctor?
e) Who teaches kids at school?
f) Who puts out fires?
g) Who takes care of sick animals?
h) Why do we put gas in a car?
i) Why does a bird have wings?
j) Why do you have teeth?

If the questions are answered in complete sentences, the item is scored 4 points. If the questions are answered in a partial sentence form, the item is scored 2 points. If the question is answered in one word, it is scored with a value of 1 point.

Comments:

Communication Skills Assessment

Client: _____   ID# _____

Communication Skills Assessment

Client: [   ]   ID# [   ]

Fingerspelling

Receptive Fingerspelling   **Expressive Fingerspelling**

> 8 points if correct on 1st try, 4 points if correct on 2nd try for both sections, (don't enter 2nd try if correct on 1st try)

	1st try	2nd try			1st try	2nd try
a) table			a) horse			
b) house			b) bus			
c) mother			c) woman (lady)			
d) grass			d) (air)plane			
e) client's name			e) client's name			

Receptive and Expressive Fingerspelling Combined   points if

> 10 points if correct on 1st try, 5 points if correct on 2nd try, (don't enter 2nd try if correct on 1st try)

	1st try	2nd try
a) What is your name?		
b) How old are you?		
c) Where do you live?		
d) What time is it?		
e) When is your birthday?		
f) How long have you been here?		

Comments: [   ]

Communication Skills Assessment

Client: ID#

Sign Language/Manual Communication

Receptive Manual Communication Skills

5 points each if correct on 1st try, 3 points on 2nd try

	1st try	2nd try
a) What is your name?		
b) How old are you?		
c) Where do you live?		
d) Where did you grow up?		
e) Do you like (program name)?		
f) Are you going to the store tomorrow?		
g) What time do you get up?		
h) Do you like chocolate?		
i) What did you do last night?		
j) What was your favorite class in school?		
k) When is your birthday?		
l) When was the last time you went to a friend's house?		
m) What is your father's name?		
n) How much is this (show $5 bill)?		
o) How many children are there in this picture?		
p) Where are the children in the picture?		
q) What are the children doing in the picture?		
r) What is the boy sitting on?		
s) What is the girl doing?		
t) How do you think the children feel?		

Comments:

Communication Skills Assessment

Client: [   ]   ID# [   ]

Expressive Manual Communication Skills

Score each criteria from 0 - 10

a) Sign production [   ]
b) Fluency [   ]
c) Expresses complete thought [   ]
d) Provides details [   ]
e) Follows main topic [   ]
f) Uses classifiers appropriately [   ]
g) Use of space (absent/referent) [   ]
h) Incorporation of time and numbers [   ]
i) ASL grammatical accuracy [   ]
j) Facial expression consistent with topic [   ]

Comments: [   ]

Communication Skills Assessment

Client: [   ]   ID# [   ]

Assistive Communication Device Use

a) Is client independent in use of device?   [   ] 28 points if yes
b) Can client use device with prompts?   [   ] 14 points if yes

Score each criteria from 0 - 12

c) Fluency   [   ]
d) Expresses complete thought   [   ]
e) Follows main topic   [   ]
f) Incorporation of time and numbers   [   ]
g) Uses full range of device or aid   [   ]
h) Seeks feedback on effectiveness of communication   [   ]

Comments:

[   ]

Communication Skills Assessment

Client: [   ]   ID# [   ]

Dysfluency   Characteristic

Observed

Observed	#	Characteristic
	1	Poor **vocabulary**
	2	Excessive use of **gesture** and pantomime
	3	**Isolated** signs/phrases
	4	**Repeated** signs
	5	Sign features **formed** incorrectly
	6	**Missing** syntactical aspects (topic-comment, subjects, pronouns, verbs, etc)
	7	Inability to sequence events in **time**
	8	**Spatial** disorganization (space, referents, sign inflection, etc)
	9	Use of **unusual/unknown** vocabulary (unable to explain meaning)
	10	Refers to self in **3rd person**
	11	Difficulty with **abstract** language elements (metaphors, idioms, jokes, riddles)
	12	Difficulties with **inference,** inferential/reasoning tasks, figurative language
	13	**Expressive** skills superior to receptive skills
	14	**Receptive** skills significantly superior to expressive skills
	15	**Difficulty remembering** or using newly exposed **words/concepts**
	16	Difficulty **remembering fingerspelled** words or information with multiple steps
	17	Difficulty with **sentence assembly** and/or unclear structural **links**
	18	Difficulty **attending** to message (specify if intermittent or consistent)
	19	Uses different sign **modalities** for reception and expression of language (SEE/PSE/ASL)
	20	Difficulties with **discourse**
	21	Inappropriate **eye contact**
	22	Inappropriate **facial** and/or emotional expression
	23	Difficulty consistently **understanding** emotive **facial** expressions
	24	Fund of **knowledge** deficits
	25	**Motor skills** in language expression notably worse than in other motor tasks
	26	Sign selection and/or grammar **inconsistent** with age, race, gender, etc
	27	**Changes** in linguistic ability related to a specific topic or person
	28	**Speed** of signing/speech (too slow, too fast, inconsistent)
	29	**Recurrence** of specific sign/gesture in inappropriate contexts
	30	**Bizarre language** usage (repeated handshapes, non-linguistic elements)
	31	**Bizarre** language **content**
	32	Nonverbal behaviors suggesting **hallucinations**
	33	**Guardedness** and **volatility** evidenced through language
	34	Language **improves** with medication
	35	**Deteriorated** language skills (based on previous knowledge or assessment)
	36	Inappropriate **head nod,** not linguistically appropriate

Other: [   ]
Other: [   ]
Other: [   ]

Communication Skills Assessment

Client: [   ]   ID# [   ]

Areas of Testing

1. Speech Recognition	0
2. Speech	0
3. Reading	0
4. Writing	0
5. Receptive Fingerspelling	0
6. Expressive Fingerspelling	0
7. Receptive ASL/PSE/MCE	0
8. Expressive ASL/PSE/MCE	0
9. Use of Communication Device	0
10. Dysfluency	0

Comments:

Communication Skills Assessment

Client: [   ]   ID# [   ]

CSA Graphical Summary

9. Use of Communication Device

8. Expressive ASL/PSE/MCE

7. Receptive ASL/PSE/MCE

6. Expressive Fingerspelling

5. Receptive Fingerspelling

4. Writing

3. Reading

2. Speech

1. Speech Recognition

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0      20      40      60      80      100
```

Score (out of 100)
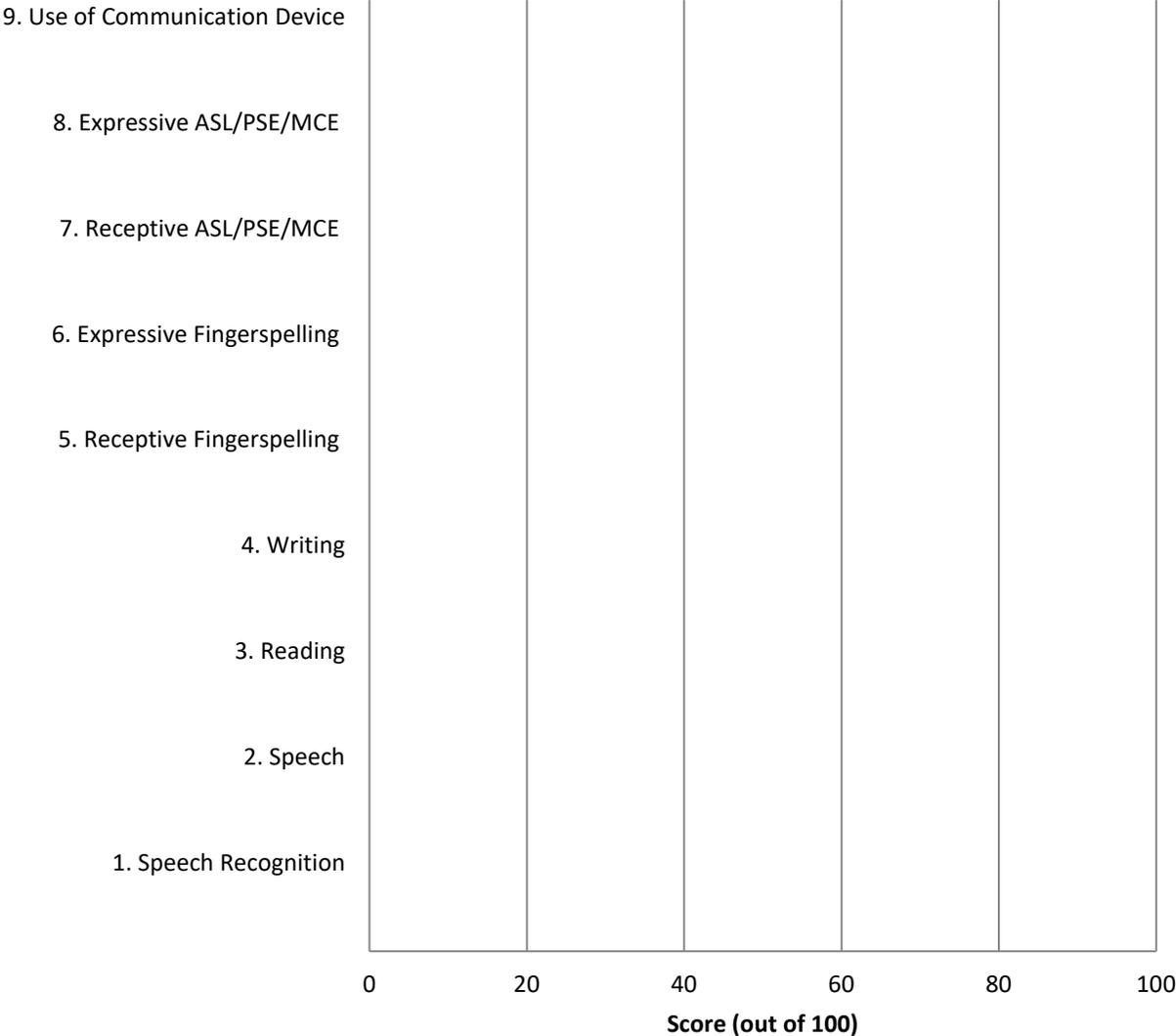
Communication Skills Assessment

Client: [   ]   ID# [   ]

Writing A

    a. _____

                          (client's name)

    b. _____

    c. _____

    d. _____

    e. _____

    f. _____

    g. _____

    h. _____

    i. _____

    j. _____

Communication Skills Assessment

Client: [   ]   ID# [   ]

Writing B, Picture No. 1

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Continue on back if needed)

Communication Skills Assessment

Client: ID#

Writing B, Picture No. 2

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Continue on back if needed)

Communication Skills Assessment

Client: [   ]   ID# [   ]

Reading and Writing combined

a. _____

   (Client's Name)

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

i. _____

j. _____