



Communication Assessment

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Handouts and Supporting Articles at
<http://mhit.org/otherstuff/michiganca.html>



Agenda

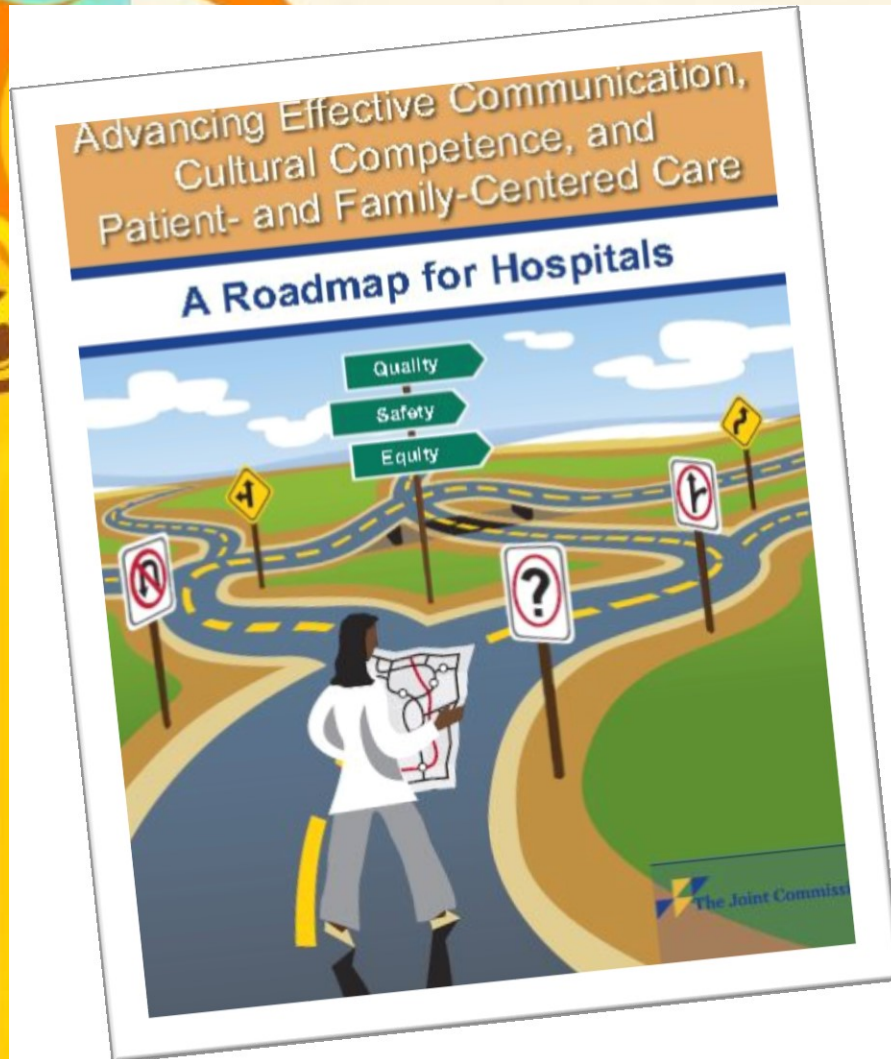
- Overview of Communication Skills Assessment
- Introduction to types of dysfluency
- Practice viewing and conducting assessments
- Discussion of Communication Assessment

“How do we utilize communication assessments for clients so that we can provide more effective services?”

Standards

Joint Commission

Assessment of a patient must start at admission and continue throughout hospital stay. The information needs to be communicated to the treatment team.





State Requirements for Mental Health Consumers

- Alabama
 - Required for all clients who are Deaf
- Georgia
 - Required for all clients with a communication disability
- South Carolina
 - Required for all new clients
- Pennsylvania
 - For all clients who are Deaf and DD



Assessments

How have we conducted assessments in the past with consumers?

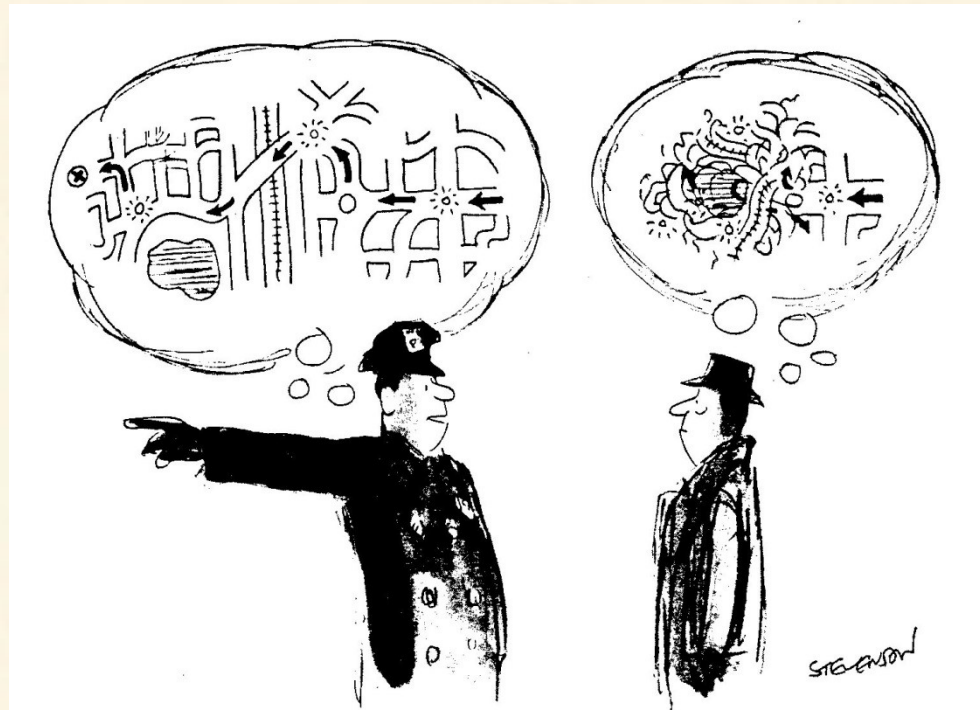


Why are Assessments Conducted?

- Baseline
- Shared among the treatment team
- Share other interpreters, signing professionals, etc.
- Legal document, documentation
- More thorough understanding of dysfluent language.
- Other

What is a communication assessment?

We do communication assessments every time we start a conversation

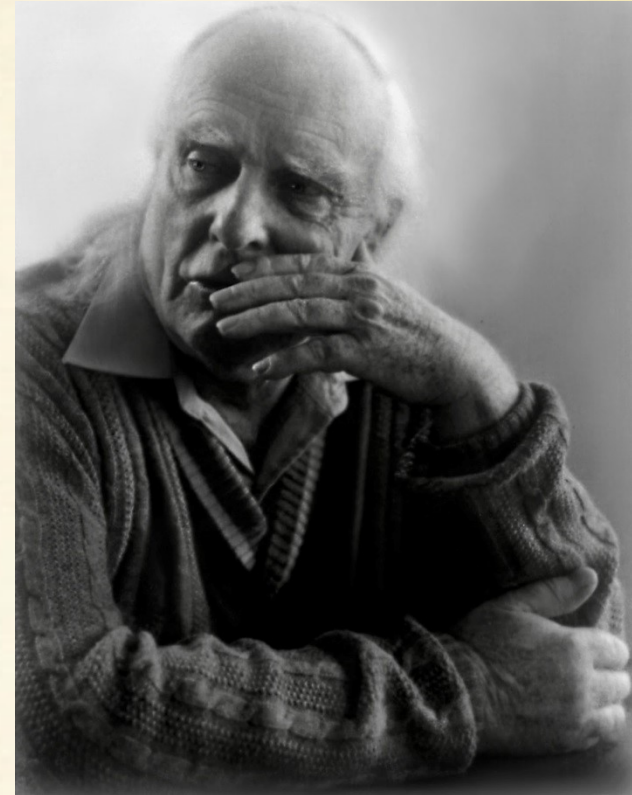



Drawing by Stevenson; © 1976 The New Yorker Magazine, Inc.

Paul Grice

Cooperation Principle

- Maxim of Quantity
- Maxim of Quality
- Maxim of Relation
- Maxim of Manner





Referral question

Communication competency does not exist as an abstract, is a competency tied to a specific task or environment

- Social (Family/friends)
- Social (Community)
- Medical
- Legal
- Mental Health



Communication Heterogeneity

- Educational background
- Communication background
 - Family
 - Social
- Cognitive abilities
- Neurological injuries
- Mental illnesses



The Perfect Assessment

- Impossible
- Contradictory demands
 - Comprehensive
 - Quick
 - Specific
 - General
 - Valid for all people
 - Reliable in all situations



Types of Assessments

- What instruments are out there?
- How are they conducted?
- Who conducts them
- Review and on-going training



The Basics

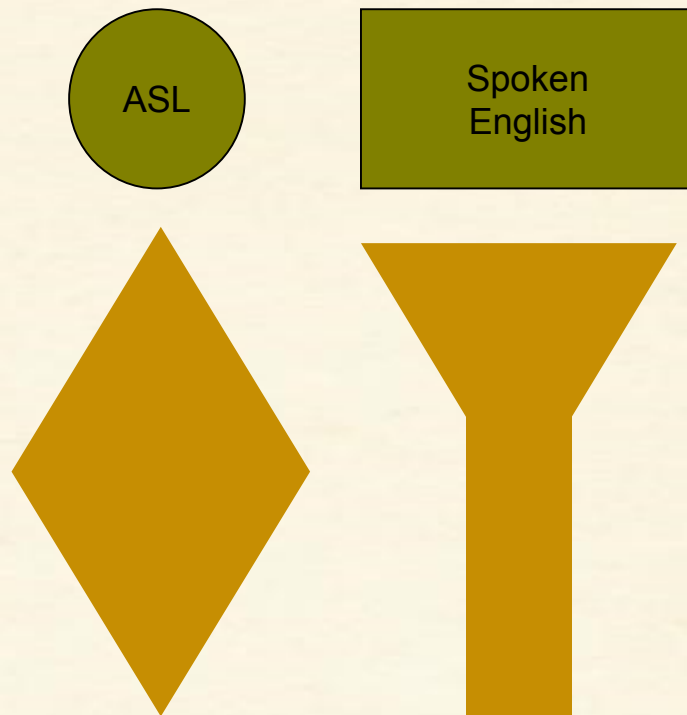
- ALL questions should relate to **communication**.
- Environments
- Audience
 - Terminology
 - Assumptions



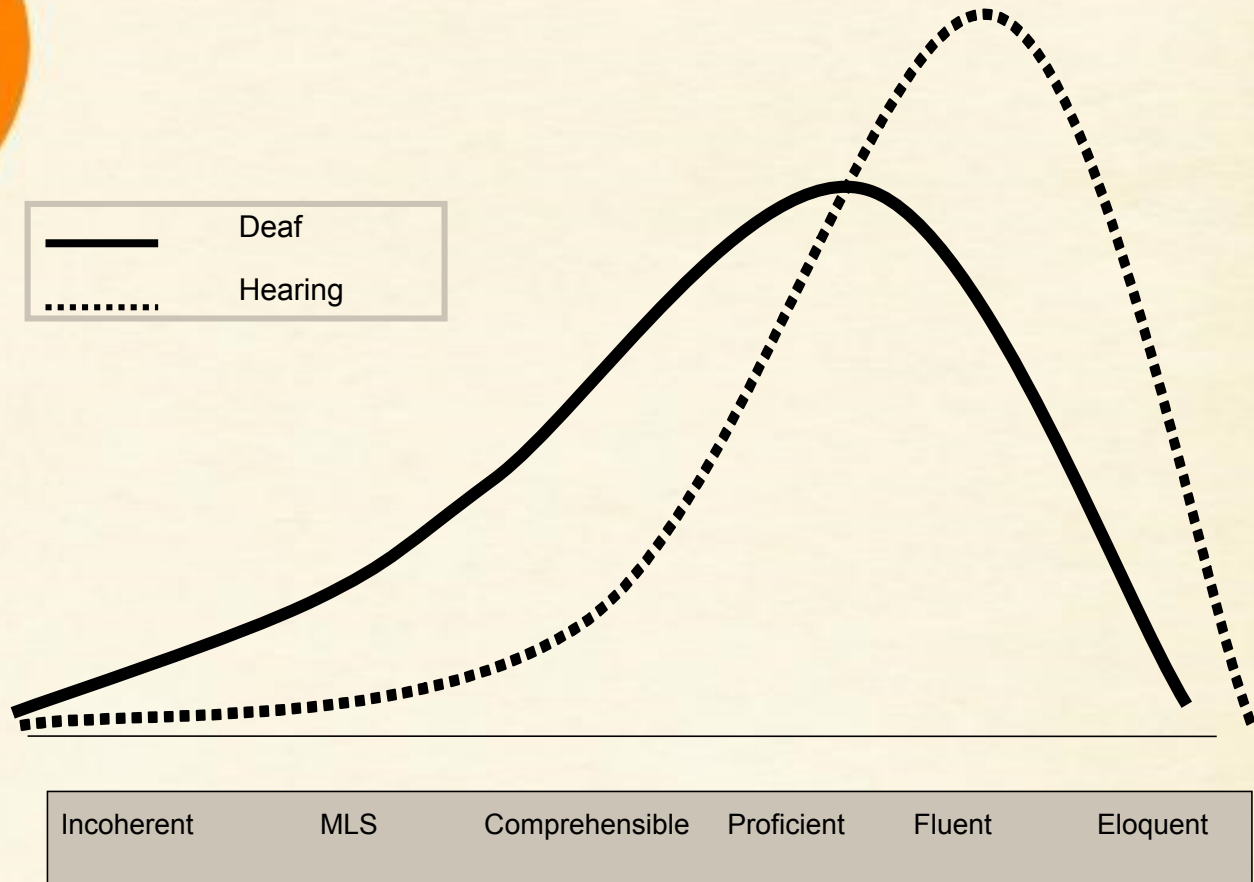
How are they conducted?

- Chart review
- Observation
- Interview
- Reports from others
- Etc.

What's Normal Anyway?



Distribution of Language Fluency






Individuals not familiar with Deaf consumers

Will often:

- Confuse poor English with poor language
- Underestimate the incidence of general language dysfluency
- Have no frame of reference to understand language deprivation
- Confused about interpreter role
- Cannot separate the interpreter /interpreting process from the Deaf person



Individuals familiar with Deaf people and/or sign fluent therapists

Training and education is focused on the
field of specialization.


People are trained to work with fluent
language users.

Dysfluency Sample...in Hearing



Dysfluency Sample...in Hearing





LANGUAGE CONSIDERATIONS

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		<i>Provide information about cause, progression or unusual characteristics of individual's hearing loss</i>									
Psychiatric History		<i>Describe past hospitalizations, relevant diagnoses, history of illness</i>									
Medical History		<i>Describe medical conditions which may affect communication use such as physical restrictions or extended hospital stays</i>									
Rater(s)											
Date of Rating											
Location of evaluation											

Family Communication Background

Family Member	M/F	Hearing Status	ASL	PSE	MCE	Oral	Writes Notes	Home Signs	Gestures	Other
Father										
Mother										
Spouse										
Sib/child 1										



Deafness Etiologies – Prenatal/Perinatal

- Genetic Syndromes
- Maternal Illness or Infection
 - Rh Factor
 - **CRS (Rubella)**
 - Syphilis
 - Herpes
 - Cytomegalovirus (CMV)
 - Toxoplasmosis
 - Fetal Alcohol Syndrome
- Prematurity
- Birth trauma



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Deafness Etiologies - Postnatal

- Trauma
- Infections
 - **Meningitis**
 - Measles
 - Chicken Pox
- Tumors
- Medications (Ototoxicity)
- 30% - unknown

Handout – “Some Causes of Childhood Permanent Hearing Loss”

Some Causes of Childhood Permanent Hearing Loss,
Possible Physical Problems and Developmental/Psychological Difficulties

Cause	Possible Co-Occurring Difficulties	References
Genetic Factors (Heredity)	<ul style="list-style-type: none"> Children whose hearing loss is genetically based are the least likely of all major etiological groups to have multiple disabilities. However, approximately 1/3 of genetic hearing loss is associated with another trait recognizable as a syndrome (e.g., Down Syndrome, Usher Syndrome, Fetal Alcohol Syndrome, CHARGE, Treachers, etc.) that can negatively affect physical and psychological well being. Infants with an FASD may also have low muscle tone or be floppy. They may have poor spatial awareness, resulting in a failure to cross the midline (e.g., reaching for something to the left with one's right hand). Child may have much less detailed language than peers. Expressive skills are superior to receptive skills. They can repeat information and sound as if they understand when they do not. Parents report that children can repeat a rule, tell what might happen if it is broken, and then break it a minute later. When they are reprimanded, they do not understand why the parent is upset. Individuals in the 70% category of non-syndromic deafness can still experience Specific Language Impairment (SLI). 	<p>Brookhouser, Worthington, & Kelly, 1994; Grundfast, 1992; Grundfast, Atwood, & Chuong, 1999; Karchmer, 1985; Vernon, 1969a, 1969b, 1976, 1982</p> <p>Morgan, Herman, and Woll, 2007.</p> <p>http://www.fasdcenter.samhsa.gov/educationTraining/courses/FASDTheCourse/module4/mod4_ct_ss_pg1.cfm</p>
Complication of Rh Factor	<ul style="list-style-type: none"> Cerebral palsy Aphasia Developmental delay/mental retardation Multiple disabilities Behavior disorders Learning Disabilities 	D. F. Moores, 1987; Vernon, 1982.
Meningitis	<ul style="list-style-type: none"> High incidence of physical and cognitive disabilities (e.g., aphasia, developmental delay/mental retardation, learning disabilities, behavioral/emotional problems). Children may suffer severe physical and neuropsychological sequelae and have difficulty in educational programs. Problems with: short-term memory loss, verbal intelligence, reading difficulties, acquisition of language skills, delayed language skills, visuo-spatial functions, metaphors, idioms, jokes, riddles, discourse, turn taking, inferential reasoning tasks, hyperactivity, distract ability, impulsivity, ability to solve non-routine problems, sentence assembly, ambiguous sentences, making inferences, figurative language inferring other's intentions. Expressive skills can be superior to receptive ability. 	<p>Dodge, 1992; Karchmer, 1985; D. F. Moores, 1987; Schuyler & Rushmere, 1987; Vernon, 1967.</p> <p>Schmidt, Heimann, Djukic, Mazurek, Fels, Wallesch and Nau, 2006.</p> <p>Pentland, Anderson, and Wrennall, 2000.</p>
Maternal Rubella, Congenital Rubella Syndrome (CRS)	<ul style="list-style-type: none"> Physical difficulties may include hearing, vision, urogenital, and endocrine disorders. Increased contraindications for lithium. Major, frequently late-occurring neuropsychological sequelae (such as developmental delay/mental retardation, autism, abnormal behavior patterns, impulsivity). 	<p>Cunningham, 1992; Hutchinson & Sandall, 1995; D. F. Moores, 1987; Sison & Sever, 1993.</p> <p>Bird and Kitson (2000).</p>

	<ul style="list-style-type: none"> hyperactivity, rigidity and specific learning disabilities). Language related issues such as intermittent skips in understandability. 	
Prematurity	<ul style="list-style-type: none"> Infants under 3.5 pounds who experience anoxia or intracranial bleeding are at risk for later developmental problems. Infants with a hearing loss who are born prematurely often have physical and psychological sequelae (e.g., developmental delay/mental retardation, cerebral palsy, and learning and emotional disabilities). Hyperactivity, Distractibility, Restlessness, LD, MR, etc. 	American Academy of Pediatrics, 1995; Bergman et al., 1985; Duara, Suter, Bressard, & Gutberlet, 1986; Hille et al., 1994; McCormick, 1997; McCormick, Brooks, Workman-Daniels, Turner, & Peckham, 1992; D. F. Moores, 1987; Vernon, 1969b, 1982.
Syphilis Bacterial Infection	<ul style="list-style-type: none"> May be asymptomatic at birth, but may later manifest signs of intellectual delay, visual disability and sensorineural hearing loss. 	American Academy of Pediatrics, 1995; Blackman, 1997
Herpes Simplex Virus Infection	<ul style="list-style-type: none"> Approximately two-thirds of all herpes simplex virus infections are body-system pervasive. More than half of all survivors have permanent neurological impairments (e.g., learning disabilities) and accompanying visual system disturbances and hearing loss. 	Hutchinson & Sandall, 1995; McCollister, 1988; Sison & Sever, 1993; Stagno & Whitley, 1985.
Cytomegalovirus (CMV) Infection	<ul style="list-style-type: none"> CMV is a common cause of congenital hearing loss. One out of 100 infants born with CMV is asymptomatic. 10% to 15% of affected infants will likely develop central nervous system damage (i.e., hearing loss, developmental and intellectual delays, and psychomotor difficulties). CMV-related learning problems may go unidentified until formal schooling begins. Schildroth (1994, 31) noted that "CMV has pernicious educational consequences" for children who are deaf or hard of hearing. CP, vision loss, small head, motor difficulties, developmental delays, mental retardation, learning delays, autism, add, OCD, SLI, balance. Shorter attention span, impulse control issues, low tolerance for delayed gratification. Significantly different language processing problems that are just now becoming obvious in research. 	<p>Bale, Blackman, Murph, & Andersen, 1986; Barbi et al., 2003; Blackman, 1997; D. F. Moores, 1987; Pappas, 1985; Schildroth, 1994; Schuyler & Rushmere, 1987; Sison & Sever, 1993; Stagno, Pass, Dworsky, & Alford, 1982.</p> <p>Anderson, Amos, Boppna, Pass, 1996; Klyat, Kelly, Ford-Jones, 2006; Dollard, Grosse, Ross, 2007</p>
Toxoplasmosis	<ul style="list-style-type: none"> Multiple disabilities including vision loss (eye pain sensitivity to light, tearing of the eyes, blurred vision) and brain damage, abnormal enlargement or smallness of the head, seizures, mental disabilities. Confusion, lethargy, memory loss, weakness on one side of the body, speech and language disorders. 	CDC, Toxoplasmosis Report; Berger, 2003; Freeman, 2005.

National Child Traumatic Stress Network (2006). *White paper on addressing the trauma treatment needs of children who are deaf or hard of hearing and the hearing children of deaf parents*. Los Angeles, Calif., and Durham, NC: National Child Traumatic Stress Network, 2006, www.NCTSN.org.

Added, Charlene Crump, Office of Deaf Services, 2008.

A decorative graphic on the left side of the page. It features several vertical stripes in shades of orange, yellow, and teal. Overlaid on these stripes are various geometric shapes, including concentric circles and smaller circles in teal, orange, and brown. A large, light blue arrow points to the right, positioned in the lower half of the graphic.

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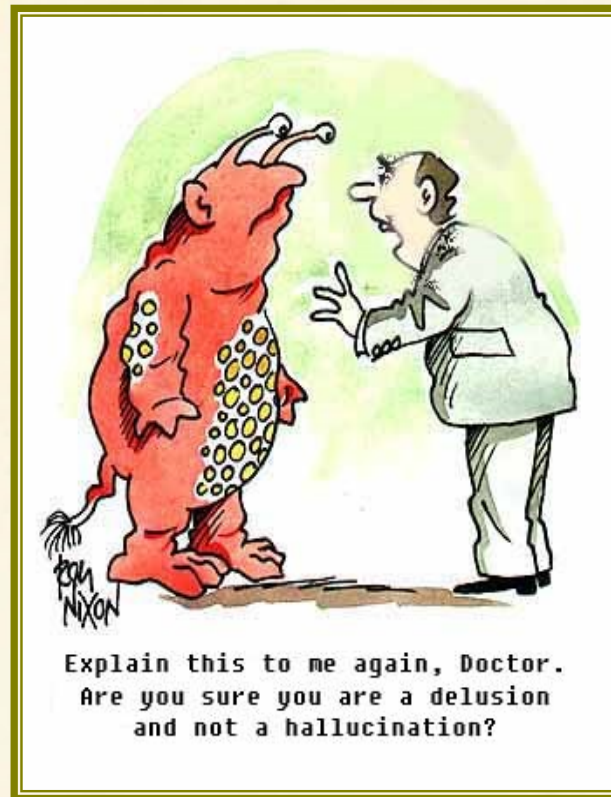
Hallucinations

- Sensory Modalities
 - Auditory
 - Visual
 - Tactile
 - Olfactory
 - Gustatory



Delusions

- Erroneous beliefs that usually involve a misinterpretation of perceptions or experiences, not supported by reality.





Bizarre Delusions

- “I am Godd.”
- “I used to play with Napoleon as a young boy. We built a wagon together.”
- “My mother is Elizabeth Taylor. My father is Andrew Coumo.”
- “The TV tells me what to do and I communicate with the TV by placing notes into the vents in the back of the TV.”
- “I am pregnant with 99 babies. They won’t come out.”
- “I am a CIA baby. The CIA talks to me through my hearing aids and tells me what to say.”
- “Orange is the CIA, Green is the army, Black is evil – except for interpreters...”
- “Every night someone sneaks into my room and takes apart my clothes and then re-sews them a size smaller.”

Linguistic Errors

- 
- Clanging
 - Illogicality
 - Sign
Perseveration
 - Stereotypy
 - Topic derailment
 - Topic/thematic
perseveration
 - Incoherence
 - Visuo-spatial
anomalies
 - Paraphasia
 - Neologism
 - Pressured Speech
 - Circumstantiality
 - Echolalia
 - Poverty of content



Illogicality

“Parents are the people that raise you. Anything that raises you can be a parent. Parents can be anything, material, vegetable or mineral, that has taught you something. Parent would be the world of things that are alive, that are there. Rocks, a person can look at a rock and learn something from it, so that would be a parent.”

(Andreasen, 1986)



Topic Perseveration

“Myself clever, mouth clever,
speak sign speak mouth tea food
Sarah. Some nurse food there
bad eat here saw chestnut. No
different me say no bad boy say
different walnut.”

(Thacker, 1994)



Topic Derailment

“Yes the fireworks were nice, blue, red, green, then horse got killed by man.”

(Reese, 2005)



Incoherence

“Why do people believe in God?”

Response: “Because make a twirl
in life, my box is broken help me
blue elephant. Isn’t lettuce
brave? I like electrons, hello.”



Stereotypy

“finger-wiggle she finger-wiggle
told me finger-wiggle that finger-
wiggle devil finger-wiggle
everywhere finger-wiggle.”

(Hamerdinger, 1989)



Paraphasia

“Saturday was good.

But... Backwards-Sunday was boring.

I need something to do on backwards-Sundays.”



Circumstantiality

“It’s late at night now, although this morning when I work up, I felt as though today would be a productive day. While I was eating my Cap’n Crunch, as a matter of fact, that thought occurred to me. Especially when I was pouring my milk, which is always nonfat. Traci and I try to cut down on our fat intake wherever possible. I think the milk came from Safeway, but I can’t remember.”

(Halgin & Whitbourne, 1994)



Poverty of Content/Speech

“Deaf, deaf me. Deaf. Hear none.
Deaf, hear none me, deaf.”



Neologism

“The dilajistics are after me.”

(SVU, 2005)

“Computer in nose tells me.”


(Williams, 1997)



Echolalia

“Can we talk for a few minutes?”

Response: “Talk for a few minutes”




Dysfluency - Psychosis

- Inappropriate facial and/or emotional expression
- Bizarre language content
- Behaviors suggesting hallucinations
- Guardedness and volatility
- Deteriorated language skills
- Appearance and behavior
- Language improves with medication.

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		Provide information about cause, progression or unusual characteristics of individual's hearing loss							
Psychiatric History		Describe past hospitalizations, relevant diagnoses, history of illness							
Medical History		Describe medical conditions which may affect communication use such as physical restrictions or extended hospital stays							
Rater(s)									
Date of Rating									
Location of evaluation									

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Medical: Stroke and traumatic brain injury

- Aphasia: acquired language disorder
 - Usually resulting from lesions to language areas of the brain
 - Usually due to stroke
 - May be due to traumatic brain injury
 - Marked by sudden and usually dramatic loss of language skills

Poizner, Klima and Bellugi, 1987




Figure 2.1
The Cookie Theft elicitation card from the Boston Diagnostic Aphasia Examination.
Copyright © 1972 by Lea and Febiger. Reprinted with permission.

Poizner, Klima, Bellugi, p 45

- Examiner: What's that? (Pointing to the picture.)
Gail D: THREE
- Examiner: Who is that? (Pointing to the woman in the picture.)
Gail D: MOTHER
- Examiner: Who is that? (Pointing to the boy)
Gail D: BROTHER..BROTHER...
- Examiner: What's happening there? (pointing to the water spilling on the floor)
Gail D: WHAT? (Points, gestures, mouths, 'oh.')
- Examiner: What is the woman doing there?
Gail D: (fumbles and gestures, then signs)
PLATE T-...E...O....W....L. (Attempts to fingerspell "towel")
- Examiner: What is the woman doing?
Gail D: TURN-OFF. TURN-OFF





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Poizner, Klima and Bellugi, 1987

OTHER MEDICAL CONDITIONS





Specific Language Impairment



APPENDIX C: MEDICATIONS

There are a host of medications which may have unique impact for individuals who are deaf. Some examples of considerations for medication side effects are listed below.

Visual changes

Medications which impact the person's vision, can also have detrimental effects on the person's ability to receive language.

Tremors, shaking, etc.

Medications which impact the person's ability to control their arms or hands, can also have significant effect on the person's ability to express language. This may cause misunderstanding or frustration. Limited range of movement of hands and arms may also be an issue. These limitations can cause the person to be less or non-responsive even though they are fully capable of expressing themselves.

Tardive Dyskinesia

Which may show repetitive, involuntary, purposeless movements - often of the lips, face, legs, or torso. These movements can have significant effect on the person's ability to express language. This may cause misunderstanding or frustration.

Lethargy/loss of concentration

Receiving information visually over time can be exhausting. The eye is a muscle that requires use differently than receiving information through auditory means. While lethargy or inability to concentrate can have an impact on any person, deaf or hearing, the level of energy required to receive information for deaf individuals is greater. Using sign language is also a physical act that can require a significant degree of movement. As a result, this can have a negative impact on the person's ability to receive or express language.

Lowered level of cognition/loss of concentration

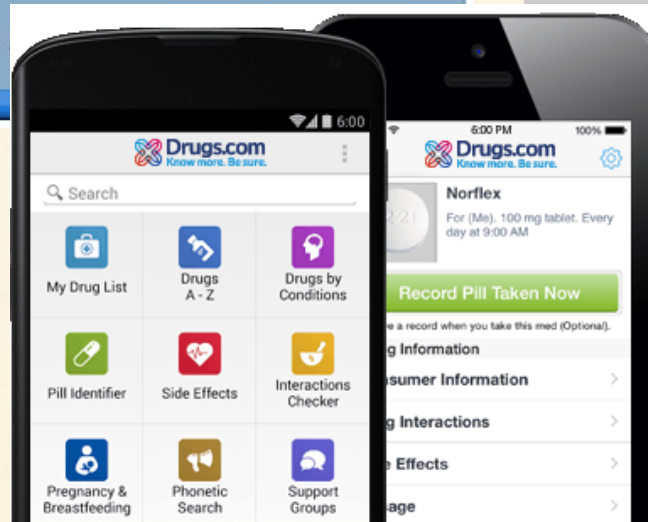
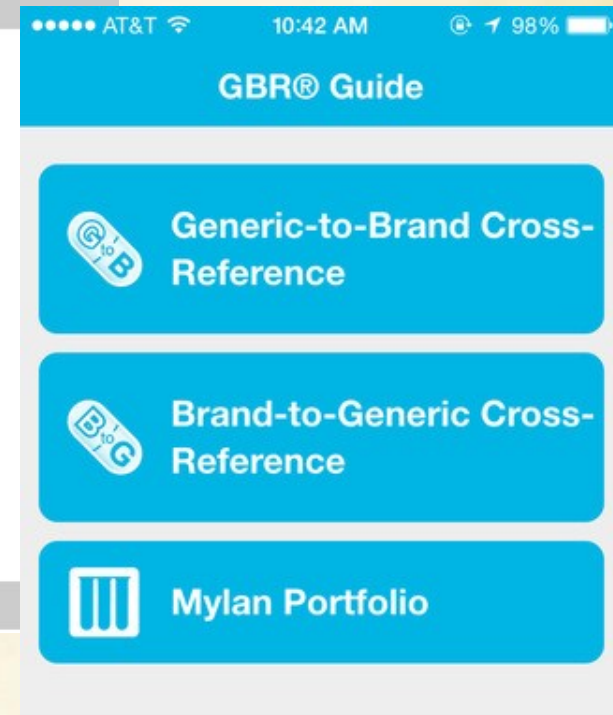
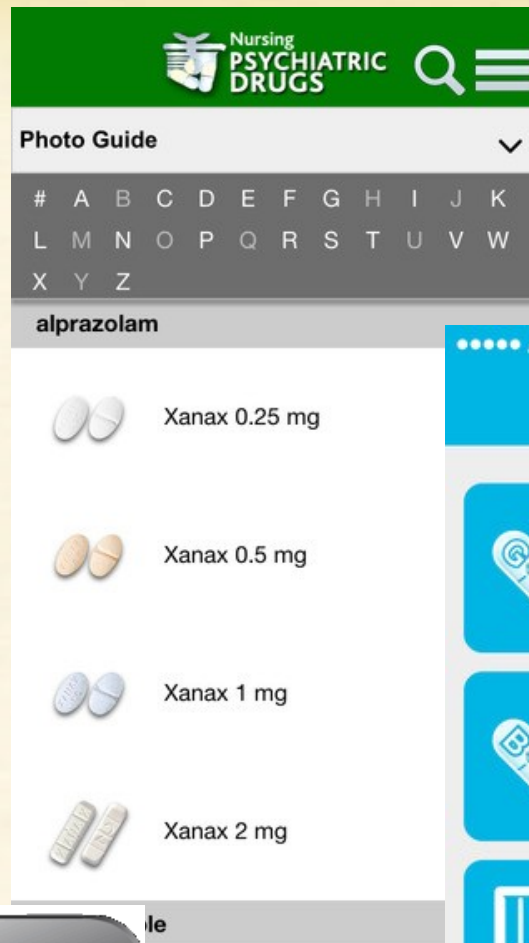
Receiving language through an interpreter, directly through lipreading, or through a second language, often requires a good bit of concentration and use of closure skills to figure out what is being asked or stated. This is something that hearing individuals rarely have to deal with. Anytime the level of cognition is lowered, it inhibits the ability of the person who is deaf to make sense of language that is conveyed.

Dizziness

Because individuals who are deaf receive language visually, any side effect such as dizziness that can impact their ability to visually receive information can have significant effect on the person's ability to receive language. Additionally, this can cause the person to be tired or unable to concentrate (see above).

Moodiness

If a deaf individual comes in and is upset, their ability to deal with communication breakdowns or to attempt to use closure or repair skills or to deal with someone who is not culturally aware is greatly reduced.



Tinnitus (yes/no)

Etiology

Vision Loss

Motor Impairment

Comments about:

Hearing Loss

Provide information about cause, progression or unusual characteristics of individual's hearing loss

Psychiatric History

Describe past hospitalizations, relevant diagnoses, history of illness

Medical History

Describe medical conditions which may affect communication use such as physical restrictions or extended hospital stays

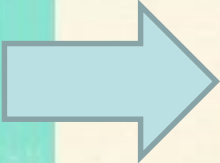
Rater(s)

Date of Rating

Location of evaluation

Family Communication Background

Family Member	M/F	Hearing Status	ASL	PSE	MCE	Oral	Writes Notes	Home Signs	Gestures	Other
Father										
Mother										
Spouse										
Sib/child 1										
Sib/child 2										
Sib/child 3										
Sib/child 4										
Other										
Other										
Other										



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Page 10


Mr. Holland's Opus





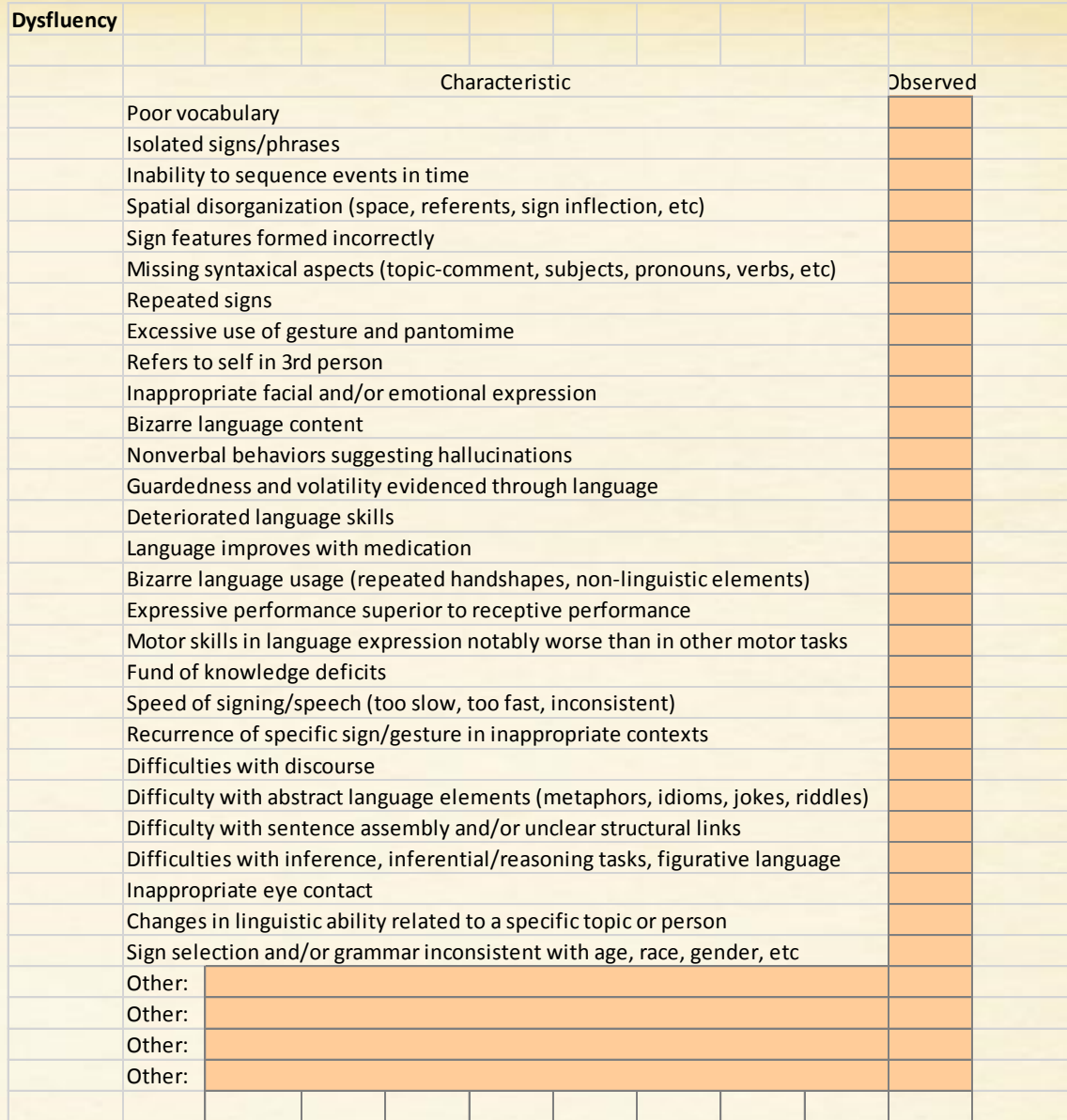
Implications of Dysfluency

- Poor language skills contribute to or cause every other problem
- Make learning very difficult
- Easily misdiagnosed as psychotic or mentally retarded
- Make behavioral problems very likely
- Make rehabilitation and counseling very difficult



Dysfluency - Deprivation

- Fund of knowledge deficits
- Poor vocabulary
- Sign features formed incorrectly
- May be missing (Topic-comment, Clear referents, Time indicators, Grammar)
- Repeated signs
- Isolated signs/phrases
- 3rd person
- Visual space.





Client's Use of Assistive Services and Equipment:

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 have or use an assistive communication device?

If yes, describe in comment section & complete appropriate section

Comments:	Describe communication device usage, identify assistive devices available in home, workplace or other environments
-----------	--



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

	1 st try	2 nd try	list incorrect guesses, if given
a) ball			
b) telephone			
c) father			
d) chair			
e) client's name			

Speech Recognition B

Select yes/no, form will automatically score 9 points if correct on 1st try, 7 points if correct on 2nd try

	1 st try	2 nd try
a) How old are you?		
b) What is your name?		
c) Close the door		
d) Where do you live?		
e) Do you like (town)?		
f) What did you do yesterday?		
g) How long have you been here?		
h) Do you like (here)?		
i) Where did you go to school?		
j) Do you have any brothers or sisters?		

Comments: *Describe characteristics of the individual's speech recognition, i.e. "States understands but is incorrect", "Understands consonants but doesn't understand the whole word"*



Speech

Speech A

score 2 points if understandable, 0 if not

- a) boy
- b) dog
- c) shoe
- d) milk
- e) baby
- f) tree
- g) blue
- h) hat
- i) pencil
- j) client's name

Speech B

If a complete description, 16 points; If in complex sentence structure with few errors, 12 points; If correct in grammar but short, 8 points; If in simple sentence form with incorrect grammar, 4 points; If in single word form, 2 points.

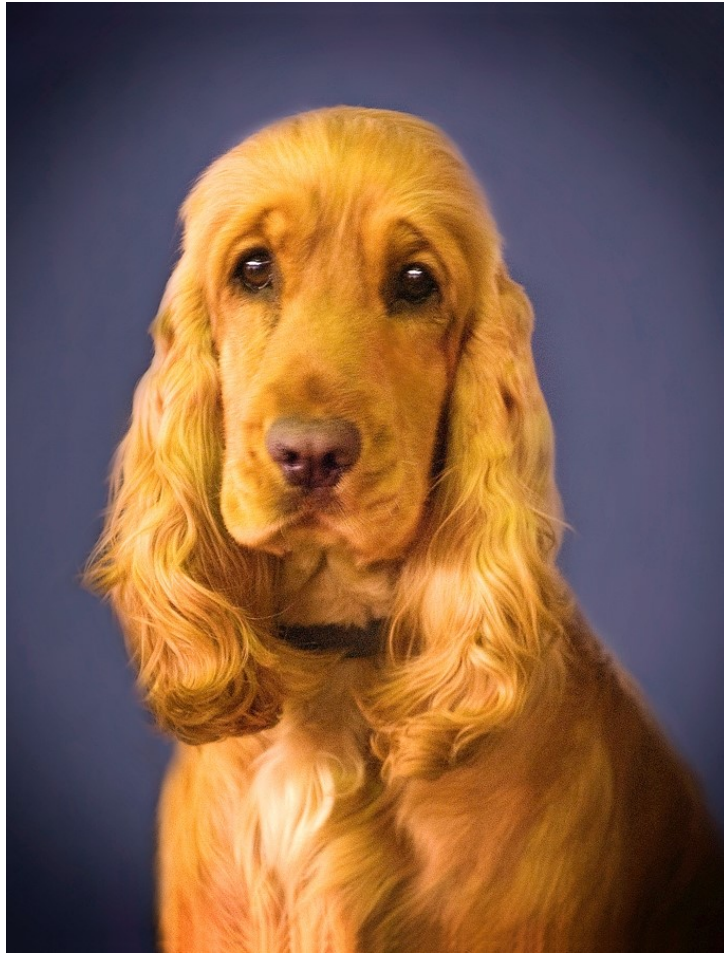
- a) picture no. 1
- b) picture no. 2
- c) picture no. 3
- d) picture no. 4
- e) picture no. 5

Comments: *Describe characteristics of the individual's speech, i.e. "Very soft and hard to hear", "could be understood by someone familiar to them but not by a stranger"*

boy



dog



blue



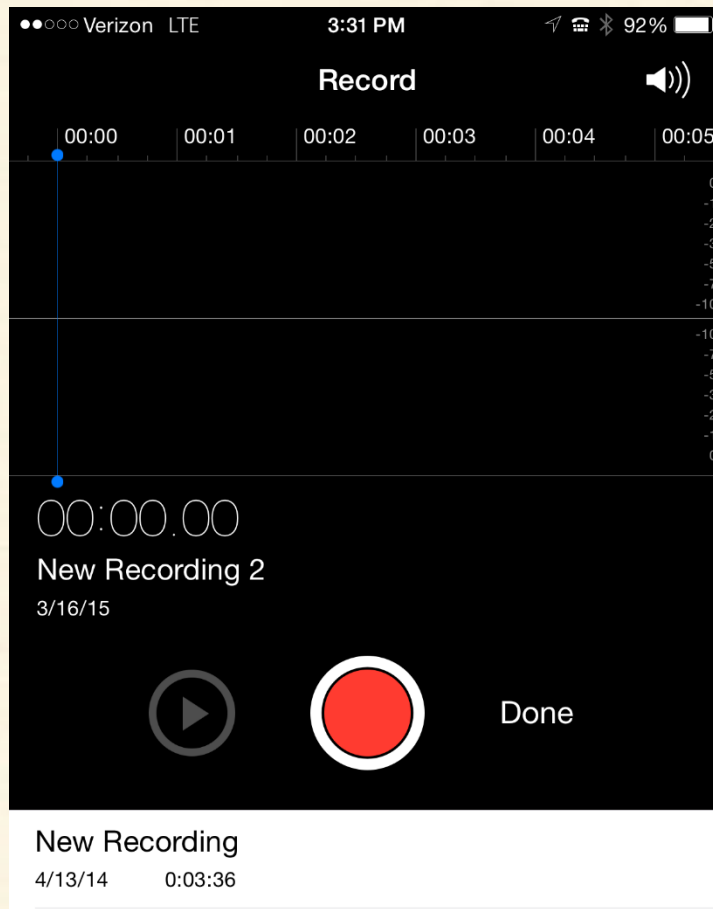
Your name

Picture #1



Picture #3





[illegible]

Reading A			Reading B					
			score 1 point if correct, 0 if not			Select yes/no, form will automatically score 10 points if		
a) soap				a) The girl is playing soccer				
b) camp				b) The boys are eating ice cream				
c) nothing				c) The man is running fast				
d) seat				d) The woman is on a horse				
e) suit				e) The man is skiing in the snow				
f) gray								
g) listen								
h) true								
i) dry								
j) rock								

[illegible]

Writing							If a complete description, 25 points; If in complex sentence structure with few errors, 15 points; If correct in grammar but short, 10 points; If in simple sentence form with incorrect grammar, 5 points; If in single word form, 2 points.
Writing A				Writing B			
			2 points if understandable				
a) client's name							
b) fish							
c) cards						a) picture no. 1	
d) boat						b) picture no 2	
e) watch							

Writing A				Writing B			15 points; If correct in grammar but short, 10 points; If in simple sentence form with incorrect grammar, 5 points; If in single word form, 2 points.
			2 points if understandable				
a) client's name							
b) fish							
c) cards						a) picture no. 1	
d) boat						b) picture no 2	
e) watch							

Writing B	15 points; If correct in grammar but short, 10
is understandable	points; If in simple sentence form with
	incorrect grammar, 5 points; If in single word
	form, 2 points.
a) picture no. 1	
b) picture no 2	

2 points if understandable				points; If in simple sentence form with incorrect grammar, 5 points; If in single word form, 2 points.			
				a) picture no. 1			
				b) picture no 2			

If a complete description, 25 points; If in complex sentence structure with few errors, 15 points; If correct in grammar but short, 10 points; If in simple sentence form with incorrect grammar, 5 points; If in single word form, 2 points.			
) picture no. 1			
) picture no 2			

a) picture no. 1			
b) picture no 2			

b) picture no 2			

[illegible]

soap

nothing

Reading

Reading A



Reading B

score 1 point if correct, 0 if not

Select yes/no, form will automatically score 10 points if

- a) soap
- b) camp
- c) nothing
- d) seat
- e) suit
- f) gray
- g) listen
- h) true
- i) dry
- j) rock

- a) The girl is playing soccer
- b) The boys are eating ice cream
- c) The man is running fast
- d) The woman is on a horse
- e) The man is skiing in the snow

Writing

Writing A

Writing B

2 points if understandable

- a) client's name
- b) fish
- c) cards
- d) boat
- e) watch

If a complete description, 25 points; If in complex sentence structure with few errors, 15 points; If correct in grammar but short, 10 points; If in simple sentence form with incorrect grammar, 5 points; If in single word form, 2 points.

- a) picture no. 1
- b) picture no 2

Comments: *Describe client's writing behavior, including difficulty with motor skills or clarity of penmanship*

The girl is playing soccer

a.



b.



c.



d.



The boys are eating ice cream

a.



b.



c.



d.

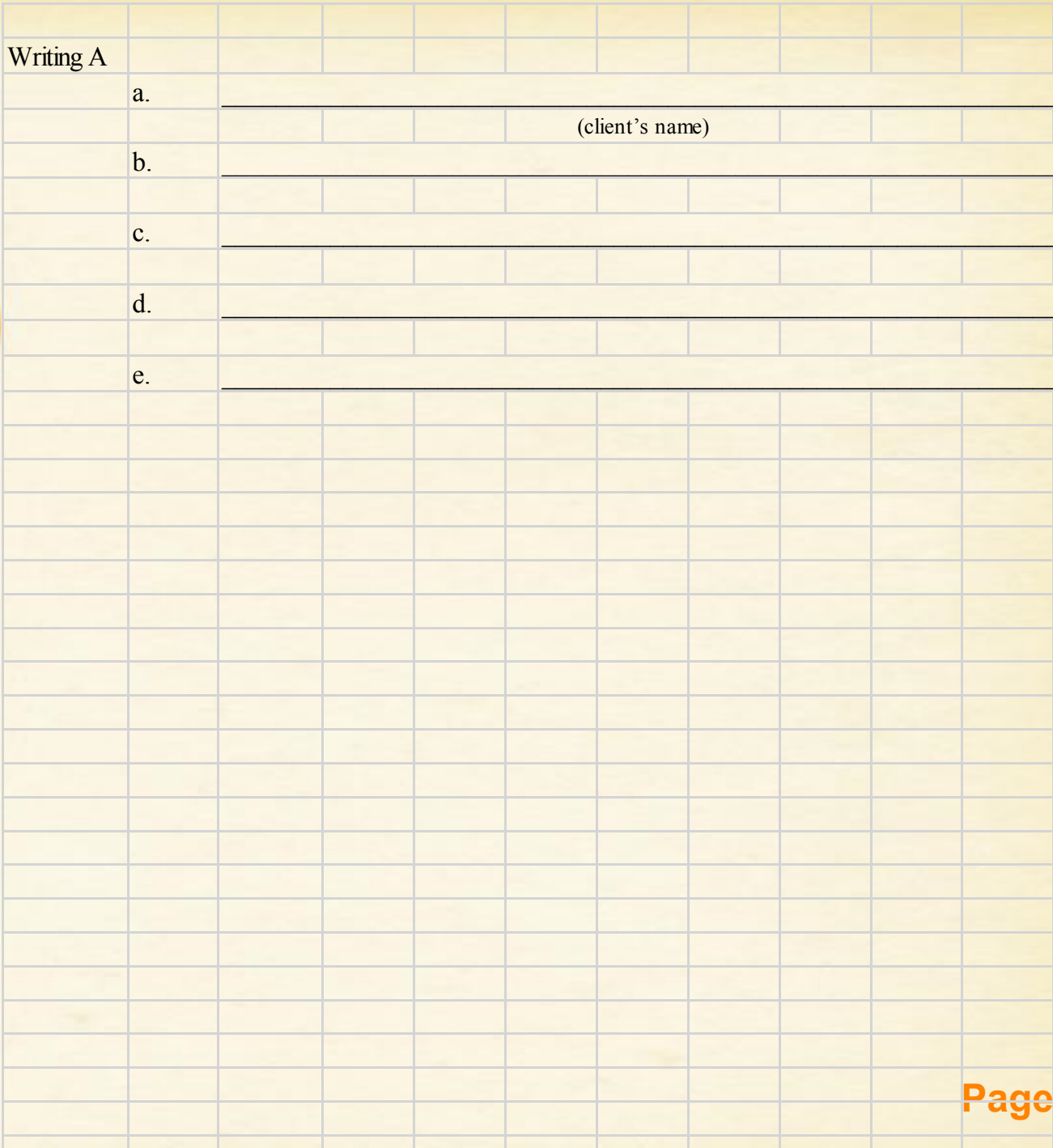


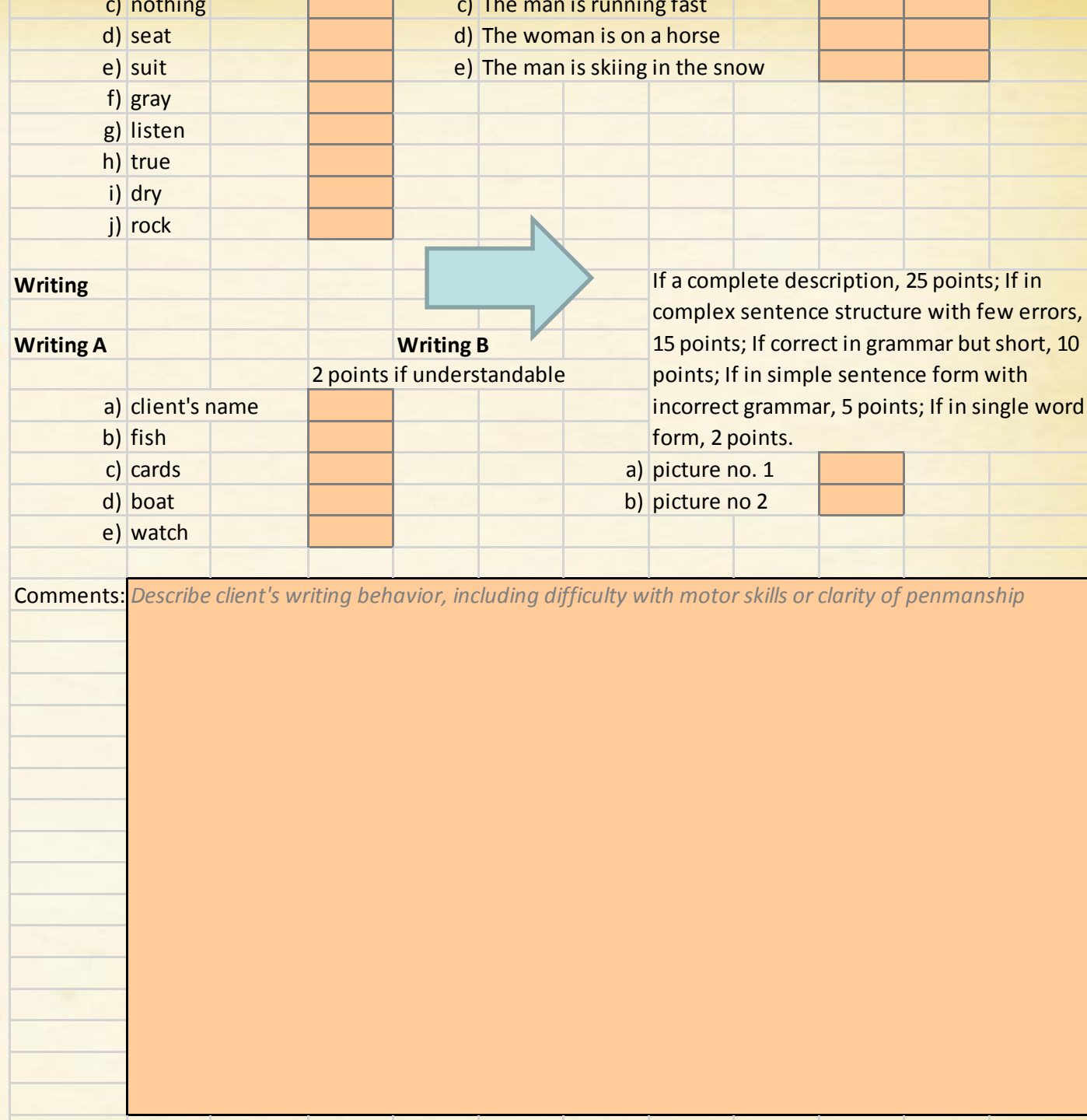


Comments: *Describe client's writing behavior, including difficulty with motor skills or clarity of penmanship*

Your name











[illegible]



Reading and Writing combined

Score 1-4

- | | | | |
|---|--|--|--|
| a) What is your name? | | | |
| b) How old are you? | | | |
| c) What is your address? | | | |
| d) What time is it? | | | |
| e) How many sisters and brothers do you have? | | | |
| f) What will you do this Saturday? | | | |
| g) What is the date today? | | | |
| h) When is your birthday? | | | |
| i) What are the months in the year? | | | |
| j) Do you like it here? Why? | | | |

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

Comments:	<i>Describe client's writing and reading behavior, including difficulty with motor skills or clarity of penmanship.</i>
-----------	---

What time is it?

What are the months
in the year?



Reading and Writing combined

a.

(Client's Name)

b.

c.

d.

e.

f.

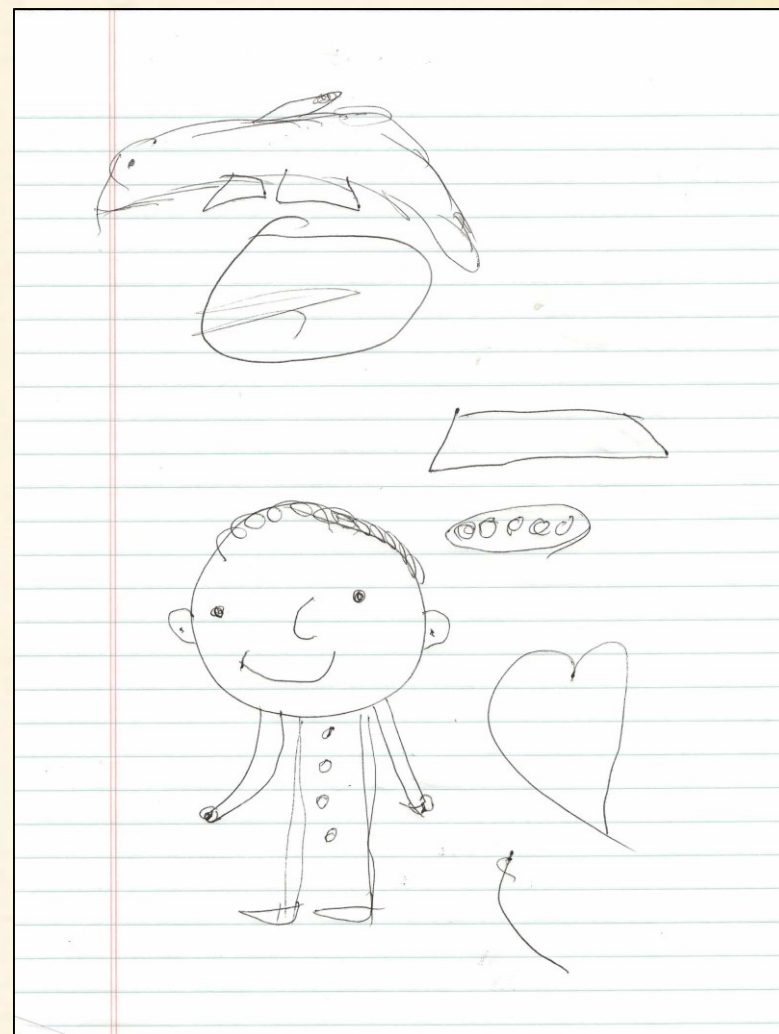
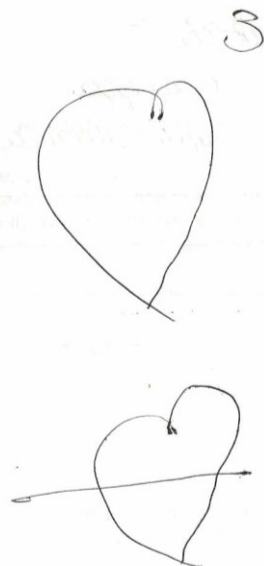
g.

h.

i.

j.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16



Fingerspelling

Receptive Fingerspelling

Expressive Fingerspelling

8 points if correct on 1st try, 4 points if correct on 2nd try (both sections)

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

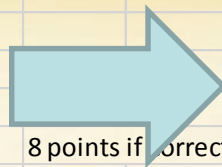
Receptive and Expressive Fingerspelling Combined

10 points if correct

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: *Describe clients expressive or receptive fingerspelling. For example, difficulty in remembering letters or specific letters which are not understandable.*

Fingerspelling



Receptive Fingerspelling

Expressive Fingerspelling

8 points if correct on 1st try, 4 points if correct on 2nd try (both sections)

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

Receptive and Expressive Fingerspelling Combined

10 points if correct

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: *Describe clients expressive or receptive fingerspelling. For example, difficulty in remembering letters or specific letters which are not understandable.*







Receptive and Expressive Fingerspelling Combined

10 points if correct

- 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: *Describe clients expressive or receptive fingerspelling. For example, difficulty in remembering letters or specific letters which are not understandable.*



Sign Language/Manual Communication

Receptive Manual Communication Skills

5 points each if correct

- 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) Why?
- g) What time do you get up?
- h) What time is it?
- i) What did you do last night?
- j) What is the date today?
- k) When is your birthday?
- l) How many brothers and sisters do you have?
- m) What is your father's name?
- n) How much is this (show \$5 bill)?
- o) How many children do you see 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: *Describe client's receptive ASL. This might include client's preference for Pidgin Signed English (PSE) or Manually Coded English (MCE) or questions that needed to be repeated.*

5

FEDERAL

RESERVE

NOTE

5

IG 00000000 T

G7



THIS NOTE IS LEGAL TENDER
FOR ALL DEBTS, PUBLIC AND PRIVATE

THE UNITED STATES
OF AMERICA

IG 00000000 T

5

Anne Escobedo Cabral
A1 Treasurer of the United States

SERIES 2006

Henry M. Paulson Jr.
Secretary of the Treasury

FR A12

5

FIVE

LINCOLN

DOLLARS



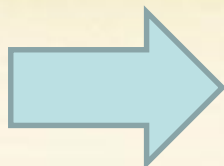


Expressive Manual Communication Skills

Score each criteria from 1-10

- 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) Facial expression varies with grammar and sentence
- j) Facial expression consistent with topic

Comments: *Describe client's expressive ASL. This could include motor difficulties, unclear signs or dysfluencies.*



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 1-12

c) Fluency

d) Expresses complete thought

e) Follows main topic

f) Incorporation of time and numbers

g) Uses full range of device or aid

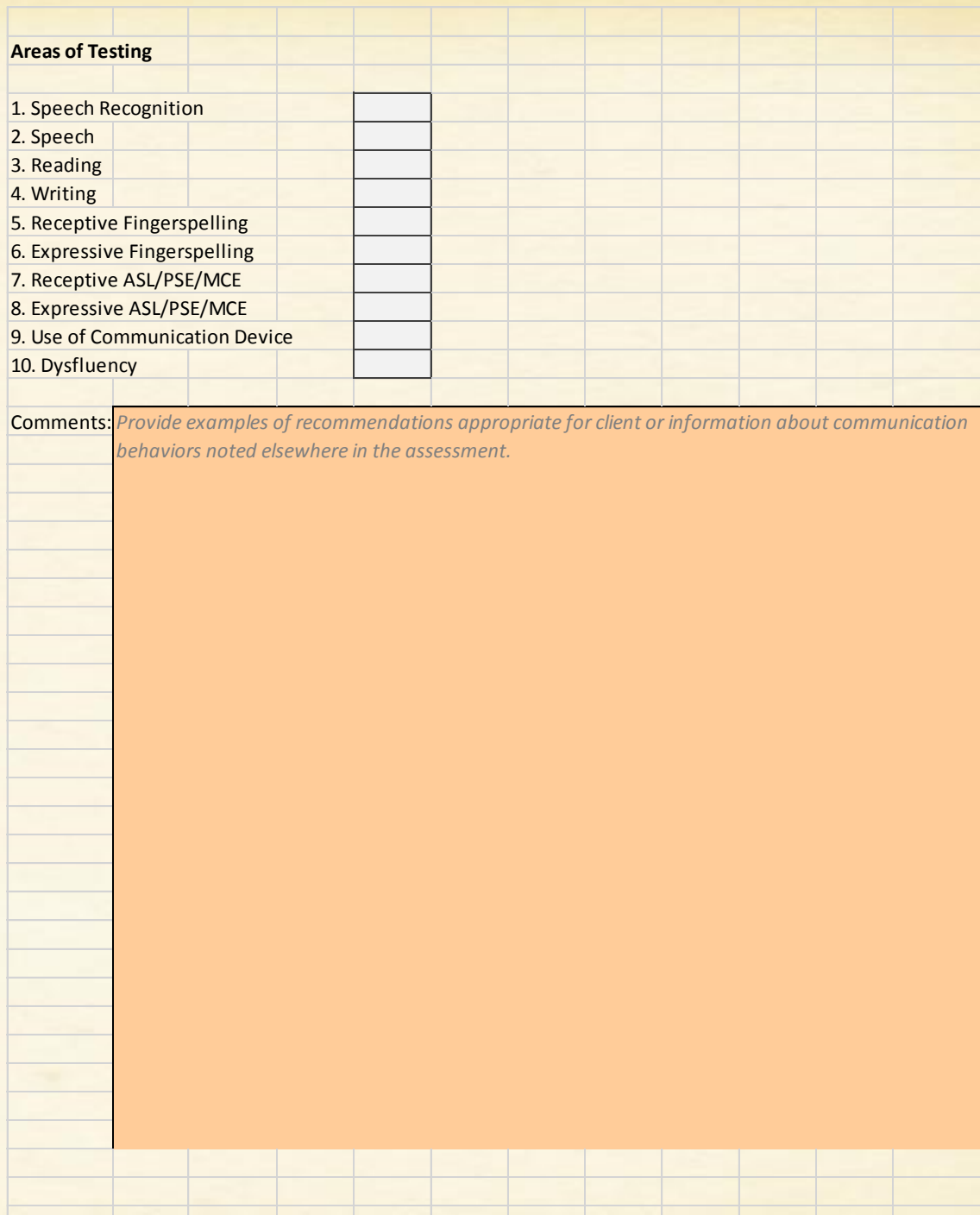
h) Seeks feedback on effectiveness of communication

Comments:

Please describe device, client's use of device and suggestions for others interacting with client

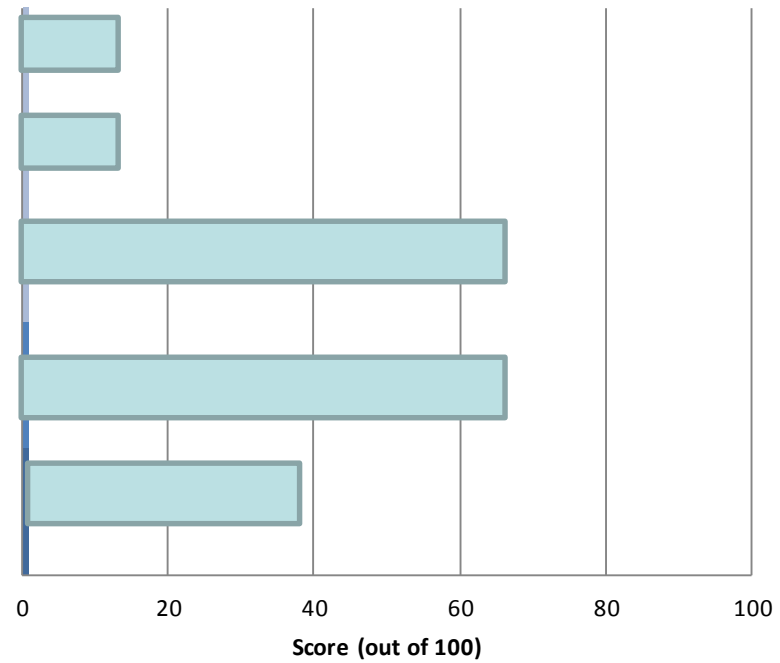


SCORING





CSA Graphical Summary





Alabama Department of Mental Health
Office of Deaf Services
Preliminary Communication Assessment Report

Consumer Name: _____

Date of Assessment: _____ Date of Report: _____

LANGUAGE ASSESSMENT/HEARING LOSS

General information regarding language ability and deficits. Include brief statement regarding hearing loss, gender, race, age and diagnosis, if known.

BACKGROUND INFORMATION (related to language development)

List educational status including type of educational environment, family or social communication, etc.

BRIEF RECOMMENDATIONS (based on initial observations)

Modifications for treatment related to language, accessibility considerations, ability to use modifications or accommodations, additional disabilities that need consideration for treatment, diagnostic or medication considerations related to language.

This is a brief initial report. A more in-depth report will be completed by the Office of Deaf Services. Please feel free to contact our office if you have additional questions.

Name of Assessor _____

Title _____

VP/Phone _____

Email _____



SAMPLE REPORTS

(WORD DOCUMENTS)



PRACTICE VIDEOS AND EVALUATIONS

Where do we go from here?



- Identify Barriers
- Prioritize communication needs
- Determine interventions
- Integrate communication assessment as part of treatment
- Establish policy and standards



Q & A

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Handouts and Supporting Articles at
<http://mhit.org/otherstuff/michiganca.html>