

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									

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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:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Age(s):

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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

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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) toy	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>
b) fire	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>
c) book	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>
d) chair	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>
e) frog	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>
f) shoe	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>
g) star	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>
h) knee	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>
i) sock	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>
j) client's name	<input type="text"/>	<input type="text"/>	<input style="width: 350px; height: 20px;" type="text"/>

Speech Recognition B

Select yes/no, form will automatically score 8 points if correct on 1st try, 5 points if correct on 2nd try

	1 st try	2 nd try	list incorrect guesses
a) The coat is on the chair	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>
b) A boy is flying a kite	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>
c) The bird has white wings	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>
d) A woman is carrying a chair	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>
e) The woman has short hair	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>
f) A woman is eating an apple	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>
g) The girl is cutting a flower	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>
h) A picture is over a table	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>
i) The man has his foot on a truck	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>
j) Three stars are in the sky	<input type="text"/>	<input type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>

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Speech

Speech A score 2 points if understandable on 1st try,
1 point on 2nd try

Speech B

Score each response from 0 – 4 on each of four characteristics; quantity, grammar, individual sound production and word production. Review the scoring rubric in the manual for more information.

	1 st try	2 nd try
a) feather	<input type="text"/>	<input type="text"/>
b) doll	<input type="text"/>	<input type="text"/>
c) pig	<input type="text"/>	<input type="text"/>
d) six	<input type="text"/>	<input type="text"/>
e) star	<input type="text"/>	<input type="text"/>
f) duck	<input type="text"/>	<input type="text"/>
g) cat	<input type="text"/>	<input type="text"/>
h) cake	<input type="text"/>	<input type="text"/>
i) pencil	<input type="text"/>	<input type="text"/>
j) client's name	<input type="text"/>	<input type="text"/>

a) picture no. 1	<input type="text"/>
b) picture no. 2	<input type="text"/>
c) picture no. 3	<input type="text"/>
d) picture no. 4	<input type="text"/>
e) picture no. 5	<input type="text"/>

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Reading

Reading A

score 2 point if correct, 0 if not

- 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

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Reading and Writing combined

- 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?

Score 0-4

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.

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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
a) table	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
b) house	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
c) mother	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
d) grass	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
e) client's name	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

	1 st try	2 nd try
a) horse	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
b) bus	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
c) woman (lady)	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
d) (air)plane	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
e) client's name	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

Receptive and Expressive Fingerspelling Combined

10 points if correct on 1st try, 5 points if correct on 2nd try

	1 st try	2 nd try
a) What is your name?	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
b) How old are you?	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
c) Where do you live?	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
d) What time is it?	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
e) When is your birthday?	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
f) How long have you been here?	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

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Sign Language/Manual Communication

Receptive Manual Communication Skills

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

	1 st try	2 nd 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?		

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Expressive Manual Communication Skills

- 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

Score each criteria from 0 - 10

Comments:

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Assistive Communication Device Use

- a) Is client independent in use of device?
- b) Can client use device with prompts?

28 points if yes
 14 points if yes

- 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

Score each criteria from 0 - 12

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Comments:

Dysfluency

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	Characteristic	Observed (yes/no)
	Poor vocabulary	<input type="checkbox"/>
	Isolated signs/phrases	<input type="checkbox"/>
	Inability to sequence events in time	<input type="checkbox"/>
	Spatial disorganization (space, referents, sign inflection, etc)	<input type="checkbox"/>
	Sign features formed incorrectly	<input type="checkbox"/>
	Missing syntactical aspects (topic-comment, subjects, pronouns, verbs, etc)	<input type="checkbox"/>
	Repeated signs	<input type="checkbox"/>
	Excessive use of gesture and pantomime	<input type="checkbox"/>
	Refers to self in 3rd person	<input type="checkbox"/>
	Inappropriate facial and/or emotional expression	<input type="checkbox"/>
	Bizarre language content	<input type="checkbox"/>
	Nonverbal behaviors suggesting hallucinations	<input type="checkbox"/>
	Guardedness and volatility evidenced through language	<input type="checkbox"/>
	Deteriorated language skills	<input type="checkbox"/>
	Language improves with medication	<input type="checkbox"/>
	Bizarre language usage (repeated handshapes, non-linguistic elements)	<input type="checkbox"/>
	Expressive performance superior to receptive performance	<input type="checkbox"/>
	Motor skills in language expression notably worse than in other motor tasks	<input type="checkbox"/>
	Fund of knowledge deficits	<input type="checkbox"/>
	Speed of signing/speech (too slow, too fast, inconsistent)	<input type="checkbox"/>
	Recurrence of specific sign/gesture in inappropriate contexts	<input type="checkbox"/>
	Difficulties with discourse	<input type="checkbox"/>
	Difficulty with abstract language elements (metaphors, idioms, jokes, riddles)	<input type="checkbox"/>
	Difficulty with sentence assembly and/or unclear structural links	<input type="checkbox"/>
	Difficulties with inference, inferential/reasoning tasks, figurative language	<input type="checkbox"/>
	Inappropriate eye contact	<input type="checkbox"/>
	Changes in linguistic ability related to a specific topic or person	<input type="checkbox"/>
	Sign selection and/or grammar inconsistent with age, race, gender, etc	<input type="checkbox"/>
	Other: 	<input type="checkbox"/>
	Other: 	<input type="checkbox"/>
	Other: 	<input type="checkbox"/>
	Other: 	<input type="checkbox"/>
		<input type="checkbox"/>

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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	0.0

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CSA Graphical Summary

