Communication Assessment

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Handouts and Supporting Articles at
www.mentalhealthinterpreting.net

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	*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										

Deafness Etiologies – Prenatal/Perinatal

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

Deafness Etiologies - Postnatal

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

Communication Skills Assessment

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Spouse										
Sib/child 1										

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.

(Glickman, 2007)

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

(Glickman, 2007)

Dysfluency

Characteristic	Observed
Poor vocabulary	
Isolated signs/phrases	
Inability to sequence events in time	
Spatial disorganization (space, referents, sign inflection, etc)	
Sign features formed incorrectly	
Missing syntaxical aspects (topic-comment, subjects, pronouns, verbs, etc)	
Repeated signs	
Excessive use of gesture and pantomime	
Refers to self in 3rd person	
Inappropriate facial and/or emotional expression	
Bizarre language content	
Nonverbal behaviors suggesting hallucinations	
Guardedness and volatility evidenced through language	
Deteriorated language skills	
Language improves with medication	
Bizarre language usage (repeated handshapes, non-linguistic elements)	
Expressive performance superior to receptive performance	
Motor skills in language expression notably worse than in other motor tasks	
Fund of knowledge deficits	
Speed of signing/speech (too slow, too fast, inconsistent)	
Recurrence of specific sign/gesture in inappropriate contexts	
Difficulties with discourse	
Difficulty with abstract language elements (metaphors, idioms, jokes, riddles)	
Difficulty with sentence assembly and/or unclear structural links	
Difficulties with inference, inferential/reasoning tasks, figurative language	
Inappropriate eye contact	
Changes in linguistic ability related to a specific topic or person	
Sign selection and/or grammar inconsistent with age, race, gender, etc	
Other:	
Other:	
Other:	
Other:	

Comments: *Describe any dysfluencies, or other information which would assist others*

Communication Skills Assessment

Client: ID#

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 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

	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

	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, **Speech B** 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		

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.

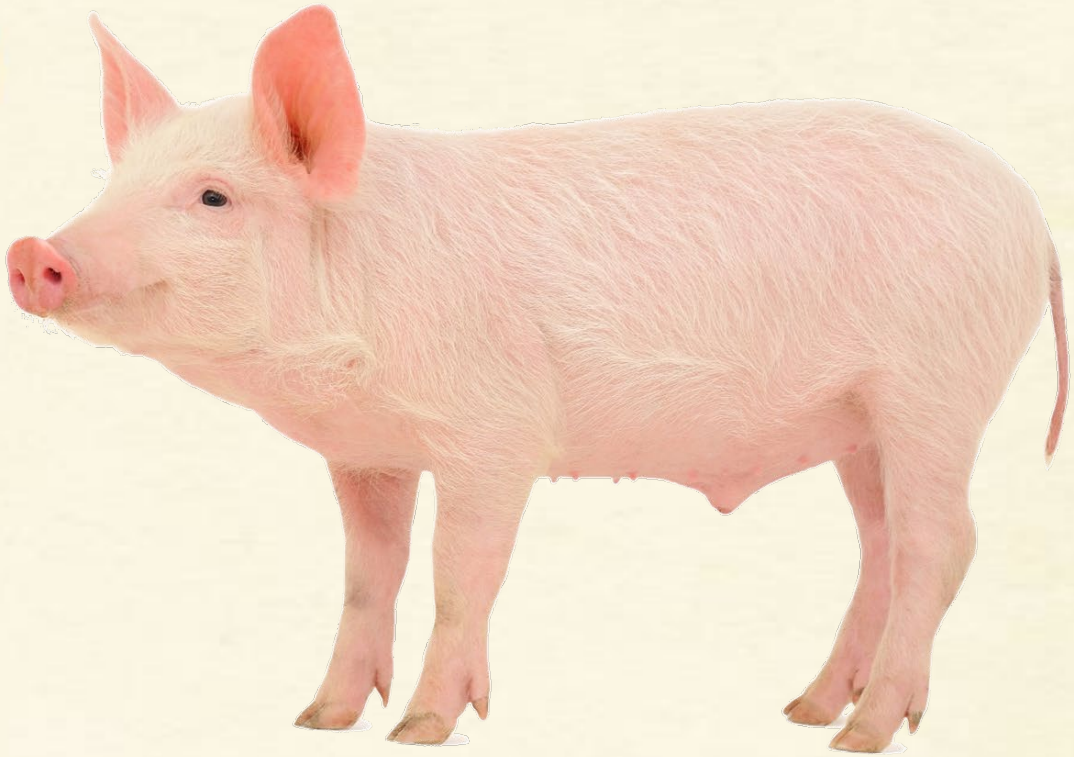
a)	picture no. 1	
b)	picture no. 2	
c)	picture no. 3	
d)	picture no. 4	
e)	picture no. 5	

Comments:

feather

doll

pig



Your name

Picture #1

Picture #3

Communication Skills Assessment

Client: _____ ID# _____

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

Comments:

apple

bell

Communication Skills Assessment

Client: _____ ID# _____

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

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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:

You can't come without a ticket.

A. You can come if you have a ticket.

B. You mustn't go with a ticket.

C. You don't need a ticket to come.

D. You cannot buy a ticket outside.

Andrea is looking after the children.

A. She can see the children.

B. She is taking care of the children.

C. She is looking at the children.

D. The children are in front of her.

Communication Skills Assessment

Client: _____ **ID#** _____

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

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Writing A

2 points if understandable

a) client's name
b) bear
c) car
d) fish
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j) umbrella

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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:

Your name

Writing A

a. _____

(client's name)

b. _____

c. _____

d. _____

e. _____

Communication Skills Assessment

Client: _____ ID# _____

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.
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c) They only have one car for the family.
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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:

When is your birthday?

When do you go to sleep?

Shaa.
fish
Card
boat
Wath
house That house look like big
house
Football ,He run hard He went
win

Shaa.
21
9:47
brothers 1
Sisters 1
Mar 24 2015
Jun 16, 2015
like its ok

Communication Skills Assessment

Client: _____ ID# _____

Fingerspelling

Receptive Fingerspelling

	1st try	2nd try
a) table		
b) house		
c) mother		
d) grass		
e) client's name		

Expressive Fingerspelling

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

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

Receptive and Expressive Fingerspelling Combined

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

Fingerspelling

Receptive Fingerspelling

	1st try	2nd try
a) table		
b) house		
c) mother		
d) grass		
e) client's name		

Expressive Fingerspelling

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

	1st try	2nd try
a) horse		
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e) client's name		

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

Comments:

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.*

Communication Skills Assessment

Client: _____ ID# _____

Sign Language/Manual Communication

Receptive Manual Communication Skills

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

FEDERAL RESERVE NOTE
THE UNITED STATES OF AMERICA
IG 00000000 T
G7
THIS NOTE IS LEGAL TENDER FOR ALL DEBTS, PUBLIC AND PRIVATE
Treasurer of the United States.
Secretary of the Treasury.
SERIES 2006
FIVE DOLLARS
LINCOLN

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.*

For the Birds

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:

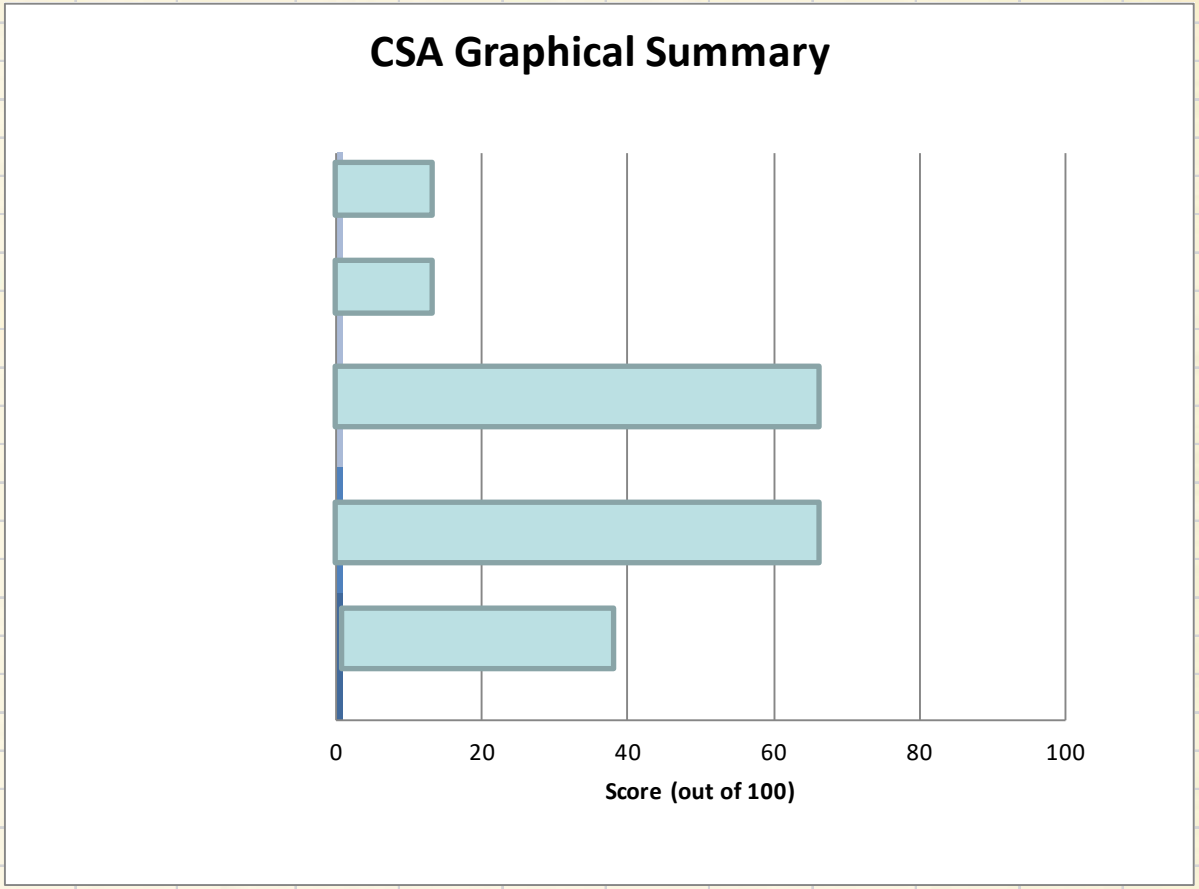
Please describe device, client's use of device and suggestions for others interacting with client

SCORING

Areas of Testing

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

Comments: *Provide examples of recommendations appropriate for client or information about communication behaviors noted elsewhere in the assessment.*


CSA Graphical Summary
0
20
40
60
80
100
Score (out of 100)

Communication Skills Assessment

John Smith

Prepared for whoever wants it
Assessor: Roger C. Williams

Filename:

Q & A

Contact Information

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