

## Communication Skills Assessment

<b>Client:</b>		<b>ID#</b>	
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

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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:


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

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## 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?

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If yes, describe in comment section & complete appropriate section

Include information about social media use, with examples.

Comments:

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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 <sup>st</sup> try	2 <sup>nd</sup> try
a) toy		
b) fire		
c) book		
d) chair		
e) frog		
f) shoe		
g) star		
h) knee		
i) sock		
j) client's name		

list incorrect guesses, if given


### Speech Recognition B

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

- 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

1 <sup>st</sup> try	2 <sup>nd</sup> try

list incorrect guesses


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**Speech**

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

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.

	1 <sup>st</sup> try	2 <sup>nd</sup> try
a) feather	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
b) doll	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
c) pig	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
d) six	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
e) star	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
f) duck	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
g) cat	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
h) cake	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
i) pencil	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
j) client's name	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>

a) picture no. 1	<input style="width: 60px; height: 20px;" type="text"/>
b) picture no. 2	<input style="width: 60px; height: 20px;" type="text"/>
c) picture no. 3	<input style="width: 60px; height: 20px;" type="text"/>
d) picture no. 4	<input style="width: 60px; height: 20px;" type="text"/>
e) picture no. 5	<input style="width: 60px; height: 20px;" type="text"/>

Comments:

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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.

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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:

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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.

Comments:

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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 <sup>st</sup> try	2 <sup>nd</sup> try
a) table	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
b) house	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
c) mother	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
d) grass	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
e) client's name	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>

	1 <sup>st</sup> try	2 <sup>nd</sup> try
a) horse	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
b) bus	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
c) woman (lady)	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
d) (air)plane	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
e) client's name	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>

#### Receptive and Expressive Fingerspelling Combined

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

	1 <sup>st</sup> try	2 <sup>nd</sup> try
a) What is your name?	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
b) How old are you?	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
c) Where do you live?	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
d) What time is it?	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
e) When is your birthday?	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>
f) How long have you been here?	<input style="width: 100%; height: 19px;" type="text"/>	<input style="width: 100%; height: 19px;" type="text"/>

Comments:



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

Comments:

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## 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

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Comments:

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### 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:

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Dysfluency

Characteristic

Observed

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

Other:

Other:

Other:

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### Areas of Testing

1. Speech Recognition	<input type="text" value="0"/>
2. Speech	<input type="text" value="0"/>
3. Reading	<input type="text" value="0"/>
4. Writing	<input type="text" value="0"/>
5. Receptive Fingerspelling	<input type="text" value="0"/>
6. Expressive Fingerspelling	<input type="text" value="0"/>
7. Receptive ASL/PSE/MCE	<input type="text" value="0"/>
8. Expressive ASL/PSE/MCE	<input type="text" value="0"/>
9. Use of Communication Device	<input type="text" value="0"/>
10. Dysfluency	<input type="text" value="0"/>

Comments:

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## CSA Graphical Summary

