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	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										

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 have or use an assistive communication device?	

If yes, describe in comment section & complete appropriate section

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) 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, 6 points if correct on 2nd try

	1st try	2nd try	list incorrect guesses
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:

Communication Skills Assessment

Client: [   ]   ID# [   ]

Speech

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

	1st try	2nd try
a) boy		
b) dog		
c) shoe		
d) milk		
e) baby		
f) tree		
g) blue		
h) hat		
i) pencil		
j) client's name		

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: [   ]

Communication Skills Assessment

Client: [   ]   ID# [   ]

Reading

Reading A   **Reading B**

score 1 point if correct, 0 if not

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

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	[ ]			

Writing

Writing A   **Writing B**

2 points if understandable

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) client's name	[ ]	a) picture no. 1	[ ]
b) fish	[ ]	b) picture no 2	[ ]
c) cards	[ ]		
d) boat	[ ]		
e) watch	[ ]		

Comments: [   ]

Communication Skills Assessment

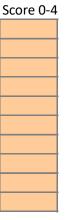**Client:** [   ]   ID# [   ]

Reading and Writing combined

Score 0-4
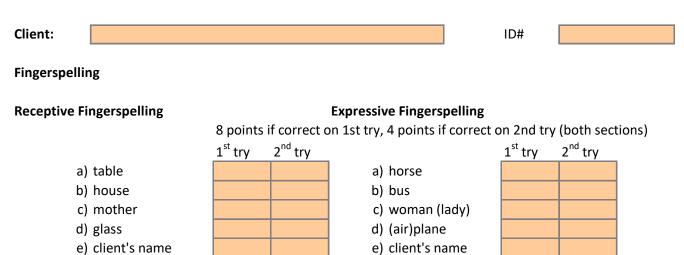
a) What is your name?
b) How old are you?
c) What is your address?
d) What time is it?
e) How many sisters and brothers do you have?
f) What will you do this Saturday?
g) What is the date today?
h) When is your birthday?
i) What are the months in the year?
j) Do you like it here? Why?

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 point.
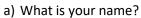
Comments:

Communication Skills Assessment

Client: [   ]   ID# [   ]

Fingerspelling

Receptive Fingerspelling   **Expressive Fingerspelling**

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

	1st try	2nd try			1st try	2nd 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 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# [   ]

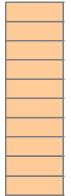## Sign Language/Manual Communication

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) 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:

Communication Skills Assessment

Client: [   ]   ID# [   ]

Expressive Manual Communication Skills

Score each criteria from 0 - 10

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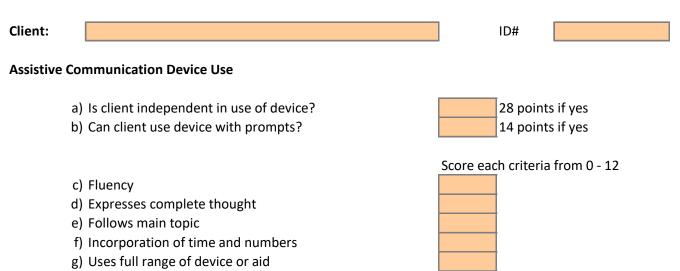c) Expresses complete thought   [   ]
d) Provides details   [   ]
e) Follows main topic   [   ]
f) Uses classifiers appropriately   [   ]
g) Use of space (absent/referent)   [   ]
h) Incorporation of time and numbers   [   ]
i) Facial expression varies with grammar and sentence   [   ]
j) Facial expression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

[   ]

Dysfluency

Communication Skills Assessment

Client: [   ]   ID# [   ]

Characteristic	Observed (yes/no)
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: [   ]

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	0.0

Comments:

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

| 0 | 20 | 40 | 60 | 80 | 100 |

Score (out of 100)