

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										
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:

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Age(s):	<input type="text"/>
Age(s):	<input type="text"/>
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Highest Educational Attainment
(____th Grade, Certificate of Attendance, GED, H.S.Diploma, Some College, BA, MA, PhD)

Comments about Educational Background

Include if they had a significant break in education or particular challenges

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Client's Use of Assistive Services and Equipment:

- 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?

Yes/No

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If yes, describe in comment section & complete appropriate section

Comments:

Communication Skills Assessment

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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

1st try 2nd try

- a) ball
- b) telephone
- c) father
- d) chair
- e) client's name

list incorrect guesses, if given

Speech Recognition B

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

1st try 2nd 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"

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Speech

Speech A

Select Yes/No, will 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"

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Reading

Reading A

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

Reading B

Select Yes/No, will score 1 point if correct, 0 if not

- 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

Select picture chosen, form will automatically score 10 points if correct

Writing

Writing A

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

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) picture no. 1
- b) picture no 2

Comments:

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

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Reading and Writing combined

- 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?

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:

Describe client's writing and reading behavior, including difficulty with motor skills or clarity of penmanship.

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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: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>
b) house	<input style="width: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>
c) mother	<input style="width: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>
d) glass	<input style="width: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>
e) client's name	<input style="width: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>

	1 st try	2 nd try
a) horse	<input style="width: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>
b) bus	<input style="width: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>
c) woman (lady)	<input style="width: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>
d) (air)plane	<input style="width: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>
e) client's name	<input style="width: 100%; height: 18px;" type="text"/>	<input style="width: 100%; height: 18px;" type="text"/>

Receptive and Expressive Fingerspelling Combined

10 points if correct

a) What is your name?	<input style="width: 100%; height: 18px;" type="text"/>
b) How old are you?	<input style="width: 100%; height: 18px;" type="text"/>
c) Where do you live?	<input style="width: 100%; height: 18px;" type="text"/>
d) What time is it?	<input style="width: 100%; height: 18px;" type="text"/>
e) When is your birthday?	<input style="width: 100%; height: 18px;" type="text"/>
f) How long have you been here?	<input style="width: 100%; height: 18px;" type="text"/>

Comments:

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

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

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

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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

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

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Comments:

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

Dysfluency

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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 syntactical 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		

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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

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

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CSA Graphical Summary

