

# STANDARDIZED TEST RESULTS

## IHP LANGUAGE DEVELOPMENT OUTCOME MEASURES

|                         |  |
|-------------------------|--|
| <b>Administered by:</b> | <b>Client:</b>                           |
| <b>First Name:</b>      | <b>Site:</b>                             |
| <b>Last Name:</b>       | <b>DOB:</b> /            /               |
| <b>Credentials:</b>     | dd                mm                yyyy |

| Tool#   | HCD-ISCIS Intervention Codes  |                         |                                 |    |
|---|---|-------------------------|---------------------------------|----|
| Model of Service Delivery (HCD-ISCIS Intervention Code) | IHP   |                         | PSL                             |    |
| IHP   | American Sign Language<br>Auditory Based Therapy<br>Communication<br>Assessment<br>French Sign Language | ASL<br>AVT<br>CA<br>FSL | Caregiver Consultation          | CC |
| PSL   |   |                         | Group Treatment – Mediator      | GM |
|   |   |                         | Group Treatment – SLP           | GT |
|   |   |                         | Home Programming                | HP |
|   |   |                         | Individual Treatment – Mediator | IM |
|   |   |                         | Individual Treatment – SLP      | IT |
|   |   |                         | Monitoring                      | M  |
|   |   |                         | Parent Training                 | PT |

How much do you think your child has changed?  
 Question #9 Functional Communication Questionnaire

- A little (1)
- Some (3)
- A lot (5)

|                          | Score            |      | C.A. | A.A. |
|--------------------------|------------------|------|------|------|
| Auditory Comprehension   | Raw Score        | GSV: |      |      |
|                          | Percentile Score |      |      |      |
| Expressive Communication | Raw Score        | GSV: |      |      |

|  |                  |  |  |  |
|--|------------------|--|--|--|
|  | Percentile Score |  |  |  |
|--|------------------|--|--|--|

### Informant

- Mother
- Father
- Other

Hearing age\_\_\_\_\_

Therapy age\_\_\_\_\_

(the length of time that the child has been receiving direct therapy services)

Please note all IH clients with a PHL are required to have an assessment completed every 6 months. If you are unable to complete the assessment, please identify the reason.

Date of next assessment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

dd          mm          yyyy

### The Rossetti Infant Toddler Language Scale RI-TLS

| Date test completed _____/_____/_____ |      |          |                        |            |         |      |                        |                     |
|---------------------------------------|------|----------|------------------------|------------|---------|------|------------------------|---------------------|
| dd          mm          yyyy          |      |          |                        |            |         |      |                        |                     |
| C.A.                                  | H.A. | A.S.I.A. | Interaction Attachment | Pragmatics | Gesture | Play | Language Comprehension | Language Expression |
|                                       |      |          |                        |            |         |      |                        |                     |

Please note all IH clients with a PHL are required to have an assessment completed every 6 months. If you are unable to complete the assessment, please identify the reason.

Date of next assessment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

dd          mm          yyyy

### MacArthur-Bates Communicative Development Inventories (CDIs)

Date test completed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

dd          mm          yyyy

|      |      |          | Gestures |   | Words |   |    |   | Phrase |   |
|------|------|----------|----------|---|-------|---|----|---|--------|---|
| C.A. | H.A. | A.S.I.A. | TGU      |   | WU    |   | WP |   | PU     |   |
|      |      |          | #        | % | #     | % | #  | % | #      | % |
|      |      |          |          |   |       |   |    |   |        |   |

Please note all IH clients with a PHL are required to have an assessment completed every 6 months. If you are unable to complete the assessment, please identify the reason.

Date of next assessment: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

dd          mm          yyyy

CA – Chronological Age

AA – Adjusted Age

HA – Hearing Age

(The length of time that the child has been wearing his/her hearing aids and/or cochlear implants. For example, a 3-year-old child has a hearing age of 1 day when his/her hearing aids and/or cochlear implants are first fit.)

ASIA – Auditory Skills Intervention Age

TGU – Total Gestures Used

WU – Numbers of Words Understood

WP – Number of Words Produced

PU – Number of Phrases Understood

(The length of time that the child has been receiving auditory-verbal therapy services. For example, if the child has been attending auditory-verbal sessions for 7 months, then the child has an auditory-verbal age of 7 months).

After completion of this document, please send to [infanthearing@surreyplace.ca](mailto:infanthearing@surreyplace.ca).