DEPARTMENT OF COMMUNICATION STUDIES AND SERVICES
OUTCOMES ASSESSMENT: Pre Speech-Language Therapy

Name__________________________________________ Date________________

1. Student self rating of speech intelligibility at beginning of therapy
   (Scale 1-5)
   Please rate your spoken language skills. Hearing people understand:
   1  None of my words
   2  Only a few of my words
   3  About half of what I say
   4  Almost everything I say
   5  Everything I say

2. Student self rating on communication comfort/confidence pre therapy
   (Scale 1-5)
   I am confident using my speech:
   1  Never
   2  Rarely
   3  Sometimes
   4  Frequently
   5  Always
Instructor completes this page.

3. Student's response to the following "Student uses speech at least some of the time (with or without sign) when conversing with the following:"

<table>
<thead>
<tr>
<th>Conversational Situation</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>During small talk in therapy sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Teachers @ NTID</td>
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<tr>
<td>Teachers @ RIT</td>
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<tr>
<td>Hearing students</td>
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<tr>
<td>Other deaf/HoH students</td>
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<tr>
<td>Hearing people outside RIT</td>
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</tbody>
</table>

4. Instructor rates student's speech intelligibility at beginning of therapy:

(Scale 1-5)

1. understands none of the student's words
2. understands a few of the student's words
3. understands about half of what the student says
4. understands almost everything the student says
5. understands everything the student says

____________________________________________
INSTRUCTOR SIGNATURE

Title Revised 4/18/05; revised 11/1/05; revised 8/26/08 mg