

## **PROGRAM FOR HEARING IMPAIRED**

The Program for Hearing Impaired (PHI) is a multi-faceted transition program, which assists young adults who are deaf or hard of hearing in assessing and selecting viable options for the future. The one-year program incorporates a rehabilitation concept, enabling young adults who are deaf or hard of hearing to realistically evaluate and improve their academic, vocational, social, personal, and independent living skills, while they explore, select, and establish future goals.

The services provided by PHI include: diagnostic measures and evaluation; developmental and remedial academic training; vocational exploration and guidance; exploration and application to post-secondary institutions; work experience; communications skills development; personal and vocational counseling, social/recreational activities; and the development of independent living skills in a residential setting.

PHI offers a summer six-week evaluation and a nine-month program. The Summer Program is designed to serve as an intensive diagnostic session to assist the individual and referring agency in the assessment of the individual's present level of functioning for the purpose of planning future vocational, academic and personal goals.

The Nine Month Transitional Program offers Pre-Vocational and College Prep programming. PHI is able to serve a broad spectrum of young adults who are deaf or hard of hearing and provide services that are most congruent with the individuals evaluated abilities (as evaluated during the Summer Diagnostic Program) and the individual's expressed future goals.

Upon completion of the Nine Month Program, typically over half of the participants have made application and been accepted to attend a technical/vocational program, community college, or a four-year institution to continue further academic or technical/vocational training. For those not planning on continued training, the Program staff will work cooperatively with the referring agency to develop and identify realistic vocational employment options that are congruent with the individual clients abilities and skill levels.

Applications for the Summer Program are received during the months of January to April preceding each summer session. Referrals can be made via the local Office of Rehabilitation Services or by contacting PHI directly. Selection into the Fall Nine Month Program is based upon an individual's demonstrated abilities, motivation and interest during the Summer Program, ability to function in a residential environment on a university campus with staff support, and also the appropriateness of an individual in regards to the services, which the Program provides during the Nine Month Program.

If you have any additional questions, please feel free to contact Allan Vest, Director, Program for Hearing Impaired, Northern Illinois University, DeKalb, Illinois, 815/753-6503 (v/tty), or [avest@niu.edu](mailto:avest@niu.edu).

PROGRAM FOR HEARING IMPAIRED  
NORTHERN ILLINOIS UNIVERSITY

COMMUNICATION EVALUATION GUIDELINES

The following outline is to serve as a guideline for the evaluation of the communication skills of the students from the Program for Hearing Impaired. The first week will consist of group meetings. Perform all activities as indicated. The second through fourth weeks will provide time for the individualized diagnostic procedures. Note that it is not mandatory to perform all of the diagnostic procedures on each student, since some will not be applicable. Please check with your supervisor as to which procedures should be utilized with your group of students. The last week will be used to discuss the results and recommendations with each student.

Upon completion of the diagnostic, a report will be written utilizing the Communication Evaluation Report Form. This must be completed and handed to the supervisor with the disk and folder no later than one week after the individualized diagnostic session is completed. Some supervisors may want the report sooner, so please confirm the due dates. Also, all answer sheets and work materials must be completed and turned in at that time.

All answer sheets or forms can be found in the Forms Closet.

**WEEK 1**

**Day 1 - Orientation and Introductions**

- a) Introduce yourself and your supervisor. Spend time getting to know each student and explaining the purpose of the Communication Evaluation. Observe their use of oral communication skills and strategies during this time.
- b) Take the group on a tour of the Clinic. Explain what will happen in each room. Include the office, the sound suites, the hearing aid room, the assistive device room, and a few of the therapy rooms. Show them the red button for the front door. Explain in detail about the two-way mirror and who will be sitting on the other side. Explain about undergraduate students observing in the sound suites.
- c) Explain to each student that the sessions may be video/audio taped to help you in scoring the tests and to save them time. No additional releases are needed.
- d) Make sure each student knows to bring his/her hearing aid(s) to each session.
- e) Administer the Craig Speechreading Test - Form A, words and sentences. Instructions are contained in the testing package.
- f) Obtain a written language sample (about one page) or ask them to bring a written sample to the next session. Have them tell about themselves, their family, their favorite sport, their future goals, their trip to NIU, etc. You will need to provide paper and pencils.

**Day 2 - AD Demonstration and V/AV Evaluation**

- a) Present an overview of the various assistive devices and encourage the students to try them. Obtain a list of anyone interested in an individual session to try the devices.

- b) Administer the CID Everyday Speech Sentences Speech reading Test. You will need pads of paper. Give one list visually only and a second list with combined auditory-visual cues. Label each list as to V or AV and indicate whether or not a hearing aid was being worn.
- c) Group discussion and mini-training of results from Craig and CID. Make observations concerning communication strategies.
- d) Remind each student to bring his/her hearing aid(s) to the individual evaluations.
- e) See schedule matrix for schedule of individual diagnostic sessions for each subgroup.

### **Remaining Evaluation Sessions**

Individual diagnostic sessions should be completed for each student using the following testing procedures.

1. **Perform a hearing aid check daily.** Stethoscopes are available in the hearing aid room.
2. **Articulation Skills:** Administer a formal articulation test that includes consonants, consonant blends, and all vowels/diphthongs. This should be audio and video taped to assist in scoring. Have the student read the words from word lists or sentences, since this will be more appropriate than using pictures. Some student's reading level may necessitate the use of pictures, however, so be prepared for either.

Testing should also include analysis of stimulability (i.e. trial therapy, Ling Phonetic Level Speech Eval., etc.) and articulation skills in conversational speech. Therefore, be sure to obtain a conversational speech sample, if possible, for comparison. Ling's Phonologic Level Speech Evaluation procedure may be used for analysis.

Video tape a reading sample using the Rainbow Passage.

3. **Voice Quality, Pitch, Resonance, and Rhythm:** Should include observation of fundamental frequency during sustained phonation and conversation. Also, abnormal voice quality, resonance, and rhythm patterns should be noted. The Visipitch, Nasometer, and Computerized Speech Lab are available and are to be used for objective analyses. The NTID Rating Scales will be helpful for the subjective assessment.
4. **Language Skills:**
  - a) Receptive - TACL-R (or another receptive language test if more appropriate). For each item have the student first watch the clinician for a total communication presentation, then read a written presentation, and then respond. Receptive semantic, syntactic, and morphologic skills should be evaluated. Note strengths and weaknesses.
  - b) Administer the TSA. This may be done across several sessions.
  - c) Make a subjective evaluation of the student's ability to use manual communication. That is, to what extent does the student depend on sign, and does the student have both expressive and receptive skills.

- d) Expressive - Make an evaluation of the student's overall language skills. Note the student's ability to make use of appropriate morphologic and syntactic constructs. To what extent does the student depend on oral language for communication? Note strengths and weaknesses in semantics, syntax, and morphology, both written and oral.
5. Administer any additional speechreading/AV assessment deemed necessary based on the results of the Craig and CID. Make special note of strategy use.
6. Physiological Support for Speech: Perform an oral-peripheral exam. Glove for this. Tongue blades and a flashlight are needed. Note the adequacy of the student's physical structures to support speech.
7. Administer any additional diagnostic procedures that may be appropriate.

\*\*\*\*\*Try to make up any missed sessions\*\*\*\*\*

### Counseling Sessions

During the final week, individual counseling will be performed to discuss the results and recommendations derived from the evaluation. Include strengths as well as weaknesses. Discuss potential therapy goals and techniques should they decide to enroll in AR in the fall. Discuss their own goals and expectations for communication. Ask them to let Shari Admonis know right away if they are interested in AR for fall.

Follow the directions listed below to complete each student's folder:

1. Label all forms completely using the student's legal name. Indicate whether a hearing aid was worn (and working) for each test.
2. Put the test forms in the order that appears on the summary sheet with the summary sheet on top. Make sure all parts of the summary sheet are completed.
3. Paper clip the packet together. DO NOT STAPLE.
4. Put all forms in a manila folder with the folder tab containing: Last Name, First Name. Fill out and attach a Comm Eval Flow Chart (located in the forms closet) to the front of the folder.
5. Give the folder to your supervisor with your diagnostic report with all phonetic symbols filled in. Include the disk (one per report) in an envelope.
6. After all folders and reports have been completed, the supervisor will turn in the folders to the Clinic Office to process.

### Report Guidelines:

1. Reports and disks are due to the supervisor no later than one week after the individual diagnostic session. Portions may be due sooner, so check with your supervisor. Two final copies of the reports should be turned into the supervisor and the file complete the week before finals.
2. Please remember that these reports will be read by individuals who are not trained in our professions. Therefore, use examples to explain technical terminology or to describe the meaning of phonetic symbols.

3. Avoid using a long list of phonetic symbols representing sounds that are misarticulated. Try to summarize error types.
4. Do not compare skills across group members. This will not be meaningful to individuals not familiar with the others in a particular group.
5. Do not report I.Q.'s, M.A.'s etc. based on language/articulation testing.
6. Make no reference to client's sign language skills. These skills are evaluated by PHI. You may report their dependence on these skills for communication.
7. Recommendations for future therapy should contain specific goals which are realistic for the student. Examples should be given of how these goals will benefit the particular student.

If you have any questions, please contact your group supervisor, Dr. Jackson, Dr. Seaver, or Mr. Al Vest.

### COMMUNICATION EVALUATION REPORT FORM

It will be necessary to complete a final report on each student from the Program for Hearing Impaired. This is the only report that will be necessary. Please give this report to your supervisor. The report should be typed and double-spaced. The format to be used is demonstrated on the next two pages. Use the student's legal name.

Each student must have a separate disk for each report. Please label the disk with your name and the PHI student's name. All reports must be completed using Microsoft Word. Save each report as follows:

CEJones, Judy  
AudJones, Judy

Font- Book Antiqua 12 point

Set margins - (**DO NOT TAB OR HARD RETURN FOR MARGINS**)

Set top margin to .7, bottom margin to .5, left margin to 2.0,  
right margin to .7.

Communication Evaluation title margins and last name header will be added by Office staff.

The office will run two copies of the final version of each report, one for the file and one for PHI. Please fill in all phonetic symbols on both copies. No signatures are needed.

Please see the office staff if you have questions about format.

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**The report for each student is due no later than ONE WEEK AFTER THE DIAGNOSTIC SESSION. Some sections may be due sooner by specific supervisors. Each report must include the following information under the following underlined headings. See the example on the next page for the correct format. Note use of underlining and capital letters.**

**COMMUNICATION EVALUATION** - (**Bold** this title only, margin to be set by office)

(1 line space)

1. Introduction about dates of evaluation and location.
2. State how client communicated with clinician during the evaluation
3. Statement about whether amplification was used during the evaluation. Include description of aid(s), serial number and subjective summary of performance.
4. Statement about assistive device demonstration.

RECEPTIVE SKILLS - (**DO NOT** bold these titles)

Language

1. Test name (Carrow, etc.)
2. Test description
3. Method of presentation (oral, manual, read, etc.)
4. Numerical score (do not report age norms)
5. Error analysis (brief description or summary)
6. Interpretation relative to overall language understanding.

Speechreading/Auditory-Visual Skills

1. Test name
2. Test description (open or closed response, word or sentence)
3. Method of presentation (live, videotape, etc.)
4. Numerical score (re: norms if appropriate)
5. Interpretation

Clinician Impressions of Receptive Skills

1. State clinical impressions of individual's receptive abilities compared to test results.

EXPRESSIVE SKILLS

Articulation

1. Test name
2. Test description
3. Method of presentation (readings, pics, imitation...)
4. Summary of results including comparison to intelligibility of conversational speech.
5. Stimulability

Voice/Resonance and Rhythm

1. How tested (conversation, pitch meter, visipitch...)
2. Results – subjective followed by objective
3. Interpretation

Language

Oral Language (Tab in title)

1. How tested
2. Results
3. Interpretation

Written Language (Tab in title)

1. How tested ("Analysis of written language..").
2. Analysis
3. Refer the reader: "Additional information regarding English language skills can be obtained from other sections of this report."

Clinical Impressions of Expressive Skills

1. State clinical impressions of individual's expressive abilities compared to test results.

PHYSIOLOGICAL SUPPORT FOR SPEECH

1. Describe findings of oral peripheral exam and address the physiologic support for speech.

SUMMARY

1. Statement of summary of findings.
2. Statements concerning difficulties the client may encounter during communication in daily living.

RECOMMENDATIONS

1. Realistic recommendations with specific goals listed.

## AUDIOMETRIC EVALUATIONS

Testing for each patient will include the following:

1. Pure-tone audiometry (125-8000 Hz)
2. Immittance audiometry.
3. Speech recognition thresholds (RE, LE): Use standard spondees if at all possible. If not, be sure to specify stimulus items employed.
4. Speech detection thresholds (RE, LE): Use the following spondees: cowboy, playground, woodwork.
5. Speech recognition testing: Either the W-22, WIPI, or CAT/MTS (oral=95 dB; manual=85 dB) lists will be used, and scores will be obtained for auditory-only (RE, LE)
6. Questions about type of aid: (make, model, serial number, functional or nonfunctional, etc.)
7. Perform electroacoustic analysis of the student's hearing aid.
8. Unaided and aided sound-field speech recognition threshold or speech detection threshold.
9. Speech recognition testing (aided and unaided): Either the W-22, WIPI (Remember visually List 1=2, List 3=4) or MTS lists will be administered at 50-60 dB HL (if possible) or at MCL and scores will be obtained for:
  - a) auditory - only
  - b) visual - only
  - c) auditory - visual (mandatory for present or recommended aid)

**\*\*\*Include an error analysis and auditory training goals in the report\*\*\***

10. If time permits, obtain an aided-unaided narrow band noise or warble-tone audiogram with the recommended aid. Discuss potential for improved communication based on high frequency results.
11. Counsel patient regarding results.

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Communication Evaluation  
Summary Sheet

Student \_\_\_\_\_

Evaluation Dates: Group \_\_\_\_\_ Individual \_\_\_\_\_

Birthdate \_\_\_\_\_

Clinicians \_\_\_\_\_

Supervisor \_\_\_\_\_

Amplification: Yes\_\_\_ No\_\_\_ Monaural Rt.\_\_\_\_Lft.\_\_\_\_Binaural\_\_\_

Make, Model Serial Number-Rt. \_\_\_\_\_

Make, Model Serial Number-Lft. \_\_\_\_\_

Primary Mode of Communication \_\_\_\_\_

RECEPTIVE SKILLS:

1. Language: (Enclose score sheets)

A. Test(s) used (Enclose score sheets) \_\_\_\_\_

1) Presentation Method:

2) Results: (Scores and Errors)

2. Speechreading/AV:

A. Craig Test (non-preschool age)

1) Words \_\_\_\_\_ (Norm = 68%)

2) Sentences \_\_\_\_\_ (Norm = 61.5%)

B. CID Sentences Speechreading Test:

1) V-only

2) AV

C. Sign Skills:

EXPRESSIVE SKILLS:

1. Articulation: Test used \_\_\_\_\_  
Consonants -  
Vowels -  
Intelligibility -  
Stimulability -
2. Voice and Rhythm Analysis:
  - A. Pitch Level-subjective and objective
    - 1) Counting:
    - 2) /a/:
    - 3) Jitter/perturbation:
    - 4) Inflection Patterns:
  - B. Voice Quality-subjective and objective
  - C. Resonance-subjective and objective  
Oral sentences \_\_\_\_\_ Nasal sentences \_\_\_\_\_
  - D. Speech rhythm
3. Language:
  - A. Manual -
  - B. Oral - Assessed how? Results?
  - C. Written - strengths, errors
4. Physiological Support for Speech: