SLP-chosen for you, from the Nicespeechlady.com library	SPEECH PATHOLOGY PATIENT:	
	SPEECH PATHOLOGIST:	
***************************************	SPECIAL INSTRUCTIONS:	
Nice Speech Lady		bate:

<u>Concise Nicespeechlady.com RECEPTIVE LANGUAGE ASSESSMENTS - Caregiver/Patient Perception -- Versions 1,2</u>

Caregiver and patient-perspective nicespeechlady.com assessments are available in this resource – to detail RECEPTIVE LANGUAGE ASSESSMENT INFORMATION.

Assessments Listed include:

- Concise Nicespeechlady.com Caregiver Perception Assessment: Receptive Language, Version 1 (C-NCPA: ReceptiveLanguageAssessment1)
- <u>Concise Nicespeechlady.com Caregiver Perception Assessment: Receptive Language, Version 2 (C-NCPA: ReceptiveLanguage2)</u>

The "Verbal/Pointing Choices Sheet for Nicespeechlady.com Ranking/Perception Assessments" is attached to this resource and can be utilized with these tools.

Clinicians can choose to print each section individually through setting preferences if only one is required, as this resource includes both sections in totality.

SLP-cho	sen for you, from t	he Nicespeechlady.com library	SPEECH PATHOLOGY	PATIENT:		
A 2			SPEECH PATHOLOGIS	ST:		
			SPECIAL INSTRUCTIONS:			
					рате:	
Concis	se Nicespeech	lady.com Caregiver Per	ception Assessment	t: Receptive Lang		
(C-NC	PA: Receptive	Language1)	-		-	
Instru	ctions: Patient	t, please answer the que	estions below:			
DEFIN	ITIONS:					
		<u>n =</u> speaking in single w				
	•	ed communication = spe		mostly about sir	nple ideas.	
Comp	lex communic	ation = long sentences,	uncommon words.			
About	Receptive La	nguage:				
1.	The patient l	ets others know if the p	oatient can't underst	and others (if no	ot applicable because the	
	•	ys understands others,		•	11	
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
2.	The patient of	can understand others v	who use basic comm	unication.		
	NEVER (1)	OCCASIONALLY (2)			ALWAYS (5)	
3	The natient of	can understand others v	who use moderately:	-advanced comm	nunication	
0.	NEVER (1)		•			
4	The nations	can understand others v	who use compley cor	mmunication		
4.	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
	. ,				. ,	
5.		practices their speech p			-	
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
6.	The patient a	answers yes and no que	stions accurately.			
	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
7	The natient f	follows the directions of	thers give to them			
,.	NEVER (1)	OCCASIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
				. ,		
8.	•	follows what others say		MOCTLY (4)	A1\A/A\C (F\	
	NEVER (1)	OCCASIONALLY (2)	SOIVIETIVIES (3)	MOSTLY (4)	ALWAYS (5)	

SLP-choso	en for you	, from the	e Nicespeed	hlady.com library	SPEECH PATHOLOGISTS	:	
9.	barrier	to soci	al intera	ctions.	others' communication SOMETIMES (3)		nal, so they would not be a ALWAYS (5)
10.				_	the right direction in SOMETIMES (3)	_	what others say to them. ALWAYS (5)
	=scussio						
Level o	f Assist	ance Pr	ovided (reading items,	, caregiver input, etc.)	:	
Scoring be Rate		tion Da	ta — Pa	tient's Recepti	ve Language Skills (th	rough Caregive	r Perception) are Projected to
10 18 26 33 38 45		17 25 32 37 44 50	= = = =	severe involve moderate invo mild involvem WFLs with ind	elvement/total assistar ement/maximum assistal olvement/moderate co ent/minimum cues re ependent use of strat dependent use of strat	tance required ues required quired egies	=

NOTE TO THE SLP: This perspective-ranking measures describe the patient's strengths and possible areas to address in treatment. These are not norm-referenced measures (levels are rough estimates of functioning by reporting, only, and are more descriptive in nature than evaluative). These measures should always accompany direct observational evaluation measures and testing tool administration by the clinician (norm-referenced, if possible), and should not stand alone as evaluative.

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***************************************			SPECIAL INSTRUCTIONS:			
Nice Speech	k Lady					DATE:
	se Nicespeechl PA: Receptive	ady.com Caregiver Per Language2)	ception Assessmen	t: Receptive Lang	guage, Version	2
Instru	ctions: Please	answer questions belov	v:			
Basic o	rately-advance	<u>n =</u> speaking in single w ed communication = spe ation = long sentences,	eaking in sentences,		nple ideas.	
<u>About</u>	Receptive Lar	nguage:				
1.	the patient a	tient can't understand lways understands othe OCCASIONALLY (2)	ers, indicate "always	5").		plicable because
2.	Basic commu NEVER (1)	nication is understood OCCASIONALLY (2)		MOSTLY (4)	ALWAYS (5)	
3.	•	advanced communication OCCASIONALLY (2)	•	•	ALWAYS (5)	
4.	-	nmunication is understo OCCASIONALLY (2)		MOSTLY (4)	ALWAYS (5)	
5.	Speech patho NEVER (1)	ology home program pr OCCASIONALLY (2)	ractice is conducted SOMETIMES (3)	at least 10 days o	out of every tw ALWAYS (5)	o-week period.
6.	When others NEVER (1)	ask yes and no question OCCASIONALLY (2)	ons, the patient ansv SOMETIMES (3)	vers correctly. MOSTLY (4)	ALWAYS (5)	
7.	When others NEVER (1)	communicate direction OCCASIONALLY (2)	ns to the patient, the SOMETIMES (3)	e patient follows MOSTLY (4)	them. ALWAYS (5)	
8.	•	inderstands what other	•	MOSTLY (4)	AI WAYS (5)	

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						4	9	
Nice Su	ech Ladu				SPECIAL INSTRUCTION.	o		
	Line danne mad						DATE:	
9	barri	er to so	cial inter	actions.	others' communication		•	ould not be a
	NEVE	ER (1)	OCCAS	SIONALLY (2)	SOMETIMES (3)	MOSTLY (4)	ALWAYS (5)	
SCOF	NEVE	ER (1) /50	OCCAS	SIONALLY (2)	derstanding and follov SOMETIMES (3)	MOSTLY (4)		others.
ivew	aiscuss	ion iten	15					
Leve	l of Assi	stance I	Provided	(reading items	, caregiver input, etc.)	:		
	ng Proje		oata — Pa	atient's Recepti	ive Language Skills (th	rough Caregive	r Perception) a	are Projected to
10	_	17	=	profound invo	olvement/total assistar	nce required		
18	_	25	=		ement/maximum assis	•		
26	_	32	=		olvement/moderate c			
33	_	37	=	mild involvem	nent/minimum cues re	quired		
38	_	44	=	WFLs with ind	lependent use of strat	egies		
45	_	50	=	WNLs with ind	dependent use of strat	tegies		

<u>NOTE TO THE SLP:</u> This perspective-ranking measures describe the patient's strengths and possible areas to address in treatment. These are not norm-referenced measures (levels are rough estimates of functioning by reporting, only, and are more descriptive in nature than evaluative). These measures should always accompany direct observational evaluation measures and testing tool administration by the clinician (norm-referenced, if possible), and should not stand alone as evaluative.

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** 3	SPECIAL INSTRUCTIONS:
Nice Speech Lady	1

DATE: _____

Verbal/Pointing Choices Sheet for Nicespeechlady.com Ranking/Perception Assessments

NEVER (1)

OCCASIONALLY (2) -1% to 33%

SOMETIMES (3) – 34%-66%

MOSTLY (4) - 67-99%

ALWAYS (5) - 100%