Sensory and Communication Module Training Manual

COLORADO LONG-TERM SERVICES AND SUPPORTS (LTSS) ASSESSMENT TOOL

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Table of Contents

Sensory & Communication Module - Training

Purpose

The purpose of the Sensory & Communication module is to document whether the participant has any sensory or communication needs that affect functioning, health or safety; the type of adaptive equipment, technology or environmental modifications used and/or needed; and implications for support planning. This module also identifies the need to refer the participant for other professional assessment(s) or to other supports available in the community to assist with improving and maintaining function.

Overview of Contents

The Sensory & Communication module is divided into six sections:

1. **Vision –** Covers practical vision and adaptive devices used/needed by the participant.
2. **Hearing –** Covers practical hearing and adaptive devices used/needed by the participant.
3. **Functional Communication** – Documents functional communication including the participant's ability to express him/herself and understand others, and modes of communication - including alternative forms of communication.
4. **Sensory Integration –** Documents any challenges related to sensory integration, including hypersensitivity and auditory processing. The section also covers uses of adaptive aids or environmental modifications used/needed due to a sensory integration challenge.
5. **Supports Needed –** Documents supports needed to improve function or protect health and safety. These items should be incorporated into support planning.
6. **Referrals and Goals –** Documents what the participant would like to see happen for maintaining or improving his/her life as a result of supports provided to improve communication. This section also includes the identification of any referrals needed.

General Instructions for Completing the Module

This module includes items that help determine how well the senses of vision and hearing function for the participant, and the participant's ability to communicate with others. These factors play a critical role in being independent and having meaningful engagement with family and community. Safety of the participant may also be an issue in some cases.

Many medical conditions can affect a participant's senses or his/her ability to internalize information gathered through the senses. Normal aging alone frequently results in changes that make it harder for participants to use their senses and to communicate with others. Disabilities caused by stroke, brain injury, or conditions such as autism can interfere with the participant's ability to take in and process information correctly. These situations can result in social isolation or may present as a behavioral challenge due to challenges in understanding or expressing needs/wants.

Many participants may be reluctant to admit a challenge or may be unfamiliar with the range of assistive devices available to help compensate for changes in their senses and ability to communicate. Others who admit a challenge may be reluctant to accept the changes caused by their condition. The assessor may need to encourage the participant to seek appropriate medical or other professional help and

should refer the participant to resources that provide assistance to compensate for sensory loss or integration issues.

In completing this module, the assessor should use a variety of information sources, including interviews with the participant or others, observation, and record review (e.g., medical records, professional assessments, etc.).

Special Instructions for Children and Age-Specific Items

This module contains items that may be skipped for, or only asked of, participants of a specified age. Items and response options in orange font are intended only for children (0-18).

This module contains a special supplement for participants under the age of 12 that will be used to replace Section 3, Functional Communication. The contents of this supplement provide targeted, age-specific items to document communication and cognition abilities and support needs. Assessors should take special care to follow directions and the skip logic when completing this module with participants under the age of 12.

The assessor should include the child to the maximum extent possible throughout the assessment. This includes directing items and questions to the child and consulting with the parent, guardian, and/or other legal representative as necessary. Where possible, document both the participant and parent/guardian's responses. If there are conflicting reports from the child and parent/guardian, the assessor should use the training guidance and his/her expertise in selecting a response.

Section Instructions

This section provides specific discussion and guidance for each section and items in the module. In the tables below, the assessment item is identified in the left column. Guidance specific to the item is then written in the right column.

Section 1: Vision

Section 1 deals with vision. The purpose of the section is to determine whether the participant has issues related to vision that affect functioning and to identify any use of or need for adaptive devices and equipment to assist participants with vision challenges in daily functioning. If a participant has vision challenges but does not use adaptive equipment to assist him/her, the assessor may want to consider a referral to determine what other options may help to improve daily functioning. The assessor should also note instances in which training is needed to assist the participant to make better use of equipment or if repair and maintenance of equipment is required.

Information obtained in an item may overlap with another item. If information has already been gathered in an earlier item, the assessor does not need to re-ask the participant for information in the later item. Use information previously obtained. For example, when asking about vision devices needed by the participant, the participant may also talk about the use or need for training on using the device. Training on using the device is captured later, and this discussion can inform that response.

Item 1 is a mandatory item that captures information about visual devices that the participant has or needs. Assessors should score for all applicable device/aids that the participant either has or needs. For each device/aid, assessors can choose one of the following response options:

- **Assistive device needed and available -** The participant has the device/aid and is able to use it to perform part or all of the task.
- **Assistive device needed but current device unsuitable -** The participant has the device/aid, but does not use. This could be for a number of reasons, including not knowing how to use the device/aid, problems with device itself, or not wanting to use it because it's embarrassing, complicated, or inconvenient. Assessors should briefly summarize why the participant does not use the device/aid and ways to improve utilization, such as training, in the comments section in the subsequent column.
- **Assistive device needed but not available -** This response should be used to document devices/aids that the participant does not have but may benefit from. Assessors should briefly summarize the need for the device/aid in the comments section.
- **Participant refused-** Participant chooses not to use needed device.
- **Not applicable-** Participant does not need this device

The list of devices includes many items, ranging from low-tech items such as magnifying glasses or larger visual displays to higher tech items such as specialized computer software.

The assessor should identify all that apply by asking the participant about any devices used and by reviewing available records. All assistive devices used by the participant should be documented, including those used in specific settings. For example, participants may use different devices at home than in the work place.

Some of the listed items, such as audio books, are commonly used and preferred by a large number of people for a variety of reasons. **In this section, the assessor should indicate the use/need of the device only if it is used because of vision challenges.** *For example, a participant may listen to audio books while in the car or doing other things in order to free-up hands or because he/she prefers to listen to a book/information. In this case the item would NOT be checked. Only check off the item if the use relates to a vision related issue.*

Below are definitions and guidance for select items contained in the list:

- **Projection device -** This is a device used to project and enlarge images on a monitor or other screen. This can include projection of written text or three dimensional items.
- **Strong convex lens** - This type of lens includes specialized glasses or other lenses used to correct for refraction errors.
- **Distance magnifiers** - This refers to a telescopic magnifier used for far distance vision, frequently used by participants with macular degeneration.
- **Reading rectangle** - A black matte plastic device in which a rectangular opening shows only a few lines of type. This is frequently used to reduce glare or other distractions that affect the person's ability to see printed material.
- **Computer software** - This includes adaptive equipment used in conjunction with the computer that convert text to Braille or other alternatives for use by a participant. Refreshable Braille displays usually work in conjunction with the computer keyboard, Bluetooth technology, or voice over. Displays are convert transmitted information to alternative formats that can be interpreted by the participant. This also includes portable Braille displays.
- **Medical phone alert system** - This includes a device that allows the participant to obtain help for a medical emergency without dialing a telephone. For example, in the case of an emergency

a device worn by the participant (e.g. pendant) will call predetermined numbers to alert others to the participant's need for assistance. This item should only be checked if the medical phone alert system is needed (at least in part) because of a visual impairment.

- **Service animal** - This refers to a service animal that has received specific training as a seeing eye dog to assist a participant who has a visual impairment.

Assessment Item	Guidance
Section 1: Vision	
2. Frequency participant uses his/her device(s): ○ During all waking hours ○ Only when prompted/supervised ○ As needed ○ Refuse to wear/use	Assessors should determine the extent to which the participant depends on assistive devices. Code the response that most closely describes a typical day. If the participant refuses to use the devices, the assessor should attempt to find out why and make note. For example: ▪ *If the participant doesn't like the device or feels it is not helpful, there may be other alternatives that could be investigated as part of support planning.* ▪ *If the participant doesn't know how to operate the device, additional training may be needed.* ▪ *In some cases, the device may need repair or maintenance so that it works correctly.* These types of situations should receive a follow-up appropriate to the circumstances.
3. Ability to see in adequate light (with glasses or other visual devices and aids): ○ Adequate: sees fine detail, including regular print in newspapers/books [Skip to Section 2] ○ Mildly to moderately impaired: Can identify objects; may see large print ○ Severely impaired: No vision or object identification questionable ○ Unable to assess ○ Unknown	Document the participant's vision abilities. Consider the participant's use of equipment discussed in item 1, such as glasses and contacts, when making the determination.
4. Issues related to vision: ⚠ ☐ Cataracts ☐ Congenital blindness ☐ Cortical blindness ☐ Decreased side vision – Left ☐ Decreased side vision – Right ☐ Diabetic retinopathy ☐ Eye movement disorders ☐ Farsighted	This item is mandatory. The assessor will indicate any diagnosis affecting vision. Check all that apply. If any of the vision issues were discussed/recorded during the Health module, staff do not need to revisit the issues; they should simply document applicable issues. Definitions and guidance for some select items are below.

Assessment Item	Guidance
Section 1: Vision	
☐ Glaucoma ☐ Halos or rings around light, curtains over eyes, or flashes of lights ☐ Intermittent exotropia ☐ Legally blind (even with the use of glasses or contacts) ☐ Macular degeneration ☐ Nearsighted ☐ Night blindness (unable to functionally see in dark environments) ☐ Challenges with Depth Perception ☐ Retinitis pigmentosa ☐ Tunnel vision ☐ Other _____ ☐ Other _____	Cataracts - A medical condition in which the lens of the eye becomes progressively opaque, resulting in blurred vision. Congenital blindness- Participant was blind at birth for a variety of medical and/or genetic reasons. Cortical blindness- Total or partial loss of vision in a normal-appearing eye caused by damage to the brain's occipital cortex Diabetic retinopathy - Damage to the tiny blood vessels that nourish the retina. They leak blood and other fluids that cause swelling of retinal tissue and clouding of vision. Farsighted- Unable to see things that are relatively close to the eyes Glaucoma- A group of diseases that damage the eye's optic nerve and can result in vision loss and blindness. Intermittent exotropia- When the eye turns outward only some of the time. Macular degeneration - An eye disease that progressively destroys the macula, the central portion of the retina, impairing central vision. Nearsighted- Unable to see things that are relatively far from the eye Retinitis pigmentosa - A chronic hereditary eye disease characterized by black pigmentation and gradual degeneration of the retina Tunnel vision - Defective sight in which objects cannot be properly seen if not close to the center of the field of view.
5. Participant uses assistive devices as prescribed/recommended. ○ Yes ○ No, describe:_____	The assessor will indicate whether the participant uses assistive devices as prescribed or recommended. If no, describe how the participant uses the device/aid and reasons why the participant does not use the device as recommended. Similar to Item 2, there may be a

Assessment Item	Guidance
Section 1: Vision	
	variety of reasons a participant does not use an assistive device. Examples include: ▪ *If the participant doesn't like the device or feels it is not helpful, there may be other alternatives that could be investigated as part of support planning.* ▪ *If the participant doesn't know how to use or operate the device, additional training may be needed.* ▪ *In some cases the device may need repair or maintenance so that it works correctly.* ▪ *The device may no longer be appropriately gauged to the vision of the participant. For example, the prescription for the participant's glasses may need to be adjusted or replaced because of changes in vision.* These types of situations should receive a follow-up appropriate to the circumstances.
6. Participant needs help using assistive device(s): ○ Yes, describe:_____ ○ No	Indicate whether or not the participant needs help to use a device. If yes, describe the type of help required. For example, help can include: • Assistance to set up a device for use • Assistance with turning on/off the device • Explaining the steps involved in using the device • Other assistance or support If information for this item is provided in earlier items, the assessor does not have to re-ask for information. Code according to information already received.
7. Assistive device(s) meet the participant's vision needs: ○ Yes ○ No, describe:_____	Indicate whether the participant's needs are met by the assistive devices. If no, describe in what way his/her needs are not being met. For example: *Carla's glasses do not appear to be strong enough for her to read labels or everyday print.*
8. Participant can find his/her way in unfamiliar environments independently, including with assistive device(s): ○ No	Indicate whether the participant can find his/her way in unfamiliar environments. If no, indicate if it is due to vision ("no") or another reason ("no but not due to vision"). For example, the participant may experience

Assessment Item	Guidance
Section 1: Vision	
⭕ No, but not due to vision ⭕ Yes [Skip to Item 11]	confusion due to dementia in unfamiliar environments rather than because of vision challenges.
9. Participant is currently receiving any orientation or mobility training: ⭕ Yes, describe:_____[Skip to Item 11] ⭕ No	Indicate whether the participant is currently receiving any orientation or mobility training that would assist in him/her being able to move around environments more easily. This training should relate to vision challenges and not to other challenges, such as dementia. If yes, briefly describe.
10. Participant would like to receive orientation or mobility training: ⭕ Yes [Provide referral to Division of Vocational Rehabilitation (DVR); Colorado Center for the Blind; and/or Colorado School for Deaf and Blind as appropriate] ⭕ No, describe:_____	Indicate if the participant would like to receive orientation or mobility training. If yes, provide a referral to DVR and/or Colorado Center for the Blind. If no, describe any reasons for why the participant is uninterested in training. For example, the participant or proxy may feel that training would not be appropriate due to a medical condition or progressive dementia.
11. Has your/your child's vision become worse in the last 3 months, or since the last assessment? ⭕ No ⭕ Yes – consider a referral for further vision or medical assessment ⭕ N/A (blind) ⭕ Unsure – consider a referral for further vision or medical assessment	Assessor will document whether the participant's vision has worsened in the last three months (for initial assessment) or since last assessment (if reassessment). If blind, the assessor will indicate N/A. If "yes" or "unsure", consider a referral for a vision or medical assessment.
Notes/Comments:	

At the end of this section is an open text box for the assessor to make additional notes that should be considered in support planning.

Section 2: Hearing

Section 2 deals with hearing. The purpose of the section is to determine whether the participant has issues related to hearing that affect functioning and to identify any use of or need for adaptive devices and equipment to assist participants with hearing challenges with daily functioning. If a participant has challenges but does not use adaptive equipment to assist him/her, the assessor may want to consider a referral to determine what might be feasible to help improve functioning. The assessor should also note instances in which training is needed to assist the participant to make better use of their equipment or if repair and maintenance of equipment is required.

Information obtained in an item may overlap with another item. If information has already been gathered in an earlier item, the assessor does not need to re-ask the participant for information in the later item. Use information previously obtained. For example, when asking about hearing devices

needed by the participant, the participant may provide other information asked later about the regularity of use or need for training.

Item 1 is a mandatory item that captures information about auditory devices that the participant has or needs. Assessors should score for all applicable device/aids that the participant either has or needs. For each device/aid, assessors can choose one of the following response options:

- o **Assistive device needed and available -** The participant has the device/aid and is able to use it to perform part or all of the task.
- o **Assistive device needed but current device unsuitable -** The participant has the device/aid, but does not use. This could be for a number of reasons, including not knowing how to use the device/aid, problems with device itself, or not wanting to use it because it's embarrassing, complicated, or inconvenient. Assessors should briefly summarize why the participant does not use the device/aid and ways to improve utilization, such as training, in the comments section in the subsequent column.
- o **Assistive device needed but not available -** This response should be used to document devices/aids that the participant does not have but may benefit from. Assessors should briefly summarize the need for the device/aid in the comments section.
- o **Participant refused-** Participant chooses not to use needed device.
- o **Not applicable-** Participant does not need this device

The assessor should identify all items that apply by asking the participant about any devices used and by reviewing available records. Assistive devices in various settings should be considered. For example, participants may use different devices at home than in public places due to background or ambient noise.

- **Cochlear implant(s)** - A cochlear implant (CI) is a surgically implanted electronic device that provides a sense of sound to a person who is profoundly deaf or severely hard of hearing. The cochlear implant is often referred to as a bionic ear.
- **FM Sound System** - This refers to a personal frequency modulation system. This system works like a mini radio station in which a microphone transmits sound to a receiving headset used by the participant. These items are commercially available and are used in various settings, such as theaters or venues used for presentations.
- **Infrared Sound System** - Infrared sound systems transmit sound using infrared light waves. These systems are frequently used in homes to assist participants to hear audio on TV sets, but may also be used in theaters or other venues.
- **Closed Captioning** - Closed captioning refers to the display of text on a television, monitor, or other screen.
- **Assistive listening device** - These are devices, such as a telephone amplifier or remote doorbell, which can help in situations where participants have difficulty hearing - either because of background noise or because sounds come from far away.

Assessment Item	Guidance
Section 2: Hearing	
2. Frequency participant uses assistive devices. ○ During all waking hours ○ Only when prompted/supervised ○ As needed ○ Refuse to wear/use	Assessors should determine the extent to which the participant depends on assistive devices. Code the response that most closely describes a typical day. If the participant refuses to use the device, the assessor should attempt to find out why and make note. For example: ▪ *If the participant doesn't like the device or feels it is not helpful, there may be other alternatives that could be investigated as part of support planning.* ▪ *If the participant doesn't know how to use or operate the device, additional training may be needed.* ▪ *In some cases, the device may need repair or maintenance so that it works correctly.* These types of situations should receive a follow-up appropriate to the circumstances.
3. Ability to hear (with hearing aid or hearing device, if normally used): ○ Adequate: hears normal conversation and TV without difficulty [Skip to Section 3] ○ Mildly to moderately impaired: Difficulty hearing in some environments or speaker may need to increase volume or speak distinctly ○ Severely impaired: Absence of useful hearing ○ Unable to assess ○ Unknown	Document the participant's hearing abilities. Consider the participant's use of equipment discussed in item 1, such as cochlear implants or hearing aids, when making the determination.
4. Participant uses assistive devices as prescribed/recommended. ○ Yes ○ No, describe:_____	The assessor will indicate whether the participant uses assistive devices as prescribed or recommended. If no, describe how the participant uses device/aid and reasons why the participant does not use the device as recommended. Similar to Item 2, there may be a variety of reasons a participant does not use an assistive device. Examples include: • *If the participant doesn't like the device or feels it is not helpful, there may be other alternatives that could be investigated as part of support planning.*

Assessment Item	Guidance
Section 2: Hearing	
	• *If the participant doesn't know how to use or operate the device, additional training may be needed.* • *In some cases the device may need repair or maintenance so that it works correctly.* • *The device may no longer be appropriately gauged to the hearing of the participant.* These types of situations should receive a follow-up appropriate to the circumstances.
5. Participant needs help using assistive device(s): ○ Yes, describe:_____ ○ No	Indicate whether or not the participant needs help to use a device. If yes, describe the type of help required. For example, help can include: • Assistance to set up a device for use; • Assistance with turning on/off the device • Explaining the steps involved in using the device • Other assistance or support If information is provided in earlier items, the assessor does not have to re-ask for information. Code according to information already received.
6. Assistive device(s) meet the participant's hearing needs: ○ Yes ○ No, describe:_____	Indicate whether the participant's needs are met by the assistive devices. If no, describe in what way his/her needs are not being met.
7. Has your/your child's hearing become worse in the last 3 months, or since the last assessment? ○ No ○ Yes - consider a referral for further hearing or medical assessment ○ Unsure- consider a referral for further hearing or medical assessment ○ N/A (deaf)	Assessor will document whether the participant's hearing has worsened in the last three months (for initial assessment) or since last assessment (if this is a reassessment). Changes in hearing may indicate medical challenges needing attention. The assessor should refer the participant to a medical professional or audiologist for follow up.

At the end of this section is an open text box for the assessor to make additional notes that should be considered in support planning.

Section 3: Functional Communication

Section 3 deals with functional communication. The purpose of the section is to determine how the participant expresses him/herself and what, if any, challenges exist with expression or the understanding of others. If a participant has challenges but does not use devices, aids, or other alternative mechanisms for communicating, the assessor may want to consider a referral to determine what might be feasible to help improve opportunities to communicate. The assessor should also note instances in which training is needed to assist the participant to make better use of alternatives or their equipment or if repair and maintenance of equipment is required.

Information obtained in an item may overlap with another item. If information has already been gathered in an earlier item, the assessor does not need to re-ask the participant for information in the later item. Use information previously obtained.

Item 1 is a mandatory item that captures information about auditory devices that the participant has or needs. Assessors should score for all applicable device/aids that the participant either has or needs. For each device/aid, assessors can choose one of the following response options:

- **Assistive device needed and available -** The participant has the device/aid and is able to use it to perform part or all of the task.
- **Assistive device needed but current device unsuitable -** The participant has the device/aid, but does not use. This could be for a number of reasons, including not knowing how to use the device/aid, problems with device itself, or not wanting to use it because it's embarrassing, complicated, or inconvenient. Assessors should briefly summarize why the participant does not use the device/aid and ways to improve utilization, such as training, in the comments section in the subsequent column.
- **Assistive device needed but not available -** This response should be used to document devices/aids that the participant does not have but may benefit from. Assessors should briefly summarize the need for the device/aid in the comments section.
- **Participant refused-** Participant chooses not to use needed device.
- **Not applicable-** Participant does not need this device

The assessor should identify all items that apply by asking the participant about any devices used and by reviewing available records. Assistive devices in various settings should be considered. For example, participants may use different devices at home than in public places or in the workplace.

After Item 1, assessors will either proceed with the section or complete a supplement to the Sensory and Communication module. Participants under the age of 12 will work with the assessor to complete item two below and proceed to the supplement. The supplement contains targeted items that are specific to the expected level of functional and cognitive abilities based on the participant's chronological age. See the separate training manual that is specific to the supplement. After the supplement, participants under age 12 should then proceed to Section 4.

Participants over the age of 12 will skip item two and proceed through the remainder of Section 3.

Assessment Item	Guidance
Section 3: Functional Communication	
For participants under the age of 12 only. 2. **Describe any functional communication impairments, diagnoses, or issues. Include a description of barriers/challenges that this creates and any devices that are used to address them.** ⚠	Item 2 is intended to allow the assessor to capture any known diagnoses, conditions, or other issues that may impact functional communication for participants under the age of 12. Young participants may exhibit symptoms of a functional communication impairment but have not been assessed. Assessors should note any related concerns that the parent/guardian/participant express, diagnosed or not. This information will be helpful for support planning and completing the supplement. When documenting this conversation, also consider equipment that is used to improve functional communication, such as behavior modifications, environmental enhancements, or other interventions. After responding to this item, complete the supplement and proceed to Section 4.
3. **Understanding verbal content (excluding language barriers):** ⚠ ○ Understands: Clear comprehension without cues or repetitions ○ Usually understands: Understands most conversations, but misses some part/intent of message. Requires cues at times to understand ○ Sometimes understands: Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand ○ Rarely/Never understands ○ Unable to answer ○ Unknown	This item is mandatory and requires the assessor to indicate the extent to which the participant is able to understand verbal content. This does not include language barriers (e.g., participant understands Spanish spoken to him/her but does not understand English). For some participants, it may be difficult to determine the amount of verbal language he/she understands. This item can be somewhat subjective, and is sometimes based only on cues picked up by other people who know the participant. In this situation, the assessor should obtain information from others who know the participant well and have regular interaction. These other people are most likely to be able to pick up on cues that indicate understanding of verbal content.

Assessment Item	Guidance
Section 3: Functional Communication	

4. **Participant's ability to express ideas or wants with individuals he/she is familiar with.**
 	
  ○ Expresses complex messages without difficulty and with speech that is clear and easy to understand
  ○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear
  ○ Frequently exhibits difficulty with expressing needs and ideas
  ○ Rarely/never expresses self or speech is very difficult to understand
  ○ Unable to assess
  ○ Unknown
	Items 4 and 5 are mandatory items, and document the participant's ability to communicate with individuals he/she is familiar and not familiar with, respectively. These items are intended to be coded based on the participant's <u>ability</u> to express ideas or wants and any barriers related to memory and/or cognition. *For example, if the participant is able to express complex messages clearly but does not like to because he/she is shy, staff should still code on the ability, which would be "Expresses complex messages without difficulty."*
	
	Some participants are able to more effectively communicate with individuals he/she is familiar with than individuals he/she is not familiar with. This may be because of a speech issue related to stroke or brain injury or cognitive issues that do not allow the formation of lucid thoughts.

5. **Participant's ability to express ideas or wants with individuals he/she is not familiar with.**
 	
  ○ Expresses complex messages without difficulty and with speech that is clear and easy to understand
  ○ Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear
  ○ Frequently exhibits difficulty with expressing needs and ideas
  ○ Rarely/never expresses self or speech is very difficult to understand
  ○ Unable to assess
  ○ Unknown
 	
[If the participant answered "Understands" in Item 2 **AND** "No difficulty" in Items 3 and 4, skip to Section 4. Sensory Integration]
[If the participant answered "No difficulty" in Items 3 and 4 only, skip to Item 6.]
	Staff should use all readily available mechanisms to score this item, including observing the participant, having the participant self-report on his/her abilities, and interviewing family, friends, and caregivers.

6. **Describe the nature of the difficulty of expressing ideas and wants:**
  ☐ No functional communication
  ☐ No functional expressive language
	Check all items that apply to the participant. Code according to how the difficulty is displayed with people not familiar with the participant.

Assessment Item	Guidance
Section 3: Functional Communication	
☐ Non-verbal ☐ Speech impairment (articulation) ☐ Speech impairment (functional expressive language) ☐ Receptive language impairment (inability to comprehend spoken language)	**Functional Communication** - This includes participants with no functional expressive language. If individuals close to the participant are able to understand needs based on gestures or other signals, do not score this item. **Functional Expressive Language** - This includes an inability to verbally express thoughts, ideas, or words. Evidence of disorders include: challenges with syntax or grammar, inability to say more than one word at a time, inability to use correct word. **Non-verbal** – Non-verbal includes having little to no meaningful speech. Non-verbal participants may use other forms of communication. **Speech impairment (articulation)** - Articulation/speech impairments involve difficulties in making sounds associated with words. **Speech impairment (functional expressive language)** - This includes an inability to verbally express thoughts, ideas, or words. Evidence of disorders include: challenges with syntax or grammar, inability to say more than one word at a time, inability to use correct word. **Receptive Language Impairment** - Receptive language disorder affects the ability to understand spoken, and sometimes written, language. Individuals with receptive language disorders often have difficulty with speech and organizing their thoughts, which creates challenges in communicating verbally with others and in organizing their thoughts on paper.
7. Primary cause of the identified difficulties: ☐ Cognitive issues ☐ Deaf ☐ Hard of hearing ☐ Motor issues (e.g., cerebral palsy, etc.) ☐ Neurological issues (e.g., seizures, aphasia, apraxia) ☐ Physical/medical issues (e.g., after laryngectomy) ☐ Psychiatric issues (e.g., echolalia) ☐ Other, describe:_____	Indicate the primary cause for the participant's challenges with verbal speech. More than one may be selected if they co-contribute to the speech difficulty. Clarification of Select Causes: **Cognitive issues –** includes an inability to communicate due to developmental disabilities such as autism, impaired intellectual function, and adaptive functioning. **Neurological issues –** includes an inability to communicate due to traumatic or acquired brain injury, stroke, disease affecting the brain and nervous system.

Assessment Item	Guidance
Section 3: Functional Communication	
	Physical/medical issues – includes an inability to communicate due to a physical or medical issue affecting speech. This includes situation such as: loss of speech muscles (such as tongue) due to disease, laryngectomy, lung disease affecting breathing and speech, etc.
8. Method(s) participant likes to use to communicate with others: ⚠️ ☐ Verbal English ☐ Verbal Spanish ☐ Verbal Other Language, identify:_____ ☐ Sign Language ☐ Writing/Braille ☐ Gestures ☐ Facial expression ☐ Texting/Email/Social Media ☐ Electronic Device ☐ Other:_____ If Sign Language was not selected, skip to Item 10.	Identify the participant's preferred method of communication. Check all that apply. For example, a participant with cerebral palsy may prefer to communicate in both verbal English and an electronic device, such as an iPad. If the participant responds with "Sign Language", proceed to item 9, otherwise skip to item 10.
9. Type of sign language participant uses: ☐ American Sign Language ☐ Baby Sign ☐ Cued speech ☐ Emoticon + Bodicon (facial expression + body language) ☐ Home Signs, Gestures ☐ International Sign Language ☐ Limited or Close Vision Signing ☐ Manual alphabet (finger spelling) ☐ Signed English ☐ Tactile (hand in hand) Signing ☐ Other, describe:_____	If applicable, indicate the type of sign language used by the participant. Check all that apply. **Definitions of Sign Language:** • **American Sign Language (ASL)** - This form of sign language is the most frequently used in the US and Canada. • **Baby Sign** - This is a simplified version of signing used with babies and toddlers. • **Cued Speech-** A method of communication in which the mouth movements of speech are combined with a system of hand movements. • **Emoticon + Bodicon** - This form of communication is achieved through facial expression and body language. Generally, this form of communication is most understandable to a small group familiar with the participant. • **Home Signs, Gestures** - Home signs and gestures are a form of sign language not formally recognized. Generally, this form of sign language is only

Assessment Item	Guidance
Section 3: Functional Communication	
	understandable to a small group familiar with a participant. • **International Sign Language** - This is another form of sign language, frequently used in other countries and/or at international events. • **Limited or Close Vision Signing** - This includes signing close to the face/eyes of a person, due to the person's restricted field of vision. • **Manual Alphabet** - The manual alphabet uses signs for each letter of the alphabet. Participants spell out words using these hand signs. • **Signed English** - This is a form of sign language based on English words and syntax. • **Tactile Signing** - This refers to the use of signs that are "read" by a participant by feeling the shape of the sign language. In this case, the participant is not able to visually see the sign.
10. Method(s) participant likes others to use to communicate with him/her: ⚠️ ☐ Verbal English ☐ Verbal Spanish ☐ Verbal Other Language, identify _____ ☐ Sign Language ☐ Writing/Braille ☐ Gestures ☐ Facial Expression ☐ Texting/Email/Social Media ☐ Electronic Device ☐ Other:_____	Identify the participant's preferred method for others to communicate with him/her. Check all that apply. For example, a participant who is deaf may be able to read lips of English speaking individuals but prefers using sign language.
11. Participant currently receives speech and language therapy: ○ Yes, describe:_____[Skip to Item 13] ○ No	Indicate whether the participant receives speech and language therapy. If yes, describe the type of therapy the participant is receiving. *For example: George is receiving rehabilitative therapy since his stroke. He sees a therapist biweekly and has exercises at home.* Speech and language therapy may have already been discussed during the Health module. If this is the case, staff do not need to re-ask the item and should just select "Yes" and provide a brief description.
12. Participant needs or would like to receive speech and language therapy services: ○ Yes	Indicate whether the participant needs/wants speech and language therapy services. If yes, the assessor should consider a referral. If no, briefly describe the reason for not referring.

Assessment Item	Guidance
Section 3: Functional Communication	
○ No, describe:_____	*For example: Myra's medical condition varies substantially from day to day and she is unable to focus on things for very long. She wants to wait for therapy until she is feeling better.*
13. Participant uses any type of augmentative communication device: ⚠️ ○ No [Skip to Item 17] ○ No, but would like to and/or needs referral [Staff should make referral to Speech Language Pathologist] [Skip to Item 17] ○ Yes	Indicate whether participant uses augmentative communication devices or would like to explore use of a device. *Augmentative communication includes communication devices that are used to express thoughts, needs, wants, and ideas.*
14. Type of device(s): ☐ Alpha Smart ☐ Alpha Talker ☐ Artificial Larynx ☐ Big Mack Switch ☐ Braille Screen Communicator ☐ Cheap Talk ☐ Computer/Cell applications (e.g., Skype/Facetime) ☐ Dynamite ☐ Dynavox ☐ Electric Output Device ☐ Link Assistive Device ☐ Lite writer ☐ Mini Message Mate ☐ PECS ☐ Pocket Talker ☐ Speak Easy ☐ Tablet (Including iPad and Smartphone) ☐ TTY ☐ Video Relay Service ☐ Voice Photo Album ☐ Voice Recognition Software ☐ Other Personal Listening Device _____ ☐ Other Picture System _____ ☐ Other _____	Indicate devices used by the participant. Check all that apply. **Alpha Smart** - The AlphaSmart is a brand of portable, battery powered, word-processing keyboards. • **Alpha Talker** - This is a digitalized communication device that "speaks". • **Artificial Larynx** - A mechanical larynx, also referred to as a "throat back" or "cancer kazoo", is a medical device used to produce clearer speech by those who have lost their original voice box. • **Big Mack Switch** - A device, shaped like a big switch that holds one message that is up to one minute long. • **Braille Screen Communicator** - This device is designed for use by participants who are both deaf and blind. It can be used in conjunction with computers, telephones, converting images or telephone communications to Braille. • **Cheap Talk** - A voice output device that allows a person to communicate by touching colored squares. • **Dynamite** – Portable device that uses pictures symbols, assist students w/little or no speech. Dynamic displays • allow branching to other communication boards. • **Dynavox** - Assistive communication devices which are adaptable to the needs of each person. These devices allow the participant to communicate by touching colored squares. • **Electric Output Device** - This is another type of augmentative communication device. • **Link Assistive Device** – Used for voice output.

Assessment Item	Guidance
Section 3: Functional Communication	
	• **Litewriter** – An easy-to-use portable communication device. The user simply turns it on and types a message on the keyboard, which appears in the dual displays, and can be spoken out loud. • **Mini Message Mate** – A portable voice output device. • **PECS** – The Picture Exchange Communication System, a system that allows participants to communicate through the use of pictures. • **Pocket Talker** – A portable amplification system to assist participants to speak and/or hear. • **Speak Easy** – A voice output device storing messages. • **Tablet** – A wireless, portable personal computer with touchscreen interface (e.g., iPad) • **TTY** – TTY stands for "teletypewriter." It is a system which converts conversation/information transmitted over a telephone into written language. This system is available for both household phones and wireless phones. • **Video Relay Service** – a video-telecommunication service that allows deaf, hard-of-hearing and speech-impaired (D-HOH-SI) participants to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. • **Voice Photo Album** – A device that pairs a recorded message with a picture. • **Voice Recognition Software** – Software that can be programmed to perform commands directed by the participant.
15. **Participant needs any of the following to use the device:** ☐ Back up device when primary device is in for repair/maintenance ☐ Training, describe:_____ ☐ Support or assistance, describe_____ ☐ Other, describe:_____ ☐ None apply	Document any needs related to use of adaptive equipment. The assessor should make any necessary referrals.
16. **Assistive device meets the participant's communication needs:** ○ No, describe:_____ ○ Yes	Identify whether assistive devices meet the needs of the participant. If "no", briefly describe the situation.
17. **Has it become harder for you/your child to understand others or be understood in the last 3 months, or since the last assessment?**	Indicate the participant's (or proxy's) perception about any changes in being able to communicate. Consider a referral if the response is "yes" or "unsure".

Assessment Item	Guidance
Section 3: Functional Communication	
◯ No ◯ Yes- consider a referral for further communication or medical assessment ◯ Unsure- consider a referral for further communication or medical assessment	

At the end of this section is an open text box for the assessor to make additional notes that should be considered in support planning.

Section 4: Sensory Integration

Section 4 deals with the ability of the participant to receive and interpret information via the senses. Sensory Processing Disorders (SPD), exist when sensory signals don't get organized into appropriate responses. Pioneering occupational therapist and neuroscientist A. Jean Ayres, PhD, likened SPD to a neurological "traffic jam" that prevents certain parts of the brain from receiving the information needed to interpret sensory information correctly. A person with SPD finds it difficult to process and act upon information received through the senses, which creates challenges in performing countless everyday tasks. Motor clumsiness, behavioral challenges, anxiety, depression, school or work failure, and other impacts may result if the disorder is not treated effectively.[1]

The purpose of this section is to document whether the participant has a diagnosis or signs/symptoms of SPD and to document information that will aid in support planning. In most cases a determination of sensory processing challenges will have been seen prior to adulthood; however, some people with less severe forms may not be noticed until adulthood. These participants may have struggled with feelings of being misunderstood or inability to cope with situations that don't seem to bother others around them.

Younger participants may demonstrate certain symptoms but parents and medical professionals may not recognize them as a SPD. Assessors should not attempt to diagnosis an SPD, but should document signs, symptoms, and interventions and, if necessary, provide a referral for further testing.

Assessment Item	Guidance
Section 4: Sensory Integration	

1. Participant demonstrates the following (check all that apply) – (Do not score if consistent with child's age)
◯ Sensory modulation:
  ☐ Is over-reactive to stimuli
  ☐ Is under-reactive to stimuli
  ☐ Craves or seeks out stimuli
  ☐ Does not exhibit startle reflex
	Check all that apply.
	
	Sensory modulation – Difficulty in processing the intensity, frequency, duration, etc. of stimuli. Participant may appear fearful, may actively seek out stimuli, be difficult to engage, or exhibit other behaviors.

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[1] **Information from: www.spdstar.org/basic/subtypes-of-spd**

Assessment Item	Guidance
Section 4: Sensory Integration	
◯ Sensory based motor: 　☐ Dyspraxia (motor coordination) 　☐ Postural (stabilizing posture) ◯ Sensory discrimination: 　☐ Visual 　☐ Auditory 　☐ Tactile 　☐ Taste 　☐ Smell 　☐ Position/Movement 　☐ Interoception (sensitivity to external stimuli) ◯ None (Skip to Section 5)	**Sensory based motor** – Difficulty in processing information necessary for coordinating motor movements or stabilizing posture. **Sensory discrimination** – Incorrect processing of input from the senses. Participant may exhibit responses such as inattentiveness, disorganization or poor performance of tasks. Examples include use of inappropriate force with items, challenges in dressing, etc.
2. **Briefly describe signs and symptoms.**	Briefly describe the signs/symptoms displayed. *For example: Harold uses hand flicking motions combined with rocking behavior for long periods of time unless diverted to other activities. These behaviors increase when he is upset, becoming very intense and followed by behavior injurious to himself or others.*
3. **Are there any settings, situations, or people that are particularly challenging for the participant?** (Triggers could include crying babies, barking dogs, noisy restaurants) ◯ No ◯ Yes, describe	Identify whether the participant may have sensory challenges with particular settings, situations, or people. Use the examples in the item to prompt the participant/parent/guardian. If yes, briefly describe these challenges and any strategies that are used to mitigate. *For example, Dan begins yelling out of fear when he hears the noises of traffic. To mitigate this, staff provide him with headphones when he needs to go to appointments.*
4. **What types of settings does the participant do particularly well in?**	Briefly describe the settings and situations in which the participant does well. *For example: Gabs does very well when activities are planned and organized. When visiting a classroom, day program, or other activity, she does well when she has an agenda and knows what is coming next. If this is not available, she is able to process through the next steps with focused attention from staff.*

Assessment Item	Guidance
Section 4: Sensory Integration	
5. Participant experiences any of the following issues related to sensory input: ☐ Anxiety ☐ Appears to hear adequately, but have a delayed response to sounds/speech ☐ Avoids being touched ☐ Avoids or atypically interacts with others ☐ Can't keep hands to self ☐ Difficulty keeping tongue in mouth ☐ Difficulty making transitions from one situation to another ☐ Difficulty screening out sights and sounds (visual/auditory stimuli) ☐ Difficulty unwinding or calming self ☐ Does not maintain eye contact ☐ Does not react/respond to familiar voices and/or hearing own name ☐ Does not seek comfort from family/caregiver ☐ Does not show interest in others ☐ Engage in self-injury ☐ Engage in self-stimulation ☐ Fearful of activities moving through space, such as using an escalator, climbing stairs, etc. ☐ Fearful of new tasks and situations ☐ Grind, clench teeth ☐ Lack of eye tracking ☐ Make repetitive vocal sounds – such as humming, throat-clearing, frequent coughing ☐ Misjudge force required to open and close doors, give hugs, etc. ☐ More clumsy or careless than peers ☐ Overly sensitive to touch, movement, sights, lights, or sounds ☐ Poor balance ☐ Prefer activities that involve swinging, spinning, rocking ☐ Puts hands/fingers in mouth frequently ☐ Reject textures of food, clothing ☐ Resistant behavior	Check all that apply.

Assessment Item	Guidance
Section 4: Sensory Integration	
☐ Respond to loud or unexpected noise by becoming upset ☐ Rock self, to sleep, in frustration, in comfort, in excitement ☐ Smell objects ☐ Under-reactive to touch, movement, sights, or sounds ☐ Unusually high activity level ☐ Unusually low activity level ☐ Unusual reaction to pain – doesn't seem to notice ☐ Unusual reaction to pain – particularly noticeable reaction ☐ Walk on toes ☐ Other, describe:_____ ☐ None apply	
6. Does the participant use any device/intervention to modulate sensory input? ☐ Noise cancelling headphones ☐ Occupational therapy ☐ Weighted vest/blanket ☐ Safety ear plugs ☐ Sensory diet/menu for gaining behavioral control ☐ Swings for proprioception stimulation ☐ Other device:_____ ☐ Other intervention: _____	Check all that apply. If coded "other device" or "other intervention", briefly describe. **Noise Cancelling Headphones** - The assessor should indicate this if noise cancelling headphones are used to assist the participant with managing reactions to auditory stimuli. **Weighted vest/blanket** – May also include weighted lap pads, vests etc. acting as calming tools for sensory processing. **Sensory Diet** – A carefully designed, personalized activity plan that provides the sensory input a participant needs to stay focused and organized throughout the day. **Safety Ear Plugs** - The assessor should indicate this if ear plugs are used to assist the participant with managing reactions to auditory stimuli.
7. Need for referral to address sensory processing challenges/concerns ○ Diagnosis on record, no referral needed ○ Signs and symptoms justify referral ○ Signs and symptoms do not justify referral	Identify whether, based on the assessor's professional judgment and expertise, the participant should be referred for further testing based on the signs and symptoms described. If unsure, discuss the referral option with the participant/parent/guardian and respond to the item based on this discussion.

Assessment Item	Guidance
Section 4: Sensory Integration	
Notes/Comments:	

At the end of this section is an open text box for the assessor to make additional notes that should be considered in support planning.

Section 5: Supports Needed

Section 5 is used to summarize specific supports needed, including supports to ensure health and welfare. These items should be used in developing the Support Plan and to address risk mitigation.

Assessment Item	Guidance
Section 5: Supports Needed	
1. Are there any health or safety issues that need to be considered in providing support to the participant? For example, does he/she need signaling devices (e.g., bell tap light)? ⚠ ◯ No ◯ Yes, describe:_____	This is a mandatory item. Indicate whether there are health and safety issues that should be addressed in providing support. If coded "yes", the assessor should briefly describe.
2. Does the participant need help in an emergency because of a vision, hearing, or communication need? ⚠ ◯ No ◯ Yes, describe:_____	This is a mandatory item. Indicate the need for help in an emergency because of a vision, hearing or communication need.
3. Does the participant or family need any assistance in caring for his/her assistive device(s) or service animal? ◯ No ◯ Yes, describe:_____	Describe any assistance needed in caring for devices or service animal.
Notes/Comments:	

At the end of this section is an open text box for the assessor to make additional notes that should be considered in support planning.

Section 6: Referrals and Goals

Section 6 includes information to move forward directly to the Support Plan.

Assessment Item	Guidance
Section 6: Referrals and Goals	
1. What is important to the individual? ⚠ _____	This item includes any goals or outcomes the participant would like to see happen. If the participant expresses desired outcomes during the discussion of previous sections in this module, the assessor can bring these back up with the participant and talk about their importance.

Assessment Item	Guidance
Section 6: Referrals and Goals	
	The assessor may need to prompt the participant. The following includes some examples of discussion or questions that might be posed. *For example: Mary Sue, we've talked about a lot of things related to your (vision, hearing, communication, sensory integration). I'm interested in what is important for you to see happen in this area.* ▪ *Are there changes you'd like to see happen as a result of services or help from others?* ▪ *What would be most important to you see change as the result of services?* ▪ *How could services help you maintain things that are going well for you now?*
2. Referrals Needed: ⚠️ ☐ Assistive Technology ☐ Colorado Center for the Blind ☐ Centers for Independent Living (CIL) ☐ Deaf Blindness Services ☐ Division of Vocational Rehabilitation (DVR) ☐ Early Intervention ☐ Hearing Loss Resource Center ☐ Hearing Specialist (audiologist, ENT) ☐ Independent Living Skills Training (ILST) ☐ Interpreter Services ☐ Occupational Therapist ☐ Primary Health Care Provider ☐ Speech/Language Pathologist ☐ Vision Loss Resource Center ☐ Vision Specialist (optometrist, ophthalmologist, etc.) ☐ Other community organization:_____ ☐ Other **Specify**:_____	Check all that apply. *Examples of things that would indicate the need for a referral include:* • *Changes in the condition of the participant, potentially indicating a medical problem or a worsening of the condition* • *Changes in the function of the participant related to improper assistive technology or technology that is not effective for use by the participant* • *The need for alternative assistive devices or approaches* • *The need for training in the use of assistive devices or compensatory approaches* • *The need for back-up supports when devices or existing supports are not available*
3. Assessed Needs and Support Plan Implications ⚠️ _____	This item allows the assessor to summarize needs and implications for support planning. *For example, Chris is deaf and will need a sign language interpreter for his support planning meeting. His plan*

Assessment Item	Guidance
Section 6: Referrals and Goals	
	should address assistive technology in his home that would support his independence and safety.
4. Recommended changes, clarifications or other issues: Describe any changes to the items (included changes to training) in this section that the case manager believes will make the items clearer and/or collect more useful information.	Describe any recommendations for improving the assessment module or training, including adding/removing items or items that require further clarification.