

DEPARTMENT OF COMMUNICATION STUDIES & SERVICES
OUTCOMES ASSESSMENT: Post Speech-Language Therapy

Name _____ Date _____

- 1 Student self rating of speech intelligibility at end 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 post therapy
(Scale 1-5)

I am confident using my speech:

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Frequently
- 5 Always

3. Student's response to item **"I believe that my communication improved because of the SLP services."**

(Scale 1-5)

- 1 strongly disagree
- 2 disagree
- 3 not sure
- 4 agree
- 5 strongly agree

Instructor completes this page.

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

Conversational Situation	Yes	No	Comments
During small talk in therapy sessions			
Family			
Teachers @ NTID			
Teachers @ RIT			
Hearing students			
Other deaf/HoH students			
Hearing people outside RIT			

5. **Instructor rates student's speech intelligibility at end 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

6. **The student shows progress toward speech-language goals:**

(Scale 1-5)

- 1 strongly disagree
- 2 disagree
- 3 not sure
- 4 agree
- 5 strongly agree

INSTRUCTOR SIGNATURE