

**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:**"

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

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

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INSTRUCTOR SIGNATURE