|  |  |
| --- | --- |
|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Comprehensive Functional Assessment of Communication** |
| RESIDENT’S NAME | RESIDENCE |
| DATE OF BIRTH | DSHS NUMBER |
| DATE | EVALUATION BY: |
| Information for this report was obtained through clinical interaction, observations, record review and caregiver interviews. |
| **Pertinent History** |

|  |
| --- |
|  |

|  |
| --- |
| **Functional Communication** |
| Receptive |

|  |
| --- |
|  |

|  |
| --- |
| Expressive |

|  |
| --- |
|  |

|  |
| --- |
| **Hearing** |

|  |
| --- |
|  |

|  |
| --- |
| **Dysphagia** |

|  |
| --- |
|  |

|  |
| --- |
| Communication / hearing patters (MDS Section B): Over last seven (7) days. |
| 0100 | Comatose? |  |  | 0600 | Speech clarity |  |
| 0200 | Hearing |  | 0700 | Is understood |  |
| 0300 | Hearing Aid used? |  | 0800 | Understands |  |
| **Communication Intervention Strategies / Programs** |

|  |
| --- |
|  |

|  |
| --- |
| **Summary / Recommendations** |

|  |
| --- |
|  |

|  |
| --- |
| A review of this client’s receptive and expressive language skills indicate sufficient / insufficient language ability to adequately understand or answer questions about community living preferences. |
| SIGNATURE OF SPEECH-LANGUAGE PATHOLOGIST COMPLETING EVALUATION |