

Language/Cognitive-Communication Evaluation

Name:
ID/Medical record number:
Date of exam:
Referred by:
Reason for referral:
Medical diagnosis:
Date of onset of diagnosis:
Other relevant medical history/diagnoses/surgery
Medications:
Allergies:
Pain:
Primary languages spoken:
Educational history:
Occupation:
Hearing status:
Vision status:
Tracheostomy:
Mechanical ventilation:

Subjective/Patient Report:

Observations/Informal Assessment:

Mental status (check all that apply):

- alert
- responsive
- cooperative
- confused
- lethargic
- impulsive
- uncooperative
- combative
- unresponsive

Templates are consensus-based and provided as a resource for members of the American Speech-Language-Hearing Association (ASHA). Information included in these templates does not represent official ASHA policy.

Spoken Language Comprehension

Tests/subtests administered: _____

Task	Response	Cueing
Point to single items Objects Pictures		
Answer Yes/no questions (simple to abstract)		
Follow commands (simple to complex)		
Understand conversation		

Findings: _____

NOMS Spoken Language Comprehension score (1-7): _____

Spoken Language Expression

Tests/subtests administered: _____

Task	Response	Cueing
Repetition Words Phrases Sentences		
Automatic speech tasks (i.e., days of week, counting) Imitated Spontaneous		
Confrontational Naming Objects Pictures		
Word fluency		

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Production Words Phrases Sentences		
Narrative Story retelling Picture description Conversation		

Findings: _____

NOMS Spoken Language Expression score (1-7) _____

Reading

Tests/subtests administered: _____

Task	Response	Cueing
Understand simple written items Signs/symbols Letters Words Print size		
Understand written language Words Phrase Sentence Paragraph		
Functional reading Signs/labels Directories Written directions Newspaper		

Findings: _____

NOMS Written Language Comprehension score (1-7): _____

Writing

Tests/subtests administered: _____

Task	Response	Cueing
Copying Shapes Letters Words Phrases Sentences		
Written expression Letters Words Name Phrases Sentences		
Functional writing Signature Checkbook Shopping list Application form Telephone message Other		
Written Discourse Story retelling Picture description Other		

Findings: _____

NOMS Written Language Expression score (1-7): _____

Cognitive-Communication Status

Tests/subtests administered: _____

Attention (sustained, selective, alternating, divided): _____

NOMS Attention score (1-7): _____

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Memory (working, semantic, episodic, procedural, prospective): _____

NOMS Memory score (1-7): _____

Executive function (initiation, organization, problem-solving, sequencing):

NOMS Problem solving score (1-7): _____

Pragmatics

Pragmatic comprehension–body language, facial expression, vocal tone, context:

Pragmatic production– body language, turn-taking, topic management, interaction management, expression of intents, cohesion: _____

Cultural communication competence (e.g., awareness of cultural norms, code switching): _____

NOMS Pragmatics score (1-7): _____

Impact of cognitive-communication deficits on speech and language: _____

Self-awareness of cognitive-communication deficits

- No awareness
- Limited awareness (minimal appreciation without specificity)
- Situational awareness (recognition of problem in context, in real time)
- Predictive awareness (able to predict problem; impact of impairments)

Findings for Language and Cognitive Communication (check all that apply):

- Within Normal Limits
- Aphasia (mild, mild-moderate, moderate, moderate-severe, severe)
characterized by: _____
- Aphasia type _____
- Cognitive-communication impairment
 - mild, mild-moderate, moderate, moderate-severe, severe

Characterized by: _____

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Concomitant factors

- Visual field cut
- Neglect
- Diplopia
- Hemiplegia/hemiparesis
- Hearing loss
- Other _____

Impact on Functioning:

Activity Limitations and Participation Restrictions (rate all that apply):

	Mild	Moderate	Severe
General tasks and demands	_____	_____	_____
Household tasks	_____	_____	_____
Interpersonal interactions	_____	_____	_____
Education	_____	_____	_____
Employment	_____	_____	_____
Community	_____	_____	_____
Other: _____	_____	_____	_____

Safety Risks

	Mild	Moderate	Severe
Being left alone at home	_____	_____	_____
Reacting to emergency	_____	_____	_____
Managing medication	_____	_____	_____
Traveling alone in community	_____	_____	_____
Other: _____	_____	_____	_____

Prognosis: __good __fair __poor based on _____

Recommendations:

Recommend SLP treatment: __yes __no
 Frequency: _____ Duration: _____

Other suggested referrals: _____

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Patient/Family/Caregiver Education

- Described results of evaluation
- Patient expressed understanding of evaluation and agreement with goals and tx plan
- Patient expressed understanding of evaluation but refused treatment
- Family/caregivers expressed understanding of evaluation and agreement with goals and tx plan.
- Patient demonstrated recommended strategies
- Family/caregivers demonstrated recommended strategies
- Patient requires further education on strategies, risks
- Family/caregivers require further education on strategies, risks.

Treatment Plan

Long-Term Goals:

Short Term Goals: