

## 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

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**Spoken Language Comprehension**

Tests/subtests administered: \_\_\_\_\_

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

Findings: \_\_\_\_\_

**Spoken Language Expression**

Tests/subtests administered: \_\_\_\_\_

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

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Words Phrases Sentences		
<b>Narrative</b> Story retelling Picture description Conversation		

Findings: \_\_\_\_\_

**Reading**

Tests/subtests administered: \_\_\_\_\_

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

Findings: \_\_\_\_\_

**Writing**

Tests/subtests administered: \_\_\_\_\_

Task	Response	Cueing
<b>Copying</b>		

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Shapes Letters Words Phrases Sentences		
<b>Written expression</b>  Letters Words Name Phrases Sentences		
<b>Functional writing</b>  Signature Checkbook Shopping list Application form Telephone message Other		
<b>Written Discourse</b> Story retelling Picture description Other		

Findings: \_\_\_\_\_

**Cognitive-Communication Status**

Tests/subtests administered: \_\_\_\_\_

**Attention** (sustained, selective, alternating, divided): \_\_\_\_\_

\_\_\_\_\_

**Memory** (working, semantic, episodic, procedural, prospective): \_\_\_\_\_

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

\_\_\_\_\_

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**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): \_\_\_\_\_

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: \_\_\_\_\_

Concomitant factors

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

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**Impact on Functioning:**

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

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

**Safety Risks**

	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
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: \_\_\_\_\_

**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.

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- 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: