NCHAM TI Learning Community:
Assessment Practices with Children who are DHH
Monday, June 22, 2015
For Audio, dial:  1-877-820-7831;
Part. Code 1768789#
Please mute phone when not talking
Q1: Do you or does your center give assessments via TI?

Answered: 13   Skipped: 0

Yes: 7
No: 6
Q3: What type of speech-language assessments do you give?

Answered: 9    Skipped: 4

- N/A. we do not give... 2
- Standardized speech... 3
- Standardized language... 4
- Criterion referenced... 5
- Criterion referenced... 7
- Language samples 6
- Play-based 2
- Parent interview/semi... 7
- Observational 3
Q4: What other types of assessments do you administer over TI?

Answered: 7   Skipped: 6
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We may conduct parent report assessments through TI.
Q5: Rate your confidence in the assessments you have given over TI.

Answered: 8    Skipped: 5

- I/A - we do not give: 2
- Very confident in the result: 3
- Somewhat confident: 3
- Not confident: 2
Q6 Describe the model you use to assess a child via TI (e.g., TI in isolation, TI in conjunction with in-person).

Based on circumstances, TI in conjunction with in-person; however, I would be comfortable doing the assessment with TI in isolation if this were needed in order for services to be provided.

Typically, I use in-person standardized assessments and criterion based checklists, protocols and language assessments from afar. If, for some reason, I do use a standardized assessment (using observation & parent report) with a very young child, I include a statement in the report specifying that the assessment was conducted via remote/tele assessment.

Mainly iTI in conjunction with in-person. The most frequent assessments come with infants within the first 12-15 months.

I prefer in-person, but I also feel finding the baseline is important to begin therapy and determining goals; so if the family can't make it in I will do it completely over T-I. Really don't feel confident though with the artic portion. Have had an SLP (not AVT) transcribe the utterances.

TI and in person

Our families come into the Center 1-2 times/year for assessment face to face.

Prefer TI in conjunction with in-person, however, in-person not always an option. While a lot of B-3 assessments is criterion based / checklist obtained via parent report - it is always helpful to have the opportunity for observation of specific behavior/skill as well. There are times when this observation needs to occur across more than one TI contact with the family. Additionally information/ reports from other professionals is always welcome.
Q7: What concerns do you have related to assessing a child via TI?

Answered: 7  Skipped: 6

- Fidelity of results/signal: 1
- Ability to follow: 6
- Keeping child engaged during...: 0
There are several OT assessments that would not be conducive to remote delivery; however, there are generally others that are that could provide the same information for assessment/outcome measurement and intervention planning.

We were only able to click on 1 of these but I would say there are some concerns in all 3 of these areas depending on the child and situation.

I do not have concerns. I do think it is important to plan for accommodations (i.e., having a facilitator with the child).

All of the above

Only allowed me to tick one option, however all three listed are of concern. Of course a primary concern is obtaining unbiased, accurate info, especially if a parent is asked to set up or manipulate a situation or object - Especially if the parent is 'new' to TI; therapy and to being "coached and guided". Sometimes, parents are initially "too helpful' to the child, or will over-exaggerate or under-exaggerate a skill, ability or behavior, etc.
What other questions do we have about assessments?
Any ideas/interest about systematically addressing these questions?