

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

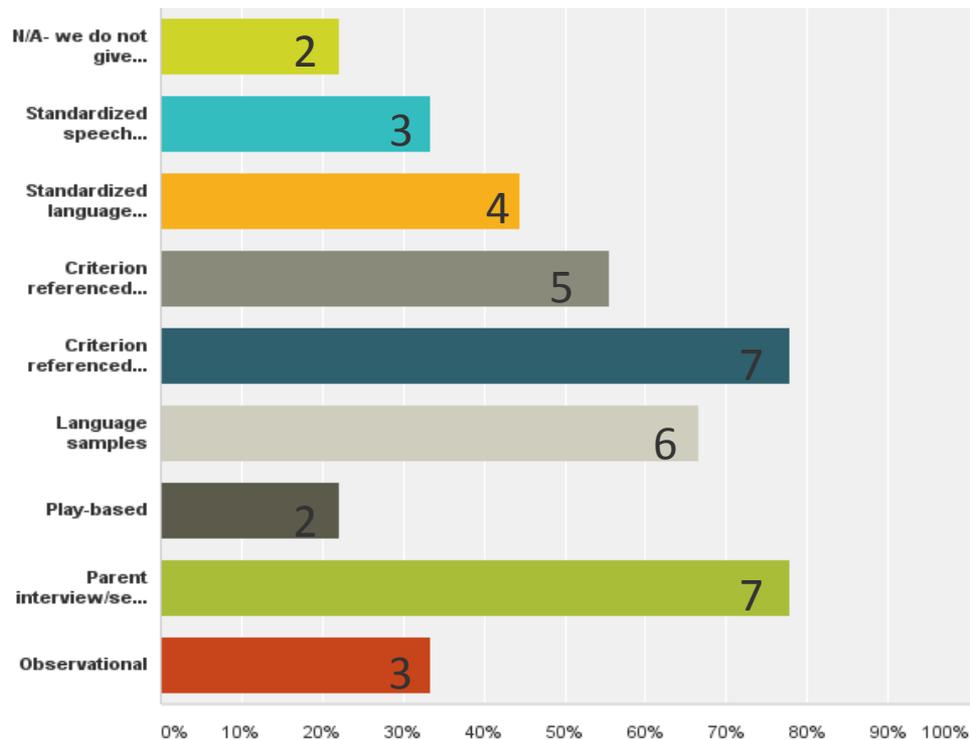
Q1: Do you or does your center give assessments via TI?

Answered: 13 Skipped: 0



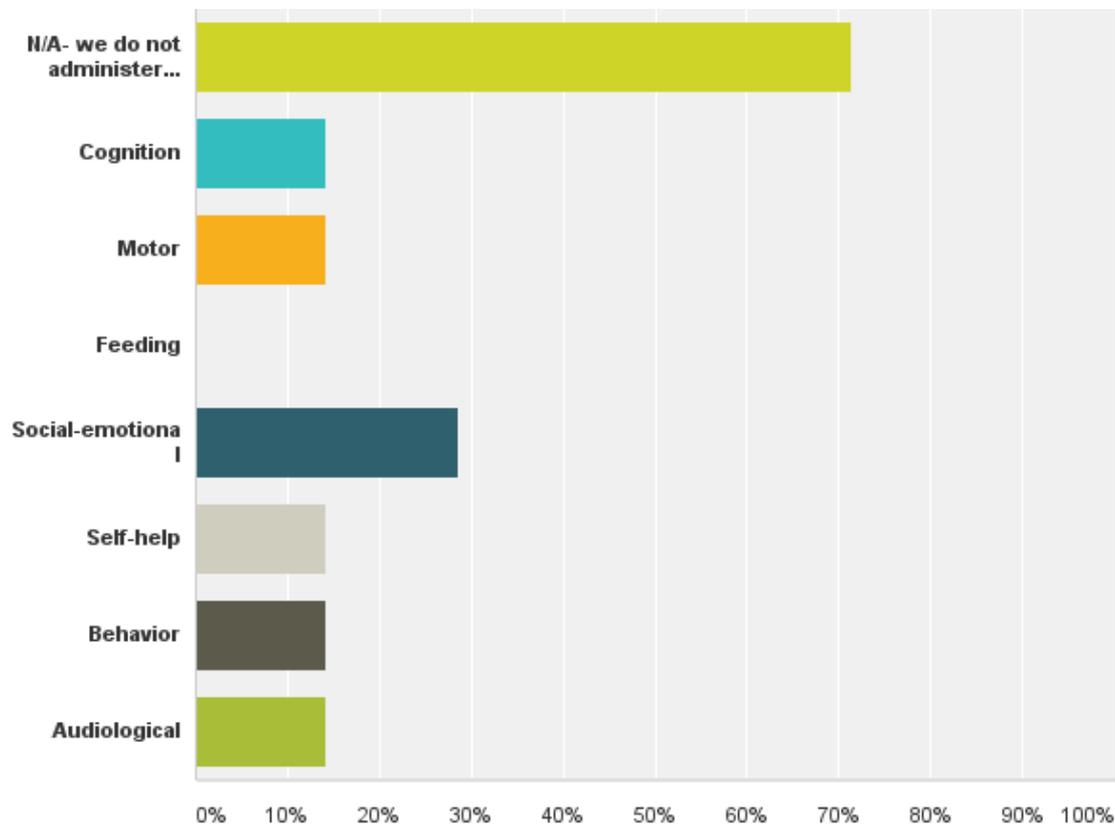
Q3: What type of speech-language assessments do you give?

Answered: 9 Skipped: 4



Q4: What other types of assessments do you administer over TI?

Answered: 7 Skipped: 6



OT - Infant/Toddler Sensory Profile, Pediatric Evaluation of Disabilities Inventory (PEDI), Peabody Developmental Motor Assessment - 2nd ed. (PDMS-2)

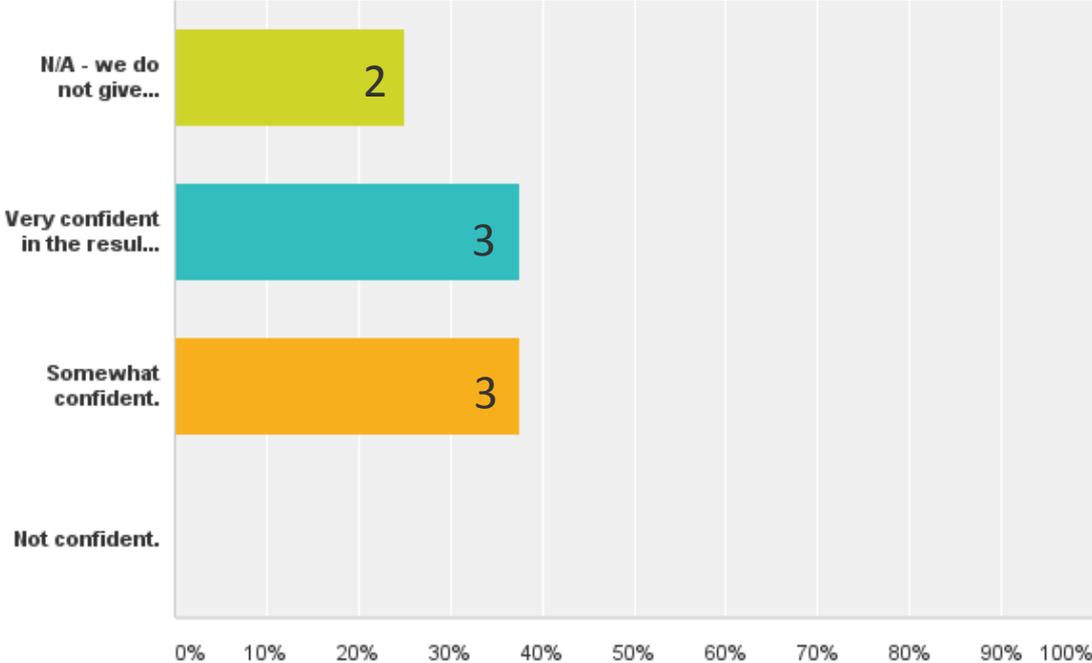
6/19/2015 11:38 AM [View respondent's answers](#)

We may conduct parent report assessments through TI.

6/9/2015 7:07 PM [View respondent's answers](#)

Q5: Rate your confidence in the assessments you have given over TI.

Answered: 8 Skipped: 5



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 articulation. Have had an SLP (not AVT) transcribe the utterances.

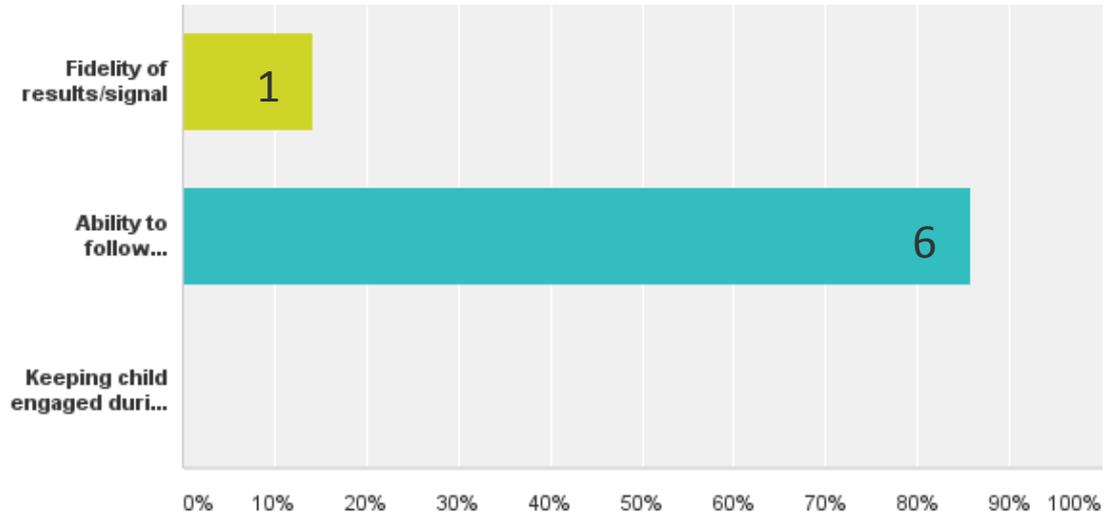
TI and inperson

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 are 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



Text for Q7

- 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?**