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|  | 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** | | |

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| **Functional Communication** |
| Receptive |

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| Expressive |

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| **Hearing** |

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| **Dysphagia** |

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| 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** | | | | | | |

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| **Summary / Recommendations** |

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| 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 |