

Customized MacArthur Vocabulary Checklist: Level I*

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Parent, please check box if your child is **8 - 13 months old**

Parent, please check box if your child is **14 - 18 months old.**

Child's Name:	Child's Birthdate:	Child's Age in Months:
Mother's Name:	If child was premature, what was the gestational age at birth: ___ weeks	
Mother's Birthdate:	Zipcode of residence:	Date of Form Completion:

What is the primary language used in the home with the child? (enter '1' for primary, enter '2' for secondary):
 ___ English ___ Spanish ___ ASL ___ Other (specify) _____

What is the primary mode of communication used in the home with the child? (enter '1' for primary, enter '2' for secondary):
 ___ gesture ___ spoken language ___ spoken & signed communication ___ only signed communication ___ cued speech
 ___ emphasis on developing listening skills ___ hearing aid or cochlear implant wear as much as possible

What is the primary language used by the child? (enter '1' for primary, enter '2' for secondary):
 ___ English ___ ASL or sign ___ Spanish ___ too young to determine ___ Other (specify) _____

What is the primary mode of communication used by the child? (enter '1' for primary, enter '2' for secondary):
 ___ gesture ___ spoken language ___ spoken & signed communication ___ only signed communication ___ cued speech
 ___ emphasis on developing listening skills ___ hearing aid or cochlear implant wear as much as possible
 ___ too young to determine

Where is the child in relationship to you or other caregivers during most of the time you are communicating with him/her?
 _____ within 3 feet _____ 6 - 10 feet _____ 3 - 6 feet _____ 15+ feet (next room)

Put a check in the box if the child appears to respond to sounds under the following conditions. If the child usually wears hearing aids or a cochlear implant, only look for responses when the amplification is on the child and you know they are working. Care should be taken that the child cannot see your movements, shadow, or feel your vibrations or moving air when you present the sounds. These items are from the Early Listening Function test that the SHINE Initial Services provider shared with you.

Listening activities in quiet (no TV or radio on)	6 inches	3 feet	6 feet	10 feet	15+ feet
1. Mommy saying 'buh, buh, buh' quietly.					
2. Water running full on from kitchen faucet.					
3. Mommy saying 'shh, shh, shh'.					
4. Clapping hands together in quiet applause.					
5. Loud door knock using knuckles or fist.					

Age at which intervention services specific to hearing loss began: _____ months _____ unknown
 Besides being at home with a parent, where does the child spend time during the day? _____ no other care providers
 _____ regular child care _____ hours per week; _____ regular play groups or mommy and me groups _____ times per week;
 _____ relative baby sits _____ hours per week; _____ other _____

Has your child had ear infections or lengthy illnesses that have interrupted typical hearing ability or consistent use of hearing aids or cochlear implant? ___ Yes ___ No If yes, about how many weeks was your child affected during the last 6 months? _____

Information to be completed by the parent

What is your child's average level of hearing loss (on the audiogram add the child's responses at 500, 1000, 2000 Hz divided by 3)?
 Right ear _____ Left ear _____ Not enough information on audiogram to answer _____

Type of Hearing Loss: Sensorineural _____ Conductive _____ Mixed _____ Auditory Neuropathy _____ Unknown _____

Check the most appropriate degree(s) of hearing loss:	Mild (25-40dB)	Moderate (41-55dB)	Moderate-Severe (56-70dB)	Severe (71-90dB)	Profound (91+dB)	Was any change in hearing found during follow-up hearing tests in the last 6 months? Yes No Don't Know
Right Ear						[It is standard for infants and toddlers to receive hearing tests every 3 months]
Left Ear						

Is amplification worn daily? Yes No If amplification is worn daily, approximately how many hours <u>per day</u> does your child have the hearing aids or cochlear implant on and working? ___hrs/day	If amplification is not worn daily, is it worn occasionally? Yes No If yes, about how many hours per week are the working hearing aids or cochlear implant worn by the child? ___hrs/week
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Please indicate what kind(s) of amplification your child wears (check as many as appropriate).

linear/analog hearing aids FM system bone conduction hearing aid don't know
 programmable/digital hearing aids cochlear implant other _____

Etiology – What was the primary cause of the child's hearing loss?

- a. Congenital ___ CMV or other prenatal infection ___ Hereditary ___ Prematurity ___ Connexin 26
 ___ Rh Incompatibility ___ Maternal Rubella
- b. Acquired: ___ Infection ___ Measles/Mumps ___ Ototoxicity ___ High Fever ___ Meningitis ___ Trauma
- c. Syndrome: ___ Down ___ Goldenhar ___ Treacher Collins ___ Ushers ___ Waardenburg
- d. Unknown ___ Other (specify) _____

To be completed by Service Coordinator or Teacher of Deaf/Hard of Hearing

Child's unique EIP identification number: _____ EIP Center Number: _____

Age in months at time of confirmation of hearing loss by an audiologist (not hearing screening failure performed at hospital).
This date should be within 2 days prior to referral to Help Me Grow. _____ months

Age in months when one or both hearing aids were first fit to child (includes loaner hearing aids). _____ months

If the child received a cochlear implant, how many months old was the child at the time of implantation? _____ months

What has been the intensity and type of services received by the child in the last 6 months? Type of services and hours/wk:

Type: ___ speech ___ OT ___ PT ___ dev. teacher ___ SKI*HI/INSITE ___ DHH ___ Aud Verbal ___ other

Hours/wk _____

How involved are caregivers in early intervention and actively providing communication access accommodations to child?

1= Need to develop 2= Fair/Improving 3= Pretty Good 4= Good 5= Excellent

- a) Regular early intervention session attendance ___ b) Requesting/pursuing information ___ c) Quality of daily language models ___
d) Quality of turn taking with child ___ e) Motivation to actively assist child development ___
f) Level of support outside the family ___ g) Parent ability to advocate with others for their child's needs ___

What are the current services provided to the child (check all that apply)?

- ___ home based program for children with hearing loss
- ___ home based program for children with special needs
- ___ center-based services (clinic/school) for children with hearing loss
- ___ center-based services (clinic/school) for children with special needs
- ___ center-based preschool/toddler program, children with hearing loss
- ___ center-based preschool/toddler program, children with special needs

Frequency of scheduled visits:

- ___ 1x/wk ___ 2x/wk ___ 2 wks/mo ___ 1x/mo ___ other
- ___ 1x/wk ___ 2x/wk ___ 2 wks/mo ___ 1x/mo ___ other
- ___ 1x/wk ___ 2x/wk ___ 2 wks/mo ___ 1x/mo ___ other
- ___ 1x/wk ___ 2x/wk ___ 2 wks/mo ___ 1x/mo ___ other
- ___ 1x/wk ___ 2x/wk ___ 2 wks/mo ___ 1x/mo ___ other

Does the child receive related services? ___ Yes ___ No If yes, check all related services regularly received:

- ___ audiology ___ physical therapy ___ occupational therapy ___ speech therapy ___ auditory verbal therapy
- ___ mental health ___ vision ___ home health ___ Other (specify) _____

PART ONE

VOCABULARY CHECKLIST

For words your child understands the sign for but does not yet say, mark the first column (understands sign). For words your child understands the word for but does not yet say, mark the second column (understands word). For words that your child not only understands but also signs, mark the third column (understands and signs). Finally, for words that your child not only understands but also says, mark the fourth column (understands and says). If your child uses a different pronunciation of a word, mark it anyway.

	Understands signs	Understands words	Understands and signs	Understands and says		Understands signs	Understands words	Understands and signs	Understands and says		Understands signs	Understands words	Understands and signs	Understands and says
choo					chair					wait				
choo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	wait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
meow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	couch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ouch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	kitchen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	feed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
uh oh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	table	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	finish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bird	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	blanket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	jump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
duck	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	bottle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	kick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
kitty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	cup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	kiss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	dish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	push	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	lamp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	smile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stroller	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	spoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	flower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	today	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	all gone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
doll	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	moon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	big	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	broken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
candy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	plant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	dark	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	rain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	fast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cookie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	rock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	pretty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
toast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	babysitter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	soft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	girl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	grandma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
shoe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	mommy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	how	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	bath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	who	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	don't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	away	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
head	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	night night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	patty cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	some	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tooth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	please	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

Column Total					Column Total						Column Total				
Total Number of Words Said/Signed					Total Number of Words Understood					Total Number of Words Said/Signed that were not marked as Words Understood					
Total Vocabulary Production					Total Vocabulary Comprehension										

Step 1: Total all columns and enter totals in blanks above for "Column Totals."

Step 2: Obtain the Total Vocabulary Production Score by counting the total number of words the child "understands and says" or "understands and signs." **Each word can only be counted once** for vocabulary production, whether the child signs the word, says the word, or can do both.

Step 3: Counting the total number of words the child "understands signs" or "understands words." **Each word can only be counted once** for vocabulary comprehension, whether the child understands the sign for the word, or understands the spoken word, or can do both. Next, because a child that can produce a word is assumed to understand a word, count the total number of any words that are indicated in the says/signs column if these words are **not** already counted in the "understands signs / words" columns. Add these numbers together to calculate the child's Total Vocabulary Comprehension Score.

PART II ACTIONS AND GESTURES

A. FIRST COMMUNICATIVE GESTURES			
When infants are first learning to communicate, they often use gestures to make their wishes known. For each item below, mark the line that describes your child's actions right now.	Not yet	Sometimes	Often
1. Extends arm to show you something he /she is holding.	O	O	O
2. Reaches out and gives you a toy or some object that he/she is holding.	O	O	O
3. Points (with arm and index finger extended) at some interesting object or event.	O	O	O
4. Waves bye-bye on his/her own when someone leaves.	O	O	O
5. Extends his/her arm upward to signal a wish to be picked up.	O	O	O
6. Shakes head "no".	O	O	O
7. Nods head "yes".	O	O	O
8. Gestures "hush" by placing finger to lips.	O	O	O
9. Requests something by extending arm and opening and closing hand.	O	O	O
10. Blows kisses from a distance.	O	O	O
11. Smacks lips in a "yum yum" gesture to indicate that something taste good.	O	O	O
12. Shrugs to indicate "all gone" or "where'd it go".	O	O	O

B. GAMES AND ROUTINES		
Does your child do any of the following?	Yes	No
1. Play peekaboo.	O	O
2. Play patty cake.	O	O
3. Play "so big".	O	O
4. Play chasing games.	O	O
5. Sing.	O	O
6. Dance.	O	O

C. ACTIONS WITH OBJECTS		
Does your child do or <u>try to do</u> any of the following?	Yes	No
1. Eat with a spoon or fork.	O	O
2. Drink from a cup containing liquid.	O	O
3. Comb or brush own hair.	O	O
4. Brush teeth.	O	O
5. Wipe face or hands with a towel or cloth.	O	O
6. Put on hat.	O	O
7. Put on a shoe or sock.	O	O
8. Put on a necklace, bracelet, or watch.	O	O
9. Lay head on hands and squeeze eyes shut as if sleeping.	O	O
10. Blow to indicate something is hot.	O	O
11. Hold plane and make it "fly".	O	O
12. Put telephone to ear.	O	O
13. Sniff flowers.	O	O
14. Push toy car or truck.	O	O
15. Throw a ball.	O	O
16. Pour pretend liquid from one container to another.	O	O
17. Stir pretend liquid in a cup or pan with a spoon.	O	O

D. PRETENDING TO BE A PARENT

Here are some things that young children sometimes do with stuffed animals or dolls. Please mark the actions that you have seen your child do.

	Yes	No
1. Put to bed.	O	O
2. Cover with blanket.	O	O
3. Feed with bottle.	O	O
4. Feed with spoon.	O	O
5. Brush/comb its hair.	O	O
6. Pat or burp it.	O	O
7. Push in stroller/buggy.	O	O
8. Rock it.	O	O
9. Kiss or hug it.	O	O
10. Try to put shoe or sock or hat on it.	O	O
11. Wipe its face or hands.	O	O
12. Talk to it.	O	O
13. Try to put diaper on it.	O	O

E. IMITATING OTHER ADULT ACTIONS (Using real or toy implements)

Does your child do or <u>try to do</u> any of the following?	Yes	No
1. Sweep with broom or mop.	O	O
2. Put key in door or lock.	O	O
3. Pound with hammer or mallet.	O	O
4. Attempt to use saw.	O	O
5. "Type" at a typewriter or computer keyboard.	O	O
6. "Read" (opens book, turns pages).	O	O
7. Vacuum.	O	O
8. Water plants.	O	O
9. Play musical instrument (e.g., piano, trumpet).	O	O
10. "Drive" car by turning steering wheel.	O	O
11. Wash dishes.	O	O
12. Clean with cloth or duster.	O	O
13. Write with a pen, pencil, or marker.	O	O
14. Dig with a shovel.	O	O
15. Put on glasses.	O	O

(to be completed by Service Coordinator)

PERCENTILE compared to normal hearing age peers (corrected age if premature):	Estimated growth in vocabulary production since last communication monitoring period
Vocabulary Comprehension _____ %	Do only for vocabulary production
Vocabulary Production _____ %	Step 1. Look at the appropriate norms table and find the 50 th percentile line.
Early Gestures (A-B) _____ % (Number of First Communicative Gestures + Games and Routines)	Step 2. Identify the column of words with the number closest to the total achieved by the child during the last communication monitoring session
Later Gestures (C-E) _____ % (Number of Actions with Objects + Pretending to Parent + Imitating Other Actions)	Step 3. Look at the age at the top of the column : ____ months
	Step 4. Using the norms tables, find the 50 th percentile score closest to the child's current score; note the age: ____ months
	Step 5. Subtract the two age in months numbers for the child's estimated growth in vocabulary production during the test interval: _____ months

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