

MacArthur Customized Vocabulary Checklist: Level II (Toddler Form B)*

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Parent, please complete if your child is age 25-30 months

Child's Name:	Child's Birthdate:	Child's Age in Months:
Mother's Name:	If child was premature, what is current corrected age in months:	
Mother's Birthdate:	Date of Form Completion:	

Information to be completed for Communication Monitoring (To be completed by the parent)

What communication features do you and other caregivers use consistently throughout the day to communicate with the child? (check as many as apply) If the child attends childcare from a child care center or a friend or relative's home please place a P for parent and a C for caregiver by each of the communication features used.

gestures English sign system American sign language cued speech
 speaking emphasis on developing listening skills hearing aid wear as much as possible
 other (describe) _____

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 _____

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 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 don't know the kind of hearing aids
 programmable/digital hearing aids cochlear implant other _____

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

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 _____

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Information to be completed for Communication Monitoring (To be completed by the parent)

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.

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.					

To be completed by the service coordinator or teacher of deaf/hard of hearing.

Child's unique MARRS number: _____. Help Me Grow location: _____

Age in months at time of confirmation of hearing loss by an audiologist (not hearing screening failure performed at hospital). _____months

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

Do the parents have personal experience with hearing loss themselves or immediate family members? (i.e., deaf parents, siblings, first cousins, other children who have been diagnosed with hearing loss) Yes No

If yes, what is their relationship with the person(s) with hearing loss?

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

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 ____

VOCABULARY CHECKLIST

Children understand many more words than they use. We are particularly interested in the words your child SIGNS or SAYS. Please mark the words you have heard/seen your child use. If your child uses a different pronunciation of a word, mark it anyway.

	Signs/ cues	says	Signs/ cues	says	Signs/ cues	says	Signs/ cues	says
baa baa	<input type="radio"/>	<input type="radio"/>	beads	<input type="radio"/>	<input type="radio"/>	store	<input type="radio"/>	<input type="radio"/>
moo	<input type="radio"/>	<input type="radio"/>	hat	<input type="radio"/>	<input type="radio"/>	zoo	<input type="radio"/>	<input type="radio"/>
ouch	<input type="radio"/>	<input type="radio"/>	jeans	<input type="radio"/>	<input type="radio"/>	baby	<input type="radio"/>	<input type="radio"/>
yum yum	<input type="radio"/>	<input type="radio"/>	shoe	<input type="radio"/>	<input type="radio"/>	mommy	<input type="radio"/>	<input type="radio"/>
quack quack	<input type="radio"/>	<input type="radio"/>	feet	<input type="radio"/>	<input type="radio"/>	child	<input type="radio"/>	<input type="radio"/>
bird	<input type="radio"/>	<input type="radio"/>	nose	<input type="radio"/>	<input type="radio"/>	mailman	<input type="radio"/>	<input type="radio"/>
duck	<input type="radio"/>	<input type="radio"/>	tongue	<input type="radio"/>	<input type="radio"/>	bath	<input type="radio"/>	<input type="radio"/>
fish	<input type="radio"/>	<input type="radio"/>	bottle	<input type="radio"/>	<input type="radio"/>	bye	<input type="radio"/>	<input type="radio"/>
kitty	<input type="radio"/>	<input type="radio"/>	bowl	<input type="radio"/>	<input type="radio"/>	lunch	<input type="radio"/>	<input type="radio"/>
moose	<input type="radio"/>	<input type="radio"/>	clock	<input type="radio"/>	<input type="radio"/>	night night	<input type="radio"/>	<input type="radio"/>
penguin	<input type="radio"/>	<input type="radio"/>	glass	<input type="radio"/>	<input type="radio"/>	no	<input type="radio"/>	<input type="radio"/>
boat	<input type="radio"/>	<input type="radio"/>	jar	<input type="radio"/>	<input type="radio"/>	bite	<input type="radio"/>	<input type="radio"/>
truck	<input type="radio"/>	<input type="radio"/>	keys	<input type="radio"/>	<input type="radio"/>	build	<input type="radio"/>	<input type="radio"/>
balloon	<input type="radio"/>	<input type="radio"/>	light	<input type="radio"/>	<input type="radio"/>	catch	<input type="radio"/>	<input type="radio"/>
present	<input type="radio"/>	<input type="radio"/>	telephone	<input type="radio"/>	<input type="radio"/>	drink	<input type="radio"/>	<input type="radio"/>
puzzle	<input type="radio"/>	<input type="radio"/>	bath tub	<input type="radio"/>	<input type="radio"/>	drop	<input type="radio"/>	<input type="radio"/>
cheese	<input type="radio"/>	<input type="radio"/>	chair	<input type="radio"/>	<input type="radio"/>	find	<input type="radio"/>	<input type="radio"/>
chicken	<input type="radio"/>	<input type="radio"/>	crib	<input type="radio"/>	<input type="radio"/>	go	<input type="radio"/>	<input type="radio"/>
cookie	<input type="radio"/>	<input type="radio"/>	porch	<input type="radio"/>	<input type="radio"/>	hide	<input type="radio"/>	<input type="radio"/>
juice	<input type="radio"/>	<input type="radio"/>	sofa	<input type="radio"/>	<input type="radio"/>	jump	<input type="radio"/>	<input type="radio"/>
pretzel	<input type="radio"/>	<input type="radio"/>	cloud	<input type="radio"/>	<input type="radio"/>	kick	<input type="radio"/>	<input type="radio"/>
salt	<input type="radio"/>	<input type="radio"/>	hose	<input type="radio"/>	<input type="radio"/>	look	<input type="radio"/>	<input type="radio"/>
sauce	<input type="radio"/>	<input type="radio"/>	sidewalk	<input type="radio"/>	<input type="radio"/>	pick	<input type="radio"/>	<input type="radio"/>
vanilla	<input type="radio"/>	<input type="radio"/>	sun	<input type="radio"/>	<input type="radio"/>	run	<input type="radio"/>	<input type="radio"/>
cup	<input type="radio"/>	<input type="radio"/>	house	<input type="radio"/>	<input type="radio"/>	sit	<input type="radio"/>	<input type="radio"/>
Total Number of Words Said					Total Number of Words Signed or Cued			
Total Number of Words Said/Signed or Cued								

Has your child begun to combine words yet, such as “nother cookie” or “doggie bite?”

Not Yet

Sometimes

Often

(To be completed by SHINE Service Coordinator)

PERCENTILE compared to normal hearing age peers (corrected age if premature):	Estimated growth in vocabulary production since last communication monitoring period
Vocabulary Production _____ %	<p>Do only for vocabulary production</p> <p>Step 1. Look at the appropriate norms table and find the 50th percentile line.</p> <p>Step 2. Identify the column of words with the number closest to the total achieved by the child during the last communication monitoring session</p> <p>Step 3. Look at the age at the top of the column : _____ months</p> <p>Step 4. Using the norms tables, find the 50th percentile score closest to the child’s current score; note the age: _____ months</p> <p>Step 5. Subtract the two age in months numbers for the child’s estimated growth during the test interval: _____ months</p>

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