

MacArthur Customized Vocabulary Checklist: Level III*

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Parent, please complete if your child is age 31-36 months old		
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)						
<p>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.</p> <p><input type="checkbox"/> gestures <input type="checkbox"/> English sign system <input type="checkbox"/> American sign language <input type="checkbox"/> Cued speech <input type="checkbox"/> speaking <input type="checkbox"/> emphasis on developing listening skills <input type="checkbox"/> hearing aid wear as much as possible <input type="checkbox"/> other (describe) _____</p>						
<p>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 _____</p>						
<p>Check the most appropriate degree(s) of hearing loss:</p> <p>Right Ear</p> <p>Left Ear</p>	Mild (25-40dB)	Moderate (41-55dB)	Moderate-Severe (56-70dB)	Severe (71-90dB)	Profound (91+dB)	<p>Was any change in hearing found during follow-up hearing tests in the last 6 months?</p> <p>Yes No Don't Know</p> <p>[It is standard for infants and toddlers to receive hearing tests every 3 months]</p>
<p>Is amplification worn daily? Yes No</p> <p>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</p>			<p>If amplification is not worn daily, is it worn occasionally?</p> <p>Yes No</p> <p>If yes, about how many hours per week are the working hearing aids or cochlear implant worn by the child? _____ hrs/week</p>			
<p>Please indicate what kind(s) of amplification your child wears (check as many as appropriate).</p> <p><input type="checkbox"/> linear/analog hearing aids <input type="checkbox"/> FM system <input type="checkbox"/> don't know the kind of hearing aids <input type="checkbox"/> programmable/digital hearing aids <input type="checkbox"/> cochlear implant <input type="checkbox"/> other _____</p>						
<p>Where is the child in relationship to you or other caregivers during <u>most</u> of the time you are talking to him/her?</p> <p><input type="checkbox"/> within 3 feet <input type="checkbox"/> 6 - 10 feet <input type="checkbox"/> 3 - 6 feet <input type="checkbox"/> 15+ feet (next room)</p>						
<p>Besides being at home with a parent, where does the child spend time during the day? _____ no other care providers</p> <p><input type="checkbox"/> regular child care _____ hours per week; <input type="checkbox"/> regular play groups or mommy and me groups _____ times per week; <input type="checkbox"/> relative baby sits _____ hours per week; <input type="checkbox"/> other _____</p>						

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 identification 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 _____

MACARTHUR CUSTOMIZED VOCABULARY CHECKLIST: LEVEL III

Children understand many more words than they say. We are particularly interested in the words your child **SAYS**. Please mark the words you have heard your child use. If your child uses a different pronunciation of a word, mark it anyway. This is only a sample of words; your child may know many other words not on this list.

	Understands signs/ cues	Understands words	Understands & signs/ cues	Understands & says		Understands signs/ cues	Understands words	Understands & signs/ cues	Understands & says		Understands signs/ cues	Understands words	Understands & signs/ cues	Understands & says
dinosaur	O	O	O	O	glass	O	O	O	O	catch	O	O	O	O
donkey	O	O	O	O	jar	O	O	O	O	drop	O	O	O	O
reindeer	O	O	O	O	ladder	O	O	O	O	fasten	O	O	O	O
castle	O	O	O	O	material	O	O	O	O	forget	O	O	O	O
drum	O	O	O	O	stamp	O	O	O	O	hate	O	O	O	O
football	O	O	O	O	tire	O	O	O	O	hurry	O	O	O	O
microscope	O	O	O	O	furniture	O	O	O	O	leave	O	O	O	O
tricycle	O	O	O	O	kitchen	O	O	O	O	measure	O	O	O	O
kite	O	O	O	O	sofa/couch	O	O	O	O	peel	O	O	O	O
wagon	O	O	O	O	cloud	O	O	O	O	promise	O	O	O	O
lemon	O	O	O	O	fence	O	O	O	O	skate	O	O	O	O
peanut	O	O	O	O	hose	O	O	O	O	sneeze	O	O	O	O
cracker	O	O	O	O	sidewalk	O	O	O	O	somersault	O	O	O	O
salt	O	O	O	O	zoo	O	O	O	O	think	O	O	O	O
sauce	O	O	O	O	child	O	O	O	O	black	O	O	O	O
vanilla	O	O	O	O	cowboy	O	O	O	O	bored	O	O	O	O
vegetable	O	O	O	O	family	O	O	O	O	deep	O	O	O	O
beads	O	O	O	O	farmer	O	O	O	O	different	O	O	O	O
jeans	O	O	O	O	nobody	O	O	O	O	empty	O	O	O	O
elbow	O	O	O	O	nurse	O	O	O	O	expensive	O	O	O	O
fingernail	O	O	O	O	accident	O	O	O	O	fine	O	O	O	O
thumb	O	O	O	O	circle	O	O	O	O	half	O	O	O	O
bandaid	O	O	O	O	front	O	O	O	O	long	O	O	O	O
blade	O	O	O	O	idea	O	O	O	O	lost	O	O	O	O
computer	O	O	O	O	camping	O	O	O	O	angry	O	O	O	O
peculiar	O	O	O	O	yesterday	O	O	O	O	why	O	O	O	O
before	O	O	O	O	their	O	O	O	O	about	O	O	O	O
then	O	O	O	O	they	O	O	O	O	above	O	O	O	O
today	O	O	O	O	those	O	O	O	O	away	O	O	O	O
week	O	O	O	O	yourself	O	O	O	O	between	O	O	O	O
on top of	O	O	O	O	none	O	O	O	O	were	O	O	O	O
each	O	O	O	O	might	O	O	O	O	although	O	O	O	O
every	O	O	O	O	need to	O	O	O	O	because	O	O	O	O
however	O	O	O	O										
Column Total					Column Total					Column Total				
Total Number of Words Said/Signed					Total Number of Words Understood					Total Number of Words Said/Signed/Cued 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.

Has your child begun to combine words yet, such as "'nother cookie" or "doggie bite?"	O Not Yet	O Sometimes	O Often
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<<If you answered "Not Yet," please stop here. If "Sometimes" or "Often," please go to the next section.>>

Sentences

For each pair of sentences below, mark the one that sounds MOST like the way your child talks at the moment. If your child is saying sentences even more complicated than the two provided, mark the second one. If your child uses an English-based sign system complete the same way as you would if the child were saying the words. If your child uses American Sign Language, discontinue and request that the ASL version of this scale be provided to you.

1. (Talking about something that already happened) Daddy pick me up <input type="checkbox"/> Daddy picked me up <input type="checkbox"/>	2. That my truck <input type="checkbox"/> That's my truck <input type="checkbox"/>	3. Coffee hot <input type="checkbox"/> That coffee hot <input type="checkbox"/>
4. I like read stories <input type="checkbox"/> I like to read stories <input type="checkbox"/>	5. Don't read book <input type="checkbox"/> Don't want you read that book <input type="checkbox"/>	6. Why he run away? <input type="checkbox"/> Why did he run away? <input type="checkbox"/>
7. He did it <input type="checkbox"/> I know who did it <input type="checkbox"/>	8. We got to go now <input type="checkbox"/> I think we got to go now <input type="checkbox"/>	9. I want truck <input type="checkbox"/> I want truck like Tommie has <input type="checkbox"/>
10. This dolly big <input type="checkbox"/> This dolly big and this dolly little <input type="checkbox"/>	11. This pig have a broken leg <input type="checkbox"/> This pig have a broken leg but kitty don't <input type="checkbox"/>	12. It got broken <input type="checkbox"/> It got broken by the car <input type="checkbox"/>

How many of the sentences you chose were the second, more complex form of the sentence? _____

Using Language

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Does your child understand the concept of "one"? If you ask for just one (cookie, strawberry, etc.) will your child give you only one and then stop? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child ask questions with more than one word that begin "what" or "where"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child ask questions with more than one word that begin "why" or "how"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child give reasons for things, using the word "because"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If you asked your child "What is a horse?", could he answer "an animal"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can your child name simple shapes with the words "circle," "square" and "triangle"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does your child talk about things that "could" or "might" happen, such as "he could hurt himself if he's not careful"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your child ever ask what a particular word means? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Could your child tell you which of two objects is larger if they were not present, for example, "which is bigger, a horse or a dog"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your child know his/her right hand from his/her left hand? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your child use -est words such as "biggest" and "strongest"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Can your child answer questions such as "what do you do when you are hungry?" and "what do you do when you are tired?" with appropriate answers such as "get food," "eat," "go to sleep," and/or "take a nap"? | <input type="checkbox"/> | <input type="checkbox"/> |

Count the number of yes responses in the Using Language section above. **Number of YES responses** _____

Examples: Please list three of the longest sentences you have heard your child say recently.

1. _____
2. _____
3. _____

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Scoring

Please list all totals below:

VOCABULARY PRODUCTION _____ (number of total words checked)

GRAMMATICAL COMPLEXITY _____ (number of second, more complex sentences checked)

LANGUAGE USE _____ (number of 'yes' responses checked)

to be completed by the Service Coordinator or Teacher of Deaf/Hard of Hearing	
PERCENTILE compared to hearing age peers (corrected age if premature): Vocabulary Production _____ %	Estimated growth in vocabulary production since last communication monitoring period
Grammatical Complexity _____ %	Step 1. Look at the Vocabulary Production norms table and find the 50 th percentile line. Step 2. Identify the column of words with the number closest to the total production achieved by the child during the last communication monitoring session Step 3. Look at the age at the top of the column : _____ months
Language Use _____ %	Step 4. Using the norms tables, find the 50 th percentile score closest to the child's current production 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