J. Miller



The Clinical Assessment of Language Comprehension



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by

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Pages 151–155, Procedures 4.4–4.6: Paul, R. (1995). Language disorders from birth through adolescence: Assessment and intervention. St. Louis: C.V. Mosby; adapted by permission.

Case studies described in this book come from composite multiple experiences of the authors. Names are pseudonyms. Any similarity to actual individuals or circumstances is coincidental and no implications should be inferred.

Readers have permission to photocopy the score sheets in this book for clinical purposes.

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	Production milestones: Vocabulary is large (greater than 5,000 words). Basic	
	syntax in simple sentences has been acquired; few grammatical errors are	
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#### About the Authors

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### Preface

This volume was written to provide clinicians and researchers with assessment tools for evaluating children who cannot meet the cognitive, perceptual, or motor requirements of standardized tests or to evaluate aspects of language not assessed by other published measures. The procedures presented here evolved from our clinical practice and the need to assess the language comprehension skills of children with a variety of developmental disabilities. We have always believed that assessing language comprehension in these populations is very important because comprehension status cannot be assumed from language production ability. In a variety of populations, with documented or suspected dysarthria or apraxia of speech, for example, it is essential to evaluate language comprehension to determine the extent to which productive language is limited by impairments of speech motor control, rather than limitations in language competence. As another example, research has shown that children with Down syndrome consistently show better language comprehension skills, relative to productive level. Although we do not understand the cause(s) of this gap, it is clear that these children's enhanced comprehension status must be documented in order to help parents understand their child's abilities and potential, to help teachers develop appropriate curricula, and to aid clinicians in focusing intervention strategies. As a final example, comprehension status is critical for evaluating children who are candidates for augmentative and alternative communication systems. If comprehension status can be documented, then appropriate language content can be developed for a communication device.

The diversity of the measures included in this volume reflects the complexity of language and the breadth of adaptations required to solve the clinical problems of assessing comprehension skills throughout the developmental period. The measures presented in this volume are not a comprehensive list of all possible informal methods of comprehension assessment. Instead they are intended to enhance our assessment repertoire, and their creative use will improve our ability to measure this private event, the understanding of lan-

guage.



#### For the Reader

This book was written as a clinical manual for practicing speech-language pathologists. As such, it assumes a great deal of knowledge about children's language development and disorders. Readers who believe they need additional background information about the topics presented here may want to familiarize themselves with one of the many excellent textbooks on language development that are now available.

For readers using this book for the first time, it will help to read Chapter 1, and the introductory text to each of the second, third, and fourth chapters before trying any of the procedures. This material provides information about specific issues concerning language comprehension and its assessment. Reading Chapter 5 next will help put the whole enterprise in perspective. It demonstrates, with concrete examples, how the procedures given in the book can be used in the context of a comprehensive communication evaluation for children at a variety of developmental levels.

The procedures given in the book represent a sampling of the kinds of informal assessments that can be used to enhance our understanding of the comprehension skills of very young or hard-to-test children. We do not intend that every procedure be used with every child a clinician sees. Rather, the procedures given here are meant to supplement more standardized forms of assessment, and to augment the picture of a child's comprehension skills. As the examples in Chapter 5 show, often only one or two procedures will be selected for each assessment case. These procedures will be used in conjunction with a range of tests, language sample analyses, and behavioral observations, in order to obtain a broad portrait of a child's communicative competence. Clinicians should, of course, select procedures that are appropriate for the developmental level of the child, using the production milestones guide given in each chapter. Selection of procedures will also be dictated by questions left unanswered by other aspects of the assessment. For example, if a clinician finds that a child fails to answer where questions on a standardized comprehension test, using a nonstandardized procedure to explore question comprehension can help determine whether the child does better in a friendlier, richer environment and, if so, whether the child can use cues in the discourse to help improve performance. If he or she can, the findings of the standardized test results can be balanced against our understanding of the situations in which the child can succeed.

Clinicians should also bear in mind that the procedures given here are merely examples. Our hope is to get clinicians thinking about comprehension, so they can develop their own informal methods of investigating this important aspect of communication. None of these procedures is meant as the "last word"; rather each is intended as a beginning, a way to initiate a larger set of methods to be used and shared clinically. Clinicians are encouraged to take off from these procedures and create new ones that address other areas, other developmental levels, or other kinds of disabling conditions.

Sample score sheets are provided at the end of Chapters 2, 3, and 4. They are marked with black tabs for easy reference, and readers are granted permission to photocopy them as needed. They are, however, just examples. Clinicians can create any form that they find efficient to use. We encourage clinicians to experiment with modifying the score sheets given here in order to find the most effective way of recording clinical data. Similarly, many of the score sheets include linguistic stimuli (words or sentences) that can be used as assessment items. These, too, are only examples. Clinicians may use them, if they are appropriate for a particular child; however, they do not have to be used. Any linguistic stimuli that address the issue being assessed are acceptable. The important

points to ensure are that the child knows the individual words in the procedure before testing any comprehension of multiword sentences, and that the stimuli are appropriate for the interests and abilities of the child. If the examples on the score sheet don't meet these criteria, clinicians should not use them. Instead, they should create others that address the needs of the child. The strength of informal assessment is its flexibility. We strongly encourage readers to take advantage of that flexibility, using this manual as a guide, rather than as gospel.



## Acknowledgments

We thank master clinicians Peggy Rosin and Gary Gill for their clinical insight, expertise, and enthusiasm, which sparked the creation of many of the procedures presented in this volume. Certainly their work with student clinicians evaluating children with a variety of developmental disabilities played an important role in the evolution of these measures to their present form. We also thank our colleague Robin Chapman for her many contributions to our understanding of children's development in general and of comprehension skills and strategies in particular, and her wise counsel on so many things.

Generations of students have passed through the Language Assessment Seminar and the Waisman Center Developmental Disabilities Clinic, creating and testing new comprehension procedures to meet their clients' needs. Their contributions to this work are gratefully acknowledged.

We also recognize Leslie Miller, John Chapman, Gary Gill, and Peggy Rosin, who served as models for the drawings used in Procedure 3.7.

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To our children:

Karen, Leslie, and Meghan

Willy, Marty, and Aviva