

# Communication Rating Scales

## Introduction to Rating Scales

The Communication Rating Scales are to be used as organizational tools after the assessment data of the student's communication abilities have been completed and interpreted. The tool is designed to enable speech-language pathologist (SLPs) to document assessment findings according to the intensity of those findings and to make a determination of eligibility for a speech or language impairment (SLI) based on assessment results, in collaboration with the IEP team. The scales are not diagnostic instruments but ways to organize evaluation findings. If your AU uses the rating scales, they must be scored based on a body of evidence to include formal and/or informal assessment data, educational observations, parent and family input.

The speech-language Pathologist will determine whether to use the COMPREHENSIVE ASSESSMENT OR OBSERVATIONAL ASSESSMENT ONLY within the RATING SCALE. Comprehensive assessment is recommended for the area(s) of concern, unless a standardized assessment is not available due to cognitive, linguistic or cultural reasons. The comprehensive assessment considers functional communication skills in relation to the student's educational environment and provides evidence to support abilities not based solely on a single assessment score. Comprehensive assessment compares how a student performs on a normative assessment to how they functionally use these skills in their educational environment to develop social relationships, achieve academic growth and communicate life experiences.

The following definitions are included to accompany the communication rating scales:

"A language impairment is impaired comprehension and/or use of spoken, written, and/or other symbol systems. The disorder may involve: (1) the form of language (phonology, morphology, syntax); (2) the content of language (semantics); and/or (3) the function of language in communication (pragmatics) in any combination" (ASHA, 1993). A language impairment does not exist when: (1) language performance is appropriate to normal development; (2) language differences are primarily due to environmental, cultural or economic factors including non-standard English and regional dialect; and, (3) language performance does not interfere with educational performance. The three Language Scales are: Receptive Language Scale, Expressive Language Scale, and Pragmatic Language Scale. The receptive and expressive language scales are combined into the language rating scale, however; they are still scored separately. Pragmatic skills involve both using and understanding social communication, therefore; this area is comprehensively assessed and one rating scale is used to reflect the assessment data.

Discourse, categorized as conversation, narration, persuasion, and exposition, is defined as higher order language skills used to understand and explain complex concepts beyond the sentence level (Nippold, 2014). This language skill has been added to the receptive and expressive language rating scales as another area to consider during an observation on the student's functional communication skills in the educational setting. Discourse is a continuum of conversational language to higher order literacy skills reflected in academic content. It takes foundational linguistic skills and applies them to the academic skills of listening, speaking, reading, writing, and thinking. In the educational setting students participate through **conversational discourse** where they are able to share their ideas and feelings with others; **narrative discourse** where they are able to recount an event or experience, formulate a story, retell a story without listener prompting; and **expository discourse** where they need to understand the instructional language of the teacher, text, and classroom discussion.

Auditory Processing and Auditory Perception are included in the Receptive Language Scale, since they are part of the eligibility criteria in the Early Childhood Education Act (ECEA 2.08(9)(a)) for Speech or Language Impairment. The role of the speech language pathologist is to determine how the student is processing and perceiving auditory information as related to language development. There is a hierarchical development of auditory processing skills which have individual functions but work together in an integrated system. Areas for consideration are: sensation (acuity), perception (discrimination, sequencing, analysis and synthesis) auditory association and auditory attention. Sensation can be determined through medical/education records, hearing screening or other appropriate sources. Perception, auditory association and auditory memory can be assessed through a variety of formal and informal assessments, parent/teacher report, observation or other appropriate sources.

Some skills commonly associated with auditory processing abilities which could be evaluated by the speech-language pathologist are listed in the table adapted from the chart by Robert Keith (Keith, 2004) along with a brief definition and some examples. Several assessments have subtests which could more formally assess these skills. The subtest would only be used to support how this component is scored and not as an overall score for the normative assessment component.

**Table 1: Auditory processing and auditory perception skills**

<b>Auditory Processing Skills</b>	<b>Definition</b>	<b>Examples</b>
Sensation (acuity)	The ability to hear sounds	Audiogram. Educational/medical report
Auditory discrimination	The ability to discriminate between phonemic elements of speech that are acoustically similar (sun/fun).	Minimal pairs, same or different word lists
Auditory sequencing	The ability to recall the order of a series of details.	Recalling numbers, words, syllables, details of a story in sequence,
Auditory attention	To direct attention to relevant acoustic signals, specifically speech or linguist stimuli, and sustain that attention for an appropriate amount of time.	Following directions in class, filtering background noise to attend to teacher
Auditory synthesis	The ability to merge or blend isolated phonemes into words. Auditory synthesis is critical to the reading process.(/t/a/p/ = tap)	Blending words from sounds, making compound words
Auditory analysis	The ability to identify phonemes or morphemes embedded in words as seen in verb tense (e.g., worked vs. works) and other morphological markers.	Making 2 words from compound words, taking words apart by their sounds
Auditory association	The ability to attach meaning from an acoustic signal and associate it to its source or label, such as non-linguistic sounds or words.	Words that go together, matching sounds to pictures, word classes
Auditory memory	The ability to store and recall auditory stimuli in the appropriate order or sequence (e.g., following directions, retelling a sequential story in order).	Following novel directions, recalling details from a story read aloud

(Adapted from the chart on page 125 by Robert Keith)

If there are concerns with the auditory system which warrant further assessment to determine Auditory Processing Disorder (APD or (C)APD), the speech-language pathologist should consult with an audiologist. Speech language pathologists do not diagnose (C)APD. A diagnosis of Auditory Processing Disorder does not automatically make a student eligible for special education services. For further information please consult the technical assistance document on [\*The Consideration of Clinical Diagnoses in the Educational Identification of Disabilities in Accordance with IDEA 2004.\*](#)

An articulation impairment is the “atypical production of speech sounds...that may interfere with intelligibility” (ASHA, 1993). Errors in sound production are generally classified as motor-based or cognitive/linguistic-based (Bernthal and Bankson, 1988). Motor-based errors are generally called articulation impairments; cognitive/linguistic-based errors are referred to as impairments of phonological processes. While some practitioners classify phonological process errors as language impairments, for purposes of these guidelines they are included, along with articulation impairments under the category of phonology. An articulation impairment does not exist when: (1) sound errors are consistent with normal articulation development; (2) articulation differences are due primarily to unfamiliarity with the English language, dialectal differences, temporary physical disabilities or environmental, cultural or economic factors; or, (3) the errors do not interfere with educational performance resulting in a denial of FAPE.

A fluency impairment includes stuttering, cluttering and other speech related disorders. “A fluency disorder is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms (ASHA, 1993).” A fluency impairment does not exist when (1) disfluent behaviors are part of normal speech development and/or (2) disfluent behaviors do not interfere with educational performance resulting in a denial of FAPE. In the standardized assessment component of the rating scale for fluency standard deviation can be either above or below the mean depending on the assessment being used. When using a standardized assessment that doesn’t fit the typical mean score with normal distribution (mean = 100, SD = 15), use guidance from the assessment manual to determine the appropriate rating. For example, in the OASES, a rating of Moderate-to-Severe is .5-1.49 SD above the mean, which would relate to a score of 3 or 4 on the rating scale. Other instruments may report scores descriptively, in which case a score of Mild = 2 on the rating scale, Moderate = 3, Severe = 4.

A voice impairment is the abnormal production and/or absence of vocal quality, pitch, loudness, resonance, and/or duration which is inappropriate for an individual’s age and/or gender (ASHA, 1993). A voice impairment does not exist when vocal characteristics: (1) are the result of temporary physical factors, such as allergies, colds, enlarged tonsils and/or adenoids, or short term vocal misuse or abuse; (2) are the result of regional, dialectic or cultural differences; and/or, (3) do not interfere with educational performance resulting in a denial of FAPE. The American Speech-Language-Hearing Association (ASHA) recommends that individuals receive a medical examination and medical clearance for contraindicating physical problems prior to participating in voice therapy. Consideration should be given to the policies and procedures within an AU, if medical clearance is required in order to determine eligibility for special education. SLPs should consult with their local administration for policies and procedures regarding the evaluation and treatment of voice disorders.

### **Understanding Academic Language and Adverse Effect**

The Academic Language component in the Language rating scale and the Adverse Effect component in all rating scales can be challenging to score, since the terms used are subjective based on the examiner’s interpretation of the formal and informal data. Another way to consider these components is if the student needs *specialty designed instruction* (ECEA 2.43(2)(c)) to support their education or can their needs reasonably

be accommodated in the classroom. Typically a student who needs *occasional* assistance or is *mildly* impacted can be supported by the classroom teacher, such as having directions repeated or checking in for understanding. If the support is such that the student needs further instruction beyond the classroom teacher's abilities, then a *moderate* or *severe* impact should be considered.

Another resource to use to support the student's skills would be the Academic Standards being taught at the student's grade level. For example, if the student struggles with understanding inferences but this is taught within the grade level standards, then it would be in the teacher's purview to teach this skill.

### **Using the Rating Scales with Diverse Populations Students who are Culturally, Linguistically Diverse**

Use the **Observational Rating Scale** and do not report normative standard scores with a student who is culturally-linguistically diverse (CLD) unless assessments used are standardized with normative samples that match the demographic background of the student. See the SLI Guidelines for assessment considerations for diverse populations for further information on assessing students who are culturally and linguistically diverse.

### **Students who have Significant Communication Needs**

For students with significant cognitive and/or complex, unique communication needs, it may not be possible to assess communication skills through traditional measures. Reasonable action should be taken to gather a body of evidence to determine the student's communication skills and needs. Using developmental charts, family or teacher interviews, observation of the student's communication skills or other appropriate tools can help to assess communication needs and services.

The following areas of communication should be addressed through the body of evidence gathered to assess the student's unique communication skills and needs.

- Communicative interactions
- Communicative Intentions
- Communicative Methods
- Understanding and Use of language to:
  - Develop social relationships
  - Communicate needs
  - Demonstrate growth in educational setting
- Impact on educational setting

Further consideration should be given to what supports the student needs to be successful in the current educational setting. Consider the following supports:

- Communication Partner strategies
- Environment strategies

Evaluation tools of the speech language pathologist's choice may be used to assist in determining services. Individual AUs may have specific assessment measures that they recommend for students with cognitive or complex communication needs. If a student can be assessed through traditional measures, then the appropriate rating scale may be used.

### **Using the SLI Guidelines with Children Evaluated and Served under Part C**

Based on S.B. 07-255, Child Find Responsibilities under IDEA, AUs are responsible for determining significant developmental delay for children under the age of three based on the definition within the [Early Intervention](#)

[Colorado State Plan under Part C of the Individuals with Disabilities Education Act](#). The determination of significant developmental delay is based on either an equivalence of 25% or greater delay in one or more areas of development (adaptive, cognitive, communication, physical, including vision and hearing, and social emotional) when compared with chronological age or the equivalence of 1.5 standard deviations or more below the mean in one or more areas of development. It is the responsibility of the local Community Centered Board personnel to determine a child's eligibility for Part C services based on the findings of the Child Find team's evaluation information. To access more information on Child Find click on the following link [Child Find website for children birth to 5 years](#).

### **Procedures for scoring the Communication Rating Scales**

The information in this section is for use with students served under IDEA Part B (3-21 Years). For children served under IDEA Part C (birth-3) eligibility is defined by a 25% or greater delay in one or more of the defined areas. These rating scales are not appropriate for Part C eligibility.

1. Use the Communication Rating Scales to rate the student's communication in each area of concern. Normative assessments should be used for identified areas of concern, unless norm-referenced measures are not available for area of concern or the population, such as English learners, students with intellectual disabilities or those using alternative forms of communication. In these situations you would start with the Observational Component. Be sure to include in your evaluation a rationale for not using normative assessments.
2. For each Communication Rating Scale completed, it is necessary to circle the appropriate scores in each component within that scale. For example, if you are completing the **Articulation /Phonology Rating Scale**, *Normative Assessment* (if used), *Observational Assessment; Consistency, Stimulability, and Self-correction; Oral Motor Structure and Function; and Adverse Effect on Educational Performance* components must be scored. If using a standardized assessment, use the overall score of the assessment or composite score or index. Do not use a subtest or individual test within an assessment in this component. The component scores are all weighted according to their importance in the determination of a potential disability. If one subtest or test within an assessment is significantly lower, compare or observe these skills in the educational environment when scoring the observational section. Do not alter the weighted scores. For example, do not score *Consistency, Stimulability and Self-Correction* as a "2.5". **No zeros (0) are to be used on these scales.**
3. The following Communication Rating Scales are designed to be used for students who are served under IDEA Part B (3-21 years):
  - a. Language Rating Scale (Receptive/Expressive Language Rating Scales)
  - b. Pragmatic Language Rating Scale
  - c. Articulation/Phonology Rating Scale
  - d. Fluency Rating Scale
  - e. Voice Rating Scale
4. For each Communication Rating Scale, all of the component ratings should be summed to determine the total score.

5. The total score for each Communication Rating Scale corresponds to one of the following ratings. The data which supports the rating is then used to guide the discussion for speech-language services.

**Part B students**

- Rating of 1 = 1 (Within the average range)
- Rating of 2 = 2 (Mild)
- Rating of 3 = 3 (Moderate)
- Rating of 4 = 4 (Severe)

Under Part B, students with overall ratings of 3 or 4 may be eligible for speech or language services. The model of service delivery should be based on the needs of the student, ensuring the least restrictive environment, access to the general education curriculum and/or appropriate age-related activities, and reasonable educational benefit from services, as discussed at the IEP meeting. Consult individual Administrative Units (AUs) for additional guidance regarding eligibility for services for students.

**Variance in Determining the Rating**

For each Communication Rating Scale, the SLP determines the **Rating** based on the **Total Score** (Figure 1).

**TOTAL SCORE: 12**

<b>COMPREHENSIVE ARTICULATION/PHONOLOGY ASSESSMENT TOTAL SCORE:</b> <i>Normative (Standardized); Observational Assessment, Stimulability and Self-Correction; Oral Motor Structure and Function; and Adverse Effect</i>				
<b>Total Score</b>	5	6 7 8 9 10 11 12	13 14 15 16 17 18	19 20 21 22 23 24
<b>Rating</b>	<b>No Impairment</b> Rating = 1	<b>Mild</b> Rating = 2	<b>Moderate</b> Rating = 3	<b>Severe</b> Rating = 4

[Figure 1]

At the eligibility meeting, the SLP, in collaboration with the IEP team, may consider the following information: student attendance, cognition, rate of progress, response to interventions, cultural, economic, and linguistic differences, or other factors to add or subtract **one** point to/from the **Total Score**, not the **Rating**. The use of variance should be considered only during the eligibility meeting, if the addition or subtraction of a point would shift the student to another **Rating**. For example, if the student has a total score of 12 on the Articulation/Phonology Rating Scale, the student would receive a Rating of 2, Mild (Figure 2).

TOTAL SCORE: 12

COMPREHENSIVE ARTICULATION/PHONOLOGY ASSESSMENT TOTAL SCORE: <i>Normative (Standardized); Observational Assessment, Stimulability and Self-Correction; Oral Motor Structure and Function; and Adverse Effect</i>				
<b>Total Score</b>	5	6 7 8 9 10 11 12	13 14 15 16 17 18	19 20 21 22 23 24
<b>Rating</b>	<b>No Impairment</b> Rating = 1	<b>Mild</b> Rating = 2	<b>Moderate</b> Rating = 3	<b>Severe</b> Rating = 4

[Figure 2]

Suppose the IEP team, due to other factors supported by documentation not previously considered, determines that the score is not reflective of the student’s needs. They can add a point to the score making it 13 (Figure 3), which would correspond to a Rating of 3, Moderate. There would be no reason to discuss variance if the consideration was to lower the score, since an 11 would keep the student in the same **Rating of Mild**.

TOTAL SCORE: 12

COMPREHENSIVE ARTICULATION/PHONOLOGY ASSESSMENT TOTAL SCORE: <i>Normative (Standardized); Observational Assessment, Stimulability and Self-Correction; Oral Motor Structure and Function; and Adverse Effect</i>				
<b>Total Score</b>	5	6 7 8 9 10 11 12	13 14 15 16 17 18	19 20 21 22 23 24
<b>Rating</b>	<b>No Impairment</b> Rating = 1	<b>Mild</b> Rating = 2	<b>Moderate</b> Rating = 3	<b>Severe</b> Rating = 4

[Figure 3]

If your AU/BOCES/District requires the Communication Rating Scale scores to be reported in the IEP, then any changes in the **Rating** based on IEP team discussion should also be documented within the IEP. For example, in ‘Student Needs and Impact of Disability’ and/or in the Prior Written Notice.

**FLUENCY RATING SCALE**  
**(STUTTERING, CLUTTERING AND RELATED DISORDERS)**

STUDENT:

SLP:

DATE:

<p><b>Normative Assessment of Fluency (stuttering, cluttering, and related disorders):</b></p> <p>Comprehensive, standardized measure/s and scores</p>	<p style="text-align: center;"><b>SCORE = 1</b></p> <p><input type="checkbox"/> 1 standard deviation from the mean</p> <p>for example:</p> <p>Standard Score (SS) = 85 when the mean is 100 and the standard deviation is 15</p>	<p style="text-align: center;"><b>SCORE = 2</b></p> <p><input type="checkbox"/> &gt;1.0 - 1.5 standard deviations from the mean</p> <p>for example:</p> <p>Standard Score (SS) = 84-78 when the mean is 100 and the standard deviation is 15</p>	<p style="text-align: center;"><b>SCORE = 3</b></p> <p><input type="checkbox"/> &gt;1.5 – 2.0 standard deviations from the mean</p> <p>for example:</p> <p>Standard Score (SS) = 77-70 when the mean is 100 and the standard deviation is 15</p>	<p style="text-align: center;"><b>SCORE = 4</b></p> <p><input type="checkbox"/> &gt;2.0 standard deviations from the mean</p> <p>for example:</p> <p>Standard Score (SS) = 69 or below when the mean is 100 and the standard deviation is 15</p>
<p><b>Observational Assessment of Overt Behaviors:</b></p> <p><i>Check descriptive tool used:</i></p> <p><input type="checkbox"/> Speech sample</p> <p><input type="checkbox"/> Checklist(s)</p> <p><input type="checkbox"/> Observations over multiple days and settings</p> <p><input type="checkbox"/> Other:</p>	<p style="text-align: center;"><b>1</b></p> <p><b>Check all that apply. Use the score in the highest column with a check</b></p> <p><input type="checkbox"/> Speech fluency, intelligibility and rate are Within Normal Limits.</p>	<p style="text-align: center;"><b>2</b></p> <p><b>Check all that apply. Use the score in the highest column with a check</b></p> <p><input type="checkbox"/> <b>Mild</b> disfluencies (e.g. whole/part word, phrase repetitions, prolongations, or blocking) no visible tension; Average duration: ≤ 0.5 second</p> <p><input type="checkbox"/> Frequency of disfluency: &lt; 5% of an adequate speech sample.</p> <p><input type="checkbox"/> Rate of/flow of speech is perceived as fast and/or irregular with no <b>impact</b> intelligibility/comprehensibility.</p> <p><input type="checkbox"/> <b>No</b> observable communication avoidance behaviors (e.g. substitutions, sentence abandonment) or <b>minimal</b> or <b>no</b> physical secondary behaviors (e.g. eye blinks, head jerks)</p>	<p style="text-align: center;"><b>3</b></p> <p><b>Check all that apply. Use the score in the highest column with a check</b></p> <p><input type="checkbox"/> <b>Moderate</b> disfluencies (e.g. whole/part word and/or phrase repetitions, prolongations, or blocking) with visible tension; Average duration: 0.6 - 9.0 sec.</p> <p><input type="checkbox"/> Frequency of disfluency: 5-11% of an adequate speech sample.</p> <p><input type="checkbox"/> Rate of/flow of speech is perceived as fast and/or irregular and frequently/ <b>moderately</b> impacts intelligibility/ comprehensibility.</p> <p><input type="checkbox"/> <b>Some</b> observable communication avoidance behaviors (e.g. substitutions, conspicuous interjections) or <b>moderate</b> physical secondary behaviors (e.g. eye blinks, head jerks)</p>	<p style="text-align: center;"><b>4</b></p> <p><b>Check all that apply. Use the score in the highest column with a check</b></p> <p><input type="checkbox"/> <b>Severe</b> disfluencies (e.g. whole/part word and/or phrase repetitions, prolongations, or blocking) with visible tension; Average duration: ≥10.0 seconds</p> <p><input type="checkbox"/> Frequency of disfluency: 12% or greater of an adequate speech sample.</p> <p><input type="checkbox"/> Rate of/flow of speech is perceived as fast and/or irregular and consistently/ <b>severely</b> impacts intelligibility/ comprehensibility.</p> <p><input type="checkbox"/> <b>Pervasive</b> observable communication avoidance behaviors (e.g. substitutions, interjections, sentence abandonment) or <b>severe</b> physical secondary behaviors (e.g. eye blinks, head jerks)</p>



**FLUENCY RATING SCALE**  
**(STUTTERING, CLUTTERING AND RELATED DISORDERS)**

STUDENT:

SLP:

DATE:

<p><b>Observational Assessment of Covert Behaviors (only use with students 6 or older).</b> <i>Based on Self-Report: (6 years or older)</i></p> <p><i>Check descriptive tool used:</i></p> <p><input type="checkbox"/> Self-assessment <input type="checkbox"/> Checklist/Questionnaire <input type="checkbox"/> interview <input type="checkbox"/> Other:</p> <p><i>The examples are possible suggestions and are NOT intended to be all-inclusive lists.</i></p>	<p align="center"><b>1</b></p> <p><input type="checkbox"/> No or minimal covert behaviors are reported</p>	<p align="center"><b>2</b></p> <p>Student <b>sometimes:</b> (check all that apply)</p> <p><input type="checkbox"/> avoids or experiences anxiety around speaking situations</p> <p><input type="checkbox"/> avoids a particular sound/word</p> <p><input type="checkbox"/> is embarrassed or frustrated about his/her speech</p> <p><input type="checkbox"/> is teased about speech</p>	<p align="center"><b>3</b></p> <p>Student <b>often:</b> (check all that apply)</p> <p><input type="checkbox"/> avoids or experiences anxiety around speaking situations</p> <p><input type="checkbox"/> avoids a particular sound/word</p> <p><input type="checkbox"/> is embarrassed or frustrated about his/her speech</p> <p><input type="checkbox"/> is teased about speech</p>	<p align="center"><b>4</b></p> <p>Student <b>nearly always</b> (check all that apply)</p> <p><input type="checkbox"/> avoids or experiences anxiety around speaking situations</p> <p><input type="checkbox"/> avoids a particular sound/word</p> <p><input type="checkbox"/> is embarrassed or frustrated about his/her speech</p> <p><input type="checkbox"/> is teased about speech</p>
<p><b>Observational Assessment of Risk Factors (only use with students 3-5 years).</b> <i>Based on Caregiver Report (3 through 5 years)</i></p>	<p align="center"><b>1</b></p> <p><b>No</b> Reported concerns or <b>All</b> should be selected</p> <p><input type="checkbox"/> Onset prior to age 4</p> <p><input type="checkbox"/> Stuttering for less than 6 months</p> <p><input type="checkbox"/> No Negative emotional reaction to stuttering</p>	<p align="center"><b>2</b></p> <p><b>One is selected</b></p> <p><input type="checkbox"/> Onset after age 4</p> <p><input type="checkbox"/> Stuttering for more than 6 months</p> <p><input type="checkbox"/> Negative emotional reaction to stuttering</p>	<p align="center"><b>3</b></p> <p><b>Two are selected</b></p> <p><input type="checkbox"/> Onset after age 4</p> <p><input type="checkbox"/> Other Risk Factors (Male, known family history of stuttering)</p> <p><input type="checkbox"/> Stuttering for more than 6 months</p> <p><input type="checkbox"/> Negative emotional reaction to stuttering</p>	<p align="center"><b>4</b></p> <p><b>Three or more are selected</b></p> <p><input type="checkbox"/> Onset after age 4</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Known family history of stuttering</p> <p><input type="checkbox"/> Stuttering for more than 6 months</p> <p><input type="checkbox"/> Negative emotional reaction to stuttering</p>
<p><b>Adverse Effect of Fluency on Educational Performance:</b> <i>(Ages 3 through 5)</i></p>	<p align="center"><b>1</b></p> <p><input type="checkbox"/> Fluency skills are <b>adequate</b> for the student's participation in age appropriate academic and non-academic learning environments.</p>	<p align="center"><b>4</b></p> <p><input type="checkbox"/> Disfluencies <b>mildly</b> impact the student's participation in age appropriate academic and non-academic learning environments.</p>	<p align="center"><b>6</b></p> <p><input type="checkbox"/> Disfluencies <b>moderately</b> impact the student's participation in age appropriate academic and non-academic learning environments</p>	<p align="center"><b>8</b></p> <p><input type="checkbox"/> Disfluencies <b>severely</b> impact the student's participation in age appropriate academic and non-academic learning environments.</p>

**FLUENCY RATING SCALE**  
**(STUTTERING, CLUTTERING AND RELATED DISORDERS)**

**STUDENT:**

**SLP:**

**DATE:**

Instructions:

1. Check the box for the most appropriate description for each component: *Normative (Standardized), Observational Overt Behaviors (Descriptive), Observational Covert Behaviors (Descriptive), Adverse Effect*
2. Compute the total score.
3. Circle below to determine the Rating.

**TOTAL SCORE:**

<b>COMPREHENSIVE FLUENCY ASSESSMENT TOTAL SCORE:</b>				
<i>Normative (Standardized), Observational Overt Behaviors (Descriptive), Observational Covert Behaviors (Descriptive), Adverse Effect</i>				
<b>Total Score</b>	4	5 6 7 8 9 10	11 12 13 14 15	16 17 18 19 20
<b>Rating</b>	<b>No Impairment</b> Rating = 1	<b>Mild</b> Rating = 2	<b>Moderate</b> Rating = 3	<b>Severe</b> Rating = 4

**OR**

<b>OBSERVATIONAL ASSESSMENT ONLY – FLUENCY ASSESSMENT TOTAL SCORE:</b>				
<i>Observational Overt Behaviors (Descriptive), Observational Covert Behaviors (Descriptive), Adverse Effect</i>				
<b>Total Score</b>	3	4 5 6 7 8	9 10 11 12	13 14 15 16
<b>Rating</b>	<b>No Impairment</b> Rating = 1	<b>Mild</b> Rating = 2	<b>Moderate</b> Rating = 3	<b>Severe</b> Rating = 4

**Final determination of disability is made by the Multidisciplinary Team.**