

# Comprehensive Functional Assessment of Communication

RESIDENT'S NAME	RESIDENCE
DATE OF BIRTH	DSHS NUMBER
DATE	EVALUATION BY:

Information for this report was obtained through clinical interaction, observations, record review and caregiver interviews.

## Pertinent History

## Functional Communication

Receptive

Expressive

## Hearing

## Dysphagia

Communication / hearing patters (MDS Section B): Over last seven (7) days.

0100	Comatose?			0600	Speech clarity	
0200	Hearing			0700	Is understood	
0300	Hearing Aid used?			0800	Understands	

## Communication Intervention Strategies / Programs

## Summary / Recommendations

A review of this client's receptive and expressive language skills indicate sufficient / insufficient language ability to adequately understand or answer questions about community living preferences.

SIGNATURE OF SPEECH-LANGUAGE PATHOLOGIST COMPLETING EVALUATION