**May 24th and June 21st, 2021**

**Meeting minutes**

**Gold Assessment:** This is a required document that Nebraska is using, it is not specific enough or sensitive enough to use as a standalone assessment tool. Takes about 15 mins to fill out what they saw but most providers do not find it helpful.

**MacArthur:** good assessment for vocab only. Some schools already use this assessment. ASL-CDI does require the knowledge of signs. Covers a good age range.

**EVT-3:** good semantics assessment. Is used in conjunction with Peabody.

**EOWPVT-4 and ROWPVT-4:** These two assessments are paired together. These are only for expressive and receptive vocabulary. For 2 years and older but stop once ceiling is met. They update themselves to stay current.

**PPVT-5 (Peabody):** Vocab assessment, they have an A and B version so if a child is between communication systems you can use the appropriate version.

**CASSLS:** Comprehensive tracking across communication domain areas of Listening, Language, and Speech. They have a Spanish version available.

**REEL-4:** Broader language assessment tool (gestural development), as a good age range compared to CSBS DP.Highly supported by research.

**CSBS DP:** broader language assessment (gestural) as well with a limited age range. One advantage to grab this assessment would be is a child is struggling with developmental communication, limited eye gaze as this can help show red flags for other disabilities. Helps track nonverbal gestures and helps parents see those gestures.

**Mullen:** covers many different areas: gross motor, visual reception, fine motor, expressive language, and receptive language. Good screener for cognitive assessment.

**PLAI-2:** Good tool to determine if child may be ready for mainstream setting vs. needing direct instruction from a deaf educator. Looks at how effectively a child integrates cognitively, linguistically, and at pragmatic components

**AEPS:** same concept as GOLD but would be a better tool as this goes with national and world values of intervention but this provides a curriculum and objectives to help guide providers all while building a tracking document. One Negative is its time consuming and with the new model, NDE recommended for early intervention they would have to build more time in for providers to complete this.

**SKI-HI:** assessment and mentor program for 0-5 year old. Debbie stated it is only a good assessment for deaf children of deaf adults and does not work well for families who are learning ASL along with their child. Most schools use SEE so families are not getting the ASL markers.

**PLS-5:** assessment is not very good for 0-3 year olds as it does not require many of the kids and then in return children are not qualifying for services. Prefer the CELFP to this. This is a good assessment for 3-5 with significant delays as it incorporates play.

**LENA technology:** Boy’s town uses this and ESU and deaf educators have access to this technology in Nebraska. It is a very sensitive and looks objectively for language development as it gives you a raw count of vocal development. Since this tool is available many want to push for this as its give out a lot of data and helps, see not only the child’s vocal and language development but also sees how much they are being exposed to at home. One negative is that families are hesitant about their child wearing a recording and video camera on them along with lose of equipment that families might not give back or they are damaged.

**CELFP-3:** this is for 3-5 year olds. This is an overall language assessment and helps determine language readiness and shows emerging literacy. This is also an assessment to use to help predict how a child will do in a gen Ed classroom. One negative is its spoken base and not good for ASL users.

CELFP has other assessments like CELFP-P so listening to paragraphs and then CELFP-5 for when a child turns five.

**ELF:** brief assessment and assess listening environment nad functional use of the child hearing, this is intended for home and preschool use as it promotes para buy in and helps form collaboration. Looks at how the child responds to the environment and shows parents things they need to look for and watch out for in their listen environment.

**Goldman:** looks at speech sound errors but does not look at phonological processing, recommend an SLP to give this test over TOD. This uses national norms and they just updates it as well. This assessment is usually paired with others.

**TACL-4:** this is receptive base for vocab, grammar, syntax. This assessment does need to be paired with others and mostly used for early elementary and not appropriate for 0-5 population.

**CID:** feels difficult to administer this assessment, as it is not very motivating. This is a great reference tool as it shows auditory hierarchy but not a great assessment tool.

**VCSL:** Jonathan S still highly recommends this assessment as it is for 0-5 and a standardized comprehensive checklist. One negative is the provider would need to be certified to provide is and that would require them to go get testing and training. Debbie said it is not for students learning ASL but for ASL families.

**ASL skills test:** they have three assessments: expressive, receptive and phonological awareness. All of these assessments are for 3-13 year olds. The test only takes 10-15 mins to administer and really focuses in on their ASL skills.

1. When it comes to a Vocab assessment, we can recommend both the EOWPVT/ROWPVT or the Peabody and then make advantages and disadvantages clear so if they need a version for a child between modalities they can pick the appropriate assessment.
2. Be perfect to collaborate as a state, so schools don’t have to buy every assessment but can borrow a provider or assessment tools for each. Create a resource library as well from our team.
   1. ESU, UNL and other places have these resources available so would be great if we can create a document that outlines who has what and their process to checkout and in the assessments.
   2. Amy Tyler-Krings was going to talk to the AAC department as they have a great system in place.
3. Create a decision making tree: so here are our top recommendations and if we have, multiple recommendations include the pros and cons. Then below that have if you have further concerns here are other test to administer and the reason along with pros and cons.