

## **FCM: Articulation/Phonology\***

**Target Population:** Any verbal child presenting with delayed or atypical phonological development, oral motor apraxia, or dysarthric speech secondary to congenital or acquired disorder. Speech sound production, phonological development, syllable structures, and overall intelligibility should be considered. All aspects of motor speech production (including articulation, respiration, resonance, prosody/rate, as well as timing, sequencing, and coordination of oral volitional movements) should be considered.

- Level 0**      **Independent:** Production of speech is normal in all contexts or is appropriate for chronological age.
- Level 1**      **Mild:** Speech intelligibility is good even if listener and context is unfamiliar. A few inappropriate errors or speech patterns for developmental level are noted. Syllable errors, slurring, or decreased rate may be noted. Frequently self-corrects.
- Level 2**      **Mild-Moderate:** Speech is intelligible approximately 75% of the time. Sound productions are noticeable in error. Nondevelopmental or earlier-appearing phonological patterns may be present. Imprecise sequencing or coordination of speech sounds may be evident. Ability to self-correct is inconsistent. Social interactions consistent with chronological age may be affected.
- Level 3**      **Moderate:** Speech is intelligible approximately 50% of the time. Repetition is required unless context is familiar. Sound errors are not found in age-matched peers who are members of the same speech community. Substitutions, omissions, and distortions, or earlier phonological patterns continue to be noted. Errors in timing, sequencing, or coordinating speech sounds are noted. May use compensatory or nondevelopmental speech patterns (e.g., backing, glottal stops). May avoid talking due to not being understood. Social interactions appropriate for chronological age are affected.
- Level 4**      **Moderate-Severe:** Speech is intelligible approximately 25% of the time. Occasionally single words and short phrases are understood when the context is known. Numerous substitutions, omissions, distortions, or phonological patterns are noted. Difficulty in programming or controlling the timing, sequencing, coordination, and articulatory positions for speech are noted. May use compensatory or nondevelopmental speech patterns (e.g., backing, glottal stops). Social interactions consistent with chronological age are affected.
- Level 5**      **Severe:** Speech attempts are intelligible less than 10% of the time. Limited use of speech for chronological age. Difficulty in programming or controlling the timing, sequencing, coordination, and articulatory positions necessary to produce speech is noted. May use compensatory or nondevelopmental speech patterns (e.g., backing, glottal stops). Social interactions appropriate for chronological age are affected.
- Level 6**      **Profound:** No correct production of speech sounds. Sounds are not used functionally. Social interactions appropriate for chronological age are affected.

\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Augmentative/Alternative Communication Comprehension\***

**Target Population:** Individuals who use a symbolic system, such as an electronic or manual system, as their primary means of input.

- Level 0**      **Independent:** Comprehension of augmentative/alternative communication is functional for events in the environment in all situations.
- Level 1**      **Mild:** Comprehension of augmentative/alternative communication is effective for events in the environment in most situations, although slight difficulty may occur in ability to self-monitor. Cueing is seldom required. Self-monitoring is evident approximately 90% of the time.
- Level 2**      **Mild-Moderate:** Comprehension of augmentative/alternative communication is good but limited by complexity of form, content, and/or use. Occasional cueing and/or assistance is required. Self-monitoring is evident approximately 75% of the time.
- Level 3**      **Moderate:** Comprehension of augmentative/alternative communication is limited to routine events, simple novel communication, and some more complex forms. Intermittent cueing in the form of repetition or rephrasing of stimuli, or redirection and assistance is required to comprehend. Self-monitoring is evident approximately 50% of the time.
- Level 4**      **Moderate-Severe:** Comprehension of augmentative/alternative communication is limited to routine events in restricted contexts and does not include comprehension of novel communication. Consistent environmental cueing and assistance is required to comprehend. Self-monitoring is evident approximately 25% of the time.
- Level 5**      **Severe:** Limited comprehension of augmentative/alternative communication relative to events in the environment. Always requires environmental cueing and maximum assistance to comprehend. No self-monitoring.
- Level 6**      **Profound:** No comprehension of augmentative/alternative communication.

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\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Augmentative/Alternative Communication Production\***

**Target Population:** Individuals who use some type of symbolic, manual, or electronic system as a means of expression. **Note:** You may score this FCM as well as the Language Production, Voice Disorder, or Articulation/Intelligibility FCM, if applicable, if the individual uses a combination of both oral and augmentative/alternative communication and goals have been established in any of these areas.

- Level 0**      **Independent:** Production of augmentative/alternative communication is functional for events in the environment in all situations.
- Level 1**      **Mild:** Production of augmentative/alternative communication is effective for events in the environment, although slight difficulty may occur. Self-monitoring is evident approximately 90% of the time.
- Level 2**      **Mild-Moderate:** Production of augmentative/alternative communication is functional but limited in complexity of form, content, and/or use in familiar contexts. Self-monitoring is evident approximately 75% of the time.
- Level 3**      **Moderate:** Uses simple, routine, and novel augmentative/alternative communication to meet functional needs in restricted contexts. Communication breakdown is frequent for more complex forms and ideas. Self-monitoring is evident approximately 50% of the time.
- Level 4**      **Moderate-Severe:** May produce occasional meaningful augmentative/alternative communication in restricted contexts. Self-monitoring is evident approximately 25% of the time.
- Level 5**      **Severe:** May produce occasional augmentative/alternative communication that is primarily nonfunctional in the environment. No self-monitoring.
- Level 6**      **Profound:** No augmentative/alternative communication in any environment.

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\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Cognitive Orientation\***

**Target Population:** Any individual whose treatment plan specifically addresses cognitive, pre-language, or life skills goals, such as cause-effect, attention to task, eye contact, task sequencing, retention, etc.

- Level 0**      **Independent:** Functional and independent with developmental-level tasks for initiation and attention regardless of distraction. If needed, uses compensatory strategies independently. General cognitive responses are appropriate for chronological age in all situations.
- Level 1**      **Mild:** Begins and attends to tasks, but has difficulty with abstract concepts or when distracted. Requires help and cues to use compensatory strategies. Is oriented to self and environment. Can carry over new material/information in everyday activities. Self-monitors and corrects. Can solve problems with limited number of steps.
- Level 2**      **Mild-Moderate:** Responsiveness is functional for simple living activities. Requires occasional cues to start, continue, change, and divide attention during routine activities. Is aware of self and family members, sometimes aware of environment. Needs help to be safe. There is evidence of new learning and recall during everyday activities. Inconsistent and delayed ability to self-monitor is noted. Social and family interactions and communication continue to be significantly affected.
- Level 3**      **Moderate:** Cues are sometimes needed to begin very familiar and simple activities, and always needed to begin more difficult activities. Is aware of self and sometimes oriented to family members. Difficulty attending to tasks is noted, supervision for safety is therefore required. Follows simple directions. Recalls routine tasks incorrectly or inconsistently. Can solve simple, concrete problems but sometimes needs a cue. Is beginning to request assistance when needed. Behaviour problems may be evident.
- Level 4**      **Moderate-Severe:** Responds purposefully to people in situations that are familiar. Requires cues to perform and is slow to respond. Minimal to no recall or awareness of environment/orientation is noted. All social interactions are significantly affected. Does not request assistance when needed.
- Level 5**      **Severe:** Sometimes responds to sensation. May respond more when family/friends are present. Occasionally alert to familiar daily routines. Unaware of problems with communication, orientation, motor activities, etc.
- Level 6**      **Profound:** Minimal or questionable purposeful response to sensory input (vision, hearing, taste, smell, touch). No measurable play/cognitive abilities. May have periods of arousal with no responses to environment.

\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Pragmatics\***

**Target Population:** Any individual whose treatment plan specifically addresses pragmatic goals.

- Level 0**      **Independent:** Initiates and responds to communication in all settings.
- Level 1**      **Mild:** Initiates and responds to communication in familiar and novel settings with a variety of communication partners. Uses general rules and subtle cues from the communication partner and environment approximately 90% of the time. Effective in most social situations, although the communication partner is still required to provide some assistance.
- Level 2**      **Mild-Moderate:** Initiates and responds to communication in both familiar and novel settings with a familiar communication partner. Uses general rules and subtle cues from the communication partner and environment approximately 75% of the time. Receives essential information in the communication exchange and uses some repair strategies as required.
- Level 3**      **Moderate:** Initiates and responds to communication in highly structured settings with a familiar communication partner. Uses general rules of social communication with few errors, but is unaware of subtle cues from the communication partner or environment. Communication breakdown occurs approximately 50% of the time, requiring further clarification by the communication partner.
- Level 4**      **Moderate-Severe:** Initiates and/or responds to communication in routine events of daily living with a familiar communication partner. Inconsistent awareness/application of general rules of social communication (e.g., eye contact, turn taking, topic maintenance), but can engage in a few communication exchanges with communication partner. May use echolalia or stereotypical speech/signs.
- Level 5**      **Severe:** Initiates and/or responds to communication approximately 25% of the time, even in familiar settings with a familiar communication partner. May whine or abandon topic and interaction if not immediately understood. Requires encouragement to maintain interaction. Maximum dependence on communication partner.
- Level 6**      **Profound:** No attempt to initiate or respond to communication efforts.

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\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Feeding/Swallowing\***

**Target Population:** Any individual presenting with feeding or swallowing difficulties. This could include individuals with an overall developmental delay, individuals with difficulty in sensory integration, individuals with an organically based disorder such as cerebral palsy, or individuals with an acquired disorder resulting in feeding and/or swallowing difficulties.

- Level 0**      **Independent:** Swallowing is normal for meeting nutritional needs with an appropriate diet in all situations.
- Level 1**      **Mild:** Swallowing is adequate/functional for meeting nutritional needs with an appropriate diet, but compensatory techniques/safety precautions may be needed as well as additional time. Secretion management is consistent. Hypersensitivity with or without gag/cough/vomit is not observed. Behavioural responses are not observed.
- Level 2**      **Mild-Moderate:** Swallowing is adequate/functional for meeting nutritional needs with a simplified or modified diet, with or without modifications and supervision to ensure use of compensatory techniques/safety precautions. Secretion management is consistent. Hypersensitivity with or without gag/cough/vomit is infrequent. Behavioural responses rarely interfere with the feeding process.
- Level 3**      **Moderate:** Swallowing is adequate/functional for meeting nutritional needs with a simplified or modified diet, and supervision to ensure use of compensatory techniques/safety precautions. Secretion management is intermittent. Hypersensitivity with or without gag/cough/vomit is occasional. Behavioural responses interfering with the feeding process are occasional and require supervision and/or intervention.
- Level 4**      **Moderate-Severe:** Swallowing is functional for a portion of nutritional needs but only with a simplified or modified diet and swallowing management precautions. Secretion management is intermittent. Hypersensitivity with or without gag/cough/vomit responses is often present. Behavioural responses are frequent during the feeding process and require intervention.
- Level 5**      **Severe:** Some swallowing is possible but not for nutritional needs. Secretion management may be a frequent problem. Hypersensitivity with or without gag/cough/vomit responses frequently interferes with feeding. Behavioural responses are always present and limit feeding to minimal extent.
- Level 6**      **Profound:** Swallowing is not functional for nutrition or for secretion management. Protective reflexes, such as gagging and coughing, may not be present or may be so strong as to preclude feeding. Behavioural response may be so severe as to preclude feeding. No oral feeding due to risk of aspiration.

\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Fluency/Rate/Rhythm\***

**Target Population:** Any individual who presents with an atypical pattern of speech dysfluencies that interfere with communication. Rate, rhythm, and repetitions should be considered, as well as any secondary mannerisms or behaviours.

### **Considerations:**

- dysfluencies include syllable repetitions, blocks or prolongation
- duration is an estimated length of three longest blocks
- secondary behaviours include distracting sounds, facial grimaces, head movements, and extremity movements
- affective/cognitive components include feelings or perceptions about the disorder, speech avoidance, speaking anxiety, and poor self-concept
- individual may not exhibit all behaviours

- Level 0**      **Independent:** Speech rate, rhythm, and/or fluency patterns for communication are within normal limits. The affective/cognitive component is within normal limits in all communication situations.
- Level 1**      **Mild:** Atypical speech rate, rhythm, and fluency patterns are evident in 5-11% of communication. Moments of dysfluency are fleeting to 0.5 seconds in duration. Secondary behaviours are not noticeable to the casual observer. The affective/cognitive components rarely interfere with functional communication.
- Level 2**      **Mild-Moderate:** Atypical speech rate, rhythm, and fluency patterns are evident in 5-11% of communication. Moments of dysfluency are one second in duration. Secondary behaviours are barely noticeable to the casual observer. The affective/cognitive components singly or in combination with behavioural abnormalities seldom interfere with functional communication.
- Level 3:**      **Moderate:** Atypical speech rate, rhythm, and fluency patterns are evident in 12-22% of communication. Moments of dysfluency are 2-9 seconds in duration. Secondary behaviours are distracting. The affective/cognitive components, singly or in combination with the behavioural abnormalities, sometimes interfere with functional communication in some speaking situations.
- Level 4**      **Moderate-Severe:** Atypical speech rate, rhythm, and fluency patterns are evident in 12-22% of communication. Moments of dysfluency are 10-30 seconds in duration. Secondary behaviours are very distracting. The affective/cognitive components, singly or in combination with the behavioural abnormalities, occasionally interfere with functional communication in some speaking situations.
- Level 5**      **Severe:** Atypical speech rate, rhythm, and fluency patterns are evident in 23% or more of communication. Moments of dysfluency are 30-60 seconds in duration. Secondary behaviours are severe and painful in appearance. The affective/cognitive components, singly or in combination with the behavioural abnormalities, frequently interfere with functional communication in many speaking situations.
- Level 6**      **Profound:** Atypical speech rate, rhythm, and fluency patterns are evident in 23% or more of communication. Moments of dysfluency are 60 seconds and longer in duration, accompanied by severe secondary behaviours. The affective/cognitive components, singly or in combination with the behavioural abnormalities, precludes functional communication in most, if not all, speaking situations.

\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Language Comprehension\***

**Target Population:** Any individual presenting with a receptive language delay/disorder and whose intervention plan recommends specific goals in the area of auditory language comprehension. Length and complexity, including syntactical, morphological, and semantic structures, phonological awareness, pragmatics, and metalinguistic skills presented for comprehension should be considered.

**Note:** Please refer to the following chart to assist in determining functional communication level.

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|----------------|--|
| <b>Level 0</b> | <b>Independent:</b> Comprehension of language is appropriate for chronological age in all contexts.  |
| <b>Level 1</b> | <b>Mild:</b> Comprehends 80-90% of conversation in broad contexts. Minimal errors are noted in understanding of language structures (semantic, syntactic, morphologic, pragmatic). Minimal errors are noted in phonological awareness and/or metalinguistic skills. Is a full conversational participant.  |
| <b>Level 2</b> | <b>Mild-Moderate:</b> Comprehends 60-70% of sentences and conversations in familiar contexts. Is a good participant in conversations for a limited number of topics. Attention to conversation is appropriate, although reduced efficiency is evident (e.g., limited topics, needs repetition, requires increased processing time). Understands a variety of language structures consistent with chronological age. Few metalinguistic skills are evident (e.g., auditory memory, figurative language, story comprehension, problem solving). Judges phonological awareness tasks correctly less than 50% of the time. |
| <b>Level 3</b> | <b>Moderate:</b> Comprehends approximately 50% of phrases and sentences in typical/familiar contexts. Moderate efficiency as a conversational participant (e.g., one or two topics, increased processing time, requires rephrasing and redirection by the person communicating). Understands simple, novel utterances. Understands some semantic language structures and/or syntactic, morphologic, or pragmatic structures appropriate for chronological age. Unable to judge any phonological awareness tasks.   |
| <b>Level 4</b> | <b>Moderate-Severe:</b> Comprehends 30-40% of words and phrases in restricted contexts. Minimal efficiency as a conversational participant. Requires frequent redirection and cueing to comprehend. Understands some simple, novel utterances. Recognizes environmental sounds and understands some semantic, syntactic, morphologic, or pragmatic structures consistent with chronological age.   |
| <b>Level 5</b> | <b>Severe:</b> Comprehends 10-20% of single words. May require cueing to localize auditory/visual input and/or attend to the person communicating. Cannot participate in conversation.   |
| <b>Level 6</b> | <b>Profound:</b> No understanding of verbal language.  |

\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Language Comprehension\***

	<b>Meaningful Communication</b>	<b>Length and Complexity of Communication</b>	<b>Environment</b>	<b>Compensatory Strategies/Cueing</b>
<b>Level 0: Independent</b>	Independent.	Age-appropriate.	All settings.	None.
<b>Level 1: Mild</b>	Functional, full-conversational participant. Comprehends 80-90% of conversations.	Minimal errors in understanding language structures (semantic, syntactic, morphologic, pragmatic, phonological awareness) for chronological age.	Familiar and novel settings with a variety of communication partners.	Occasional rephrasing and redirection.
<b>Level 2: Mild - Moderate</b>	Good participant in conversation. Comprehends 60-70% of sentences and conversations.	Understands a variety of language structures consistent with chronological age. Judges phonological awareness tasks correctly less than 50% of the time. Few metalinguistic skills are evident.	Familiar contexts.	Limited topics, needs repetition, requires increased processing time.
<b>Level 3: Moderate</b>	Moderate efficiency as a conversational participant. Comprehends 50% of phrases and sentences.	Understands some semantic language structures and/or syntactic, morphologic, or pragmatic structures appropriate for chronological age. Unable to judge any phonological awareness tasks.	Typical or familiar contexts.	One or two topics, requires increased processing time, rephrasing, and redirection by person communicating.
<b>Level 4: Moderate-severe</b>	Minimal efficiency as a conversational participant. Comprehends 30-40% of words and phrases.	Understands some simple, novel utterances. Recognises environmental sounds and understands some semantic, syntactic, morphologic, or pragmatic structures consistent with chronological age.	Basic needs in restricted contexts.	Requires frequent redirection and cueing to comprehend.
<b>Level 5: Severe</b>	Cannot participate in conversation. Comprehends 10-20% of single words.	Understands some simple, high-frequency words.	Basic needs in a specific context.	May require cueing to localize auditory/visual input and/or attend to person communicating.
<b>Level 6: Profound</b>	No understanding of verbal language.	Understands some simple, high-frequency words.	Basic needs in a specific context.	Does not respond to cueing.

\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Language Production\***

**Target Population:** Any individual presenting with an expressive language delay/disorder and whose intervention plan recommends specific goals in the area of verbal language production. Length and complexity, including syntactical, morphological, pragmatic, and semantic structures of the communication should be considered, as well as any assistance needed for functional communication. Phonological awareness and metalinguistic skills should be considered.

**Note:** Please refer to the following chart to assist in determining functional communication level.

- Level 0**      **Independent:** Language production is appropriate for chronological age in all contexts.
- Level 1**      **Mild:** Uses conversation to communicate a full range of needs and comments in broad contexts. Minimal errors are noted in language structures (semantic, syntactic, morphologic, pragmatic). Minimal errors are noted in phonologic awareness and/or metalinguistic skills. Is a full conversational participant. Self-monitoring is evident approximately 90% of the time.
- Level 2**      **Mild-Moderate:** Produces sentences and conversation to communicate needs and make comments in familiar and novel contexts. Uses a variety of language structures consistent with chronological age. Complexity of language structures is reduced. Communication in conversation may require increased time, repetitions, and cueing, which restricts participation. Self-monitoring is evident approximately 75% of the time. Few metalinguistic skills are evident. Produces phonological awareness tasks correctly less than 50% of the time.
- Level 3**      **Moderate:** Produces phrases and sentences to communicate needs or make comments in familiar contexts. Language structures are simple and routine. Uses some semantic language structures and/or syntactic, morphologic, or pragmatic structures appropriate for chronological age. Is a moderate conversational participant. Self-monitoring is evident approximately 50% of the time. Is unable to produce any phonological awareness tasks.
- Level 4**      **Moderate-Severe:** Produces 25-50% of functional utterances expected for chronological age. Utterances are deficient in semantic, syntactic, or morphologic features. Communicates basic needs in routine contexts. Self-monitoring is evident approximately 25% of the time.
- Level 5**      **Severe:** Limited verbal productions. Communication of basic needs is severely limited. No conversational participation. No self-monitoring.
- Level 6**      **Profound:** No expressive language.

\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## FCM: Language Production\*

	Meaningful Communication	Length and Complexity of Communication	Environment	Compensatory Strategies/Cueing
<b>Level 0: Independent</b>	Independent.	Age-appropriate.	All settings.	None.
<b>Level 1: Mild</b>	Functional, full-conversational participant.	Minimal errors in language structures (semantic, syntactic, morphologic, pragmatic, phonological awareness) for chronological age.	Familiar and novel settings with a variety of communication partners.	Self-monitoring is evident 90% of the time.
<b>Level 2: Mild – Moderate</b>	Uses Functional conversation and sentences to communicate needs, but is restricted. Inconsistent use of “filler” words may be evident.	Limited in complexity, but a variety of language structures are still consistent with chronological age. Produces phonological awareness tasks correctly less than 50% of the time. Few metalinguistic skills are evident.	Familiar and novel settings.	Self-monitoring is evident 75% of the time.
<b>Level 3: Moderate</b>	Moderate conversational participant in simple routines. Word-finding difficulties may be evident.	Some semantic language structures, syntactic, morphologic, or pragmatic structures appropriate for chronological age. Structures are simple and routine. Unable to produce any phonological awareness tasks.	Highly structured with familiar context.	Self-monitoring is evident 50% of the time. Additional time, repetitions, and cueing.
<b>Level 4: Moderate – Severe</b>	25-50% functional utterances for chronological age. Frequent word-finding difficulties.	Deficient in semantic, syntactic, or morphologic structures.	Basic needs in routine contexts.	Self-monitoring is evident 25% of the time.
<b>Level 5: Severe</b>	No conversational participation.	Limited verbal productions of basic needs.	Routine situations with familiar people.	Caregiver cueing, questioning and starter phrases, etc. No self-monitoring.
<b>Level 6: Profound</b>	None; vocalization or gesture-like movements uninterpretable.	Limited verbal productions of basic needs.	Routine situations with familiar people.	Caregiver cueing, questioning and starter phrases, etc. No self-monitoring.

\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Voice Production\***

**Target Population:** Any individual who presents with a functional or organic vocal deviation, which impacts on communication. Any individual exhibiting hypernasality secondary to velopharyngeal incompetence, or cleft palate should also be included. All aspects of vocal production including resonance, nasality, laryngeal quality, pitch, and loudness should be considered.

- Level 0**      **Independent:** Voice is normal in all situations and contexts.
- Level 1**      **Mild:** Voice production is optimal approximately 90% of the time. Ability to self-monitor and self-correct is demonstrated. Individual's communication interactions are only mildly affected.
- Level 2**      **Mild-Moderate:** Voice is optimal approximately 75% of the time with inconsistent ability to self-monitor and change. Voice continues to call attention to itself as being different.
- Level 3**      **Moderate:** Voice is optimal for communication approximately 50% of the time. Cueing may be required. Voice calls attention to itself as different. The listener becomes distracted by the voice to the degree that there is interference with the message.
- Level 4**      **Moderate-Severe:** Voice is optimal for communication approximately 25% of the time. The voice is very distracting to the listener. Daily functioning is affected.
- Level 5**      **Severe:** Voice is optimal for communication less than 10% of the time. Much communication must be accomplished without voicing or by nonvocal means. Social functioning is significantly impaired. Compensatory behaviours are evident.
- Level 6**      **Profound:** Voice is nonfunctional for communication.

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\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Deaf and Hard of Hearing: Communication Strategies\***

**Target Population:** Any individual who is being seen for aural habilitation/rehabilitation.

- Level 0**      **Independent:** Demonstrates appropriate responses in a wide variety of communication situations. Can manage a poor listening situation with assertiveness, requesting repetition, expansion, clarification, and suggestions.
- Level 1**      **Mild:** Demonstrates appropriate responses in 80-90% of opportunities. Participates in language-based activities in broad contexts and in multi-speaker situations. Frequently initiates communication management strategies.
- Level 2**      **Mild-Moderate:** Demonstrates appropriate responses in 60-80% of opportunities. Participates in language-based activities. Participates in two- to three-way conversation discourse. Occasional use of communication management strategies.
- Level 3**      **Moderate:** Demonstrates appropriate responses in 40-60% of opportunities in familiar contexts. Participates in language-based activities with cueing and conversation facilitation within familiar contexts. Requires assistance in application of self-initiated communication management strategies.
- Level 4**      **Moderate-Severe:** Responds independently in 20-40% of opportunities in select environments/situations, demonstrating awareness of sounds and speakers within three feet. Seeks source of sound. Participates in language-based activities with considerable cueing and facilitation.
- Level 5**      **Severe:** Responds with cueing in 10-20% of opportunities in select situations, demonstrating awareness of presence and cessation of sound of shouted speaking within three to five feet.
- Level 6**      **Profound:** Nonfunctional in all settings. No use of hearing aid(s) in any environment. No awareness of conversation. No awareness of the presence of sounds.

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\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

## **FCM: Hearing Aids/Assistive Listening Devices: Operation and Management\***

**Target Population:** Any individual who wears a hearing aid or uses an Assistive Listening Device (ALD) and is being seen for aural habilitation/rehabilitation.

- Level 0**      **Independent:** Uses and adjusts ALD in all listening situations. Uses features according to situational need and opportunity. Independently maintains, cleans, and troubleshoots. Can describe malfunctions to others in order to repair.
- Level 1**      **Mild:** Uses ALD in broad contexts. Uses features with assistive listening devices. Frequent self-monitoring. Troubleshoots, cleans, and maintains hearing aid(s) with supervision.
- Level 2**      **Mild-Moderate:** Uses and adjusts ALD in familiar contexts. Uses features (telecoil, audio-input) with assistive listening devices.
- Level 3**      **Moderate:** Turns on and adjusts ALD in restricted contexts. Occasional self-monitoring.
- Level 4**      **Moderate-Severe:** Unable to manipulate ALD controls independently. Is aware of device being on/off and can notify someone so device can be adjusted.
- Level 5**      **Severe:** Physically tolerates the ALD and wears it. Unable to adjust controls; unaware of device being on or off; unaware of unusual sounds.
- Level 6**      **Profound:** Nonfunctional. No comprehension of ALD; unable to physically tolerate the ALD.

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\*Adapted from The American Speech-Language-Hearing Association (ASHA) National Treatment Outcome Data Collection Project, 1997.

