California Department of Education

Education Code 56326.5
SKI-HI Individual Child Language Assessment Results

For use with Children who are Deaf or Hard of Hearing Ages 0-5 Enrolled in Early Intervention and Preschool Education Programs

Child's first name (Legal): ______

Child's last name (Legal): ______

Date SKI-HI LDS was completed (mm/dd/yy): ______

Date family received the Language Milestones (mm/dd/yy): ______

Child Information

Statewide Student Identifier (10-digit SSID): ______

Child's SSID Identifier: ______
(agency identifier and statewide student identifier can be the same)

Child's classroom or setting: ______

Birth date (mm/dd/yy): ______ Gender ○ Male ○ Female

Child is enrolled in: *Check all that apply.*

- ☐ State Infant/Toddler Program
- ☐ State Preschool
- ☐ Head Start
- ☐ Early Head Start
- ☐ Child Care Center
- ☐ Tribal Head Start
- ☐ Migrant
- ☐ First 5
- ☐ Title 1
- ☐ Family Child Care Home
- ☐ Nonpublic School/Agency ______
- ☐ Other ______

Child's Ethnicity

Is this child Hispanic or Latino? Check one. ○ Intentionally left blank
○ Yes, Hispanic or Latino ○ No, not Hispanic or Latino

What is the race of this child? Check up to three. ☐ Intentionally left blank

- ☐ Asian Indian
- ☐ Black or African-American
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Guamanian
- ☐ Hawaiian
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Native American
- ☐ Other Asian
- ☐ Hawaiian Other Pacific Islander
- ☐ Samoan
- ☐ Tahitian
- ☐ Vietnamese
- ☐ White

Local Education Agency Information

Agency: ______ Site: ______

Your name: ______ Title: ______

Are you the primary teacher working with this child?
○ Yes ○ No (specify your relationship): ______

SELPA ______

District of service ______

Home district ______

Child's Language Information

Child's home language(s): Check all that apply.

- ☐ American Sign Language (ASL)
- ☐ English ☐ Spanish ☐ Other ______

What communication tools (if any) do you use to supplement English or another spoken language: Check all that apply.

- ☐ Manually Coded English (e.g., SEE)
- ☐ Signed English
- ☐ Cued Speech
- ☐ Other ______

Pursuant to the requirements of Education Code 56326.5, each child that is Deaf or Hard of Hearing served in your Early Start and Preschool Education Programs must be evaluated using the SKI-HI Language Developmental Scale, and the results are to be reported to the State Special Schools and Services Division at the California Department of Education. Please complete one for each child that is Deaf or Hard of Hearing and note his/her type, degree and severity of hearing level in the hearing matrix. Fax this form to (916) 445-4550. All information will be completely confidential.

Hearing Matrix

☐ Unilateral ☐ Bilateral

Hearing Level (From Pure Tone Average)

RIGHT	LEFT
☐ Not Applicable	☐ Not Applicable
☐ Slight	☐ Slight
☐ Mild	☐ Mild
☐ Moderate	☐ Moderate
☐ Moderately-Severe	☐ Moderately-Severe
☐ Profound	☐ Profound

Type

RIGHT	LEFT
☐ Sensorineual	☐ Sensorineual
☐ Conductive	☐ Conductive
☐ Mixed	☐ Mixed
☐ Auditory Neuropathy	☐ Auditory Neuropathy
☐ Not Applicable	☐ Not Applicable

Amplification

RIGHT	LEFT
☐ Hearing Aid	☐ Hearing Aid
☐ BAHA	☐ BAHA
☐ Cochlear Implant	☐ Cochlear Implant
☐ None	☐ None

Provider(s)	Location(s)	Type(s)	Frequency
☐ Teacher of the Deaf	☐ Home ☐ Center	☐ Class ☐ Group ☐ Individual ☐ Parent Participation ☐ Other	☐ Monthly ☐ Weekly ☐ Daily ☐ Other
☐ Speech Pathologist	☐ Home ☐ Center	☐ Class ☐ Group ☐ Individual ☐ Parent Participation ☐ Other	☐ Monthly ☐ Weekly ☐ Daily ☐ Other
☐ Audiologist	☐ Home ☐ Center	☐ Class ☐ Group ☐ Individual ☐ Parent Participation ☐ Other	☐ Monthly ☐ Weekly ☐ Daily ☐ Other
☐ Early Childhood Special Educator	☐ Home ☐ Center	☐ Class ☐ Group ☐ Individual ☐ Parent Participation ☐ Other	☐ Monthly ☐ Weekly ☐ Daily ☐ Other
☐ Other	☐ Home ☐ Center	☐ Class ☐ Group ☐ Individual ☐ Parent Participation ☐ Other	☐ Monthly ☐ Weekly ☐ Daily ☐ Other

Special Education Information

Primary special education eligibility. *Check one*

- ◯ Autism
- ◯ Deaf-Blindness
- ◯ Deafness
- ◯ Emotional Disturbance
- ◯ Established Medical Disability
- ◯ Hard of Hearing
- ◯ Intellectual Disability
- ◯ Multiple Disability
- ◯ Orthopedic Impairment
- ◯ Other Health Impairment
- ◯ Specific Learning Disability
- ◯ Speech or Language Impairment
- ◯ Traumatic Brain Injury
- ◯ Visual Impairment

Secondary special education eligibility. *Check one*

- ◯ Autism
- ◯ Deaf-Blindness
- ◯ Deafness
- ◯ Emotional Disturbance
- ◯ Established Medical Disability
- ◯ Hard of Hearing
- ◯ Intellectual Disability
- ◯ Multiple Disability
- ◯ Orthopedic Impairment
- ◯ Other Health Impairment
- ◯ Specific Learning Disability
- ◯ Speech or Language Impairment
- ◯ Traumatic Brain Injury
- ◯ Visual Impairment

Does this child have an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP) ?

◯ IFSP ◯ IEP

Date child's initial IFSP or IEP was completed (mm/dd/yy) ______

Date of current IFSP or IEP was completed (mm/dd/yy) ______

Does the child receive services from Regional Center?

◯ Yes ◯ No

Assessment Information

Name of person completing the assessment ______

Role of person completing the assessment:

- ☐ Parent/Caregiver
- ☐ Occupational/Physical Therapist
- ☐ Program Specialist or Administrator
- ☐ Special Education Teacher
- ☐ Early Intervention Specialist
- ☐ Speech/Language Pathologist
- ☐ Teacher of the Deaf/Hard of Hearing
- ☐ Teacher of the Visually Impaired
- ☐ Other

Date of Assessment: ______

Chronological Age: ______

How many months the child has consistently worn amplification: ______

SKI-HI Language Development Scale Age Interval:

Receptive Language: ______

Expressive Language: ______

Did the parent(s)/guardian(s) assist in completion of LDS?

◯ Yes ◯ No