

**Low-Verbal Investigatory Screener (L-VIS)****FOR RESEARCH USE ONLY**

Child Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Child Gender: \_\_\_\_\_  
 Child's Race & Ethnicity: \_\_\_\_\_ Child's diagnosis (if any): \_\_\_\_\_ Child age at diagnosis: \_\_\_\_\_  
 Completed By (name): \_\_\_\_\_ Relation to child: \_\_\_\_\_ Language(s) Spoken at Home: \_\_\_\_\_

Please answer these questions about your child. Keep in mind how your child *usually* behaves. If you have seen your child do the behavior a few times, but it is unusual, answer no. Please circle an answer for every question. Thank you very much!

<b>Speech Production</b>				
1.	Has your child ever babbled (for example, "baba" "mama" "gaga")?	Yes	No	
i.	If yes, did he/she start babbling before his/her first birthday?	Yes	No	
2.	Has your child ever said real words, that is, consistent sounds that you recognize as a word?	Yes	No	
i.	If yes, did he/she start saying words before his/her second birthday?	Yes	No	
3.	Has your child ever said phrases (multiple words) like "more cookie"?	Yes	No	
i.	If yes, did he/she start before his/her third birthday?	Yes	No	
<b>Alternative Forms of Communication</b>				
4.	Does your child often use sounds to communicate specific messages with you (for example, to ask for things)?	Yes	No	
5.	Does your child often use pictures (for example, PECS) to communicate specific messages?	Yes	No	
6.	Does your child communicate with you by placing your hands on things or by grabbing your hand and bringing you somewhere?	Yes	No	
<b>Nonverbal Communication</b>				
7.	Does your child often use gestures to communicate specific messages? (for example, to ask for things)	Yes	No	
8.	Does your child follow your point to things?	Yes	No	
9.	Does your child point to things he/she wants?	Yes	No	
10.	Does your child point to things to draw your attention to them?	Yes	No	
<b>Unusual Speech</b>				
Is your child's speech unlike that of other children his or her age for any of the following reasons?				
11.	Rapid repeating of sounds (for example, "dugudugudugu")?	Yes	No	
12.	Monotone voice (for example, robotic sounding)?	Yes	No	
13.	Extremely high pitched, low-pitched, or sing-song?	Yes	No	
14.	Frequent humming?	Yes	No	
15.	Echolalia (for example, repeating what you say word-for-word, or repeating the last word you say)?	Yes	No	
16.	Scripting (for example, repeating part of a TV show from memory)?	Yes	No	
17.	Odd uses of words (for example, saying "boxes" to mean "no")?	Yes	No	
18.	Unusual sounds (for example, repeated shrieks)?	Yes	No	
<b>Sounds/Words</b>				
19.	How many consonant sounds does your child make? (for example, m, p, d, b)?	None	Some	Many
20.	How many words does your child understand?	None	Some	Many
21.	How many words does your child say?	None	Some	Many
<b>Comprehension</b>				
22.	Does your child look up or notice when someone says his or her name?	Yes	No	
23.	Does your child follow simple directions <u>with gestures</u> (for example, "Sit down.")?	Yes	No	
24.	Does your child follow simple directions <u>without gestures</u> ?	Yes	No	
25.	Does your child follow multi-step directions (for example, "Get the ball and bring it to me")?	Yes	No	
<b>Reading</b>				
26.	Does your child recognize printed letters and/or numbers?	Yes	No	
27.	Does your child read aloud?	Yes	No	
28.	Does your child write words?	Yes	No	
<b>Loss of skills</b>				
29.	Did your child ever have language skills that they later lost (for example, words that they said but later stopped using)?	Yes	No	
<b>Verbal Status</b>				
30.	Would you describe your child as "nonverbal" or "minimally verbal" at this time?	Yes	No	

Any other information you would like to share about your child's communication?

