

## Communication code assessment grid

### شبكة تقييم الشفرة التواصلية

Lina BELAL \*<sup>1</sup>

<sup>1</sup>University Abdelhamid Ibn Badis of Mostagnem (Algeria),

lina.belal@univ-mosta.dz

Received: 06/12/2021

Accepted: 09/01/2022

Published: 06/06/2022

#### Abstract:

The evaluation of the communication code is considered as the first step after any diagnosis. This is because it makes no sense for us as specialists in the field to build an individual support project or even an individual therapy program without knowing the best way to communicate with the person.

The grid that we have built allows us to modify and adjust the communicative level of the specialists, as well as the family circle of the patient and all those involved in the therapy program. The reason why this grid does not require studies of psychometric parameters its usefulness is revealed in the daily work of the professional accompanying children with communication disorders. Hence, by developing therapeutic projects that are efficiently adapted to the abilities of the patient, the suggested grid allows us to determine the most effective visual code for every individual with communication disorder.

**Keywords:** clinical evaluation ; communication disorder ; communication code ; CAA .

#### الملخص:

إن عملية تقييم الشفرة التواصلية تعتبر أول خطوة بعد عملية التشخيص فهي أساس بناء المشروع الفردي للمصاحبة والبرنامج العلاجي لكل حالة (طفل، مراهق أو راشد) تعاني من أحد اضطرابات التواصل فزعمنا كمختصين إستخدام برنامج تواصلية أياً كان نوعه، لا يعني أن هذا البرنامج يتلائم مع قدرات الشخص الحالية. لذلك يبدو من المهم بالنسبة لنا أن نركز عملنا على جانب النقص هذا في رعاية

\* Lina BELAL

الشخص المصاب بأحد اضطرابات التواصل. فالهدف من دراستنا هذه هو تصميم أداة تقييم للوصول على الشفرة التواصلية الأنسب للحالات.

خلصت الدراسة الحالية إلى بناء بروتوكول تقييم الشفرة التواصلية بجزأها: الاستقبالي والتعبيري، بحيث يسمح لنا هذا البروتوكول من تعديل المستوى اللغوي للمختصين وكذلك عائلة الشخص المصاب وكل من يتعامل معه، وفي نفس الوقت بناء مشاريع تربوية أقرب ما تكون لقدرات هذا الشخص المصاب وحتى برامج تربوية مكيفة وملائمة مع كل حالة من خلال تحديد الشفرة البصرية الأكثر فعالية بالنسبة لكل طفل أو شخص مصاب بأحد اضطرابات التواصل.

كلمات مفتاحية: التقييم؛ اضطرابات التواصل؛ الشفرة التواصلية؛ التواصل البديل والتطوري.

## 1. Introduction

Communication exists everywhere and in various forms. Whether it is used for asking for explanations or exchanging ideas with others, communication is considered among the fundamentals of all human relationships. Nevertheless, the function of communication may become defective in a specific and limited manner due to many disorders and illnesses, such as developmental disabilities and communication disorders. That is why it should be evaluated.

In the present piece of research, we started with introducing a number of wrong conceptions within the treatment environments of children and individuals, who suffer from communication disorders in general and the disorders of developmental communicative abilities in specific. Unfortunately, what we noticed is that those misconceptions are obviously predominant.

First, specialists assume that evaluating the communication code and the overall communicative abilities of a child who suffers from a communication disorder comes in the last procedures undertaken in the therapeutic program. In fact, it is not the case from a practical perspective. Such a procedure is required as a first step after the diagnosis because

it is the ground on which the individual assistance project and the therapeutic program are built, for any case that suffers from such kind of disorders. Hence, is it plausible that we, specialists, build an individual assistance project or even an individual therapeutic program without figuring out the best way of communicating with that case? without knowing the communication code which goes hand in hand with the current abilities of the patient?

Therefore, we assume as specialists that adopting a random communicative program (pictogram, illustrations, photographs, words) is not necessarily relevant to the child's current abilities.

Unfortunately, several parents of children with communicative disorders think that using any alternative or developmental communication program, such as Picture Exchange Communication System (PECS) and so on, would have a negative impact on the oral expressive abilities of the disabled child. Research has shown the other way around, namely (Millar, 2006); in other words, these communicative programs have a positive effect on the development of speech in general, and on developing the abilities of deliberate communication for this category of developmental disorders.

Moreover, among the ideas that we encountered throughout our therapeutic practice was the idea that alternative or developmental communicative programs are applied only on children who possess an efficient cognitive, social and affective level. This assumption has been falsified, specially by the research of (Ronski, 2005) which states that enhancing the communicative capacities plays a decisive role in the cognitive development of a child with communication disorder.

Furthermore, the work of (Cress, 2003) asserts that the skills learnt by the child during communicative programs include the prerequisites of communication.

In order to clear the confusion that we detected in the practices of psychology and speech therapy, we attempted to find out the most effective way of choosing a communication code with regard to children who suffer from any of the types of

communication disorders. The overall aim in the present study is to achieve success and effectiveness of the therapeutic program that the child follows, which would enhance their communication and relationship with their surrounding environment.

To this end, we have built a clinical evaluation grid based on our daily observations with children suffering from communication disorders, this grid aims to organize and target the visual communication code of the child without claiming to replace any test or evaluation, the reason why this grid does not require studies of psychometric parameters its usefulness is revealed in the daily work of the professional accompanying children with communication disorders.

## **2. Research Problematic:**

Alternative and developmental communicative programs are considered among the necessities in any program which takes in charge communicative disorders, regardless the type. Nevertheless, the communicative means are various in the scientific field. For example, the PECS is a program that is based on using pictures in communication. To put it another way, this system utilizes illustrative pictures as an alternative for speech. As a result, communication happens by means of exchanging pictures. There are other communicative programs that rely on exchanging objects, movements or symbols such as the Makaton program. Perhaps the latest communicative programs used nowadays are those based on using computing and Android system.

These programs are considered to be the most used in the therapeutic field. Yet, most specialists do not adopt any criteria when choosing such or such communicative program. They apply it directly on the child suffering from communicative disorders, without thoughtfully considering whether this program would really achieve the expected results with that child. Those specialists do not even take into account whether the chosen program goes hand in hand with the child's abilities or not.

We noticed that specialists do not attempt to figure out the essence of the most suitable communicative code which is most relevant to the child, be it speech, illustrative pictures or any adopted help whatever the kind.

In the light of what has been previously mentioned, and according to our broad bibliographic investigation (in Arabic, French and English), we have not found any previous research about specifying the type of the communicative code which helps us adopt a helpful program for the child. There has to be a code which helps and serves the development of the person suffering from communication disorders, so that they could build a relation with the surrounding world, reflecting, as a result, the success of the therapeutic program. Therefore, our research question has been formulated as follows:

How to choose the most suitable communicative code for a child suffering from communication disorders?

### **3. Research Hypothesis:**

Evaluating the communication code for the child suffering from one among many types of communication disorders through an observation grid specifically designed for this purpose.

### **4. Research procedural concepts:**

#### **4.1. Communication Disorder:**

It is defined by Imad Husayn Abid El-Morshidi (Abid, 2014) as: " a significant dysfunction of the natural use of pronunciation, voice, verbal fluency, language delay, or the absence of development of expressive, spoken or perceptive language, which necessitates a special educational program for the child."

The American speech-language-hearing Association (ASHA) classifies communication disorders into two types:

-Speech disorder: It is a defect in voice, the pronunciation of speech sounds, or verbal fluency. This disorder is observed when verbal symbols are sent by others.

-Language disorder: It is a defect in the development and use of verbal or written signs of language. It involves all or some of the aspects of language, that is the form of language (such as syntax and morphology), the content of language (meaning), or the function of language, that is the use within the speech community. This disorder is observed in pronunciation, verbal fluency, language delay, or the lack of development of expressive, perceptive and receptive language. Therefore, it requires the child to undergo special speech or education programs.

#### **4.2. Communication Abilities:**

Dell Hymes (Abid, 2014) defines communicative competence as an individual's ability to use language in a communicative context for certain communicative purposes. Thus, the communicative ability refers to the individual's ability to refer to his matters by means of expressions, words or any other sort of consensual signs. It refers also to "the extent to which a person is aware of the rules that govern the proper use within a social context." (Fahima, 2017)

#### **4.3. Alternative Communication Code:**

A code is "a group of commonly used signs, which aim at representing a certain piece of information" whereas the alternative communicative code denotes "a sum of signs, letters, shapes, or even gestures; things that allow the representation of concepts needed to transmit a certain idea." In fact, our research starts from the idea that all languages are but sign system, or rather codes used to communicate between two persons or more. That is what we mean by the communication code within the work at hand; in other words, the way the child or the disabled person uses in communicating with people. It could be speech (spoken language), illustrated pictures, written words, or even things that are meaningful for both the child and those surrounding them. Most of the previously done research which we consulted associates the success of communication with "sharing the same linguistic code

among communicators". A reference in the literature is the work of Alik Kaysa who advocates the aforementioned idea (Alik, 2005).

#### **4.4. Alternative and Developmental Communication Program:**

It could be defined as the sum of communication techniques used to complete or make up for lacunas in speech or writing with regard to people with a deficit in language production or comprehension (reception). Such programs are also used with people suffering from speech and language disorders and communication disorders in general. (Cataix-Negre, 2017, p. 16) claims that: "communication in essence is usually multimodal, so it involves movements and words, as well as pointing at objects and pictures which specify our actions..."; it is named by this scholar as "a trilingual speech bath". Therefore, developmental or alternative communication programs are based on all the physical and human tools. These tools would allow the individual to communicate in an alternative or a better way compared to the usual and natural ways of communication, especially if the latter are defective or missing. Indeed, these programs of developmental or alternative communication came to compensate the deficit in producing speech or language with its expressive and receptive aspects.

Such programs include systems which adopt technical help, such as computing, and exchange of pictures or objects. Yet, there are systems which do not require technical assistance such as signs or movements.

The International Society for Augmentative and Alternative Communication (ISAAC) classifies communication within its programs according to two distinct aims. Hence, the ISAAC maintains that communication attempts to establish:

- Alternative tools when there is a deep deficit or absence within the means of natural communication, and this is what is meant by "alternative communication" in the current research.

- Developing, assisting, or compensating the spoken language of the disabled person, when it fails to transmit all the information in a certain conversation. It is, therefore, developmental in the sense that it attempts to develop the defective linguistic repertoire of the patient, and this is what "developmental communication" entails in the current study.

#### **4.5.Receptive Communication:**

It is known as "a number of skills that include listening to the language and understanding it". It is also defined as "the person's ability to understand communication and this is known as comprehension". It also refers to the ability to "understand words and uttered ideas, and to process auditory information." Simply put, it is a person's ability "to understand what is said to them."

There are aspects that demonstrate receptive language or receptive communication disorders. Such aspects include the weak capacity to understand and distinguish people's orientations. Another struggle revolves around understanding concepts and comprehending the various potential meanings and symbolic dimensions of words. Further weaknesses are establishing links between words, and understanding complex sentences.

In fact, the child suffering from this kind of troubles seems inattentive. He looks like he has not heard anything despite the normal physiological state of his hearing faculty. The child misuses the context and the circumstances in which the sentence uttered and encounters difficulties in understanding abstract words.

#### **4.6.Expressive Communication:**

It is known as an individual's capacity of verbal linguistic expression. Such capacity is manifested by producing coherent and intertwined words, sentences and expressions that are developed according to the patient's mental level. As for the expressive language disorder, or what is known as expressive communication disorder, it is a state wherein the child suffers

from a meagre number of lexemes, in addition to a weak capacity of forming compound sentences and of remembering words.

## **5. Procedures and Methods :**

### **5.1. Methodology Adopted:**

The present study is based on two methods. The first one is descriptive and involves collecting theoretical data related to the object of study. In fact, we consulted previously conducted pieces of research, and we analyzed and checked them in order to delimit and determine the problematic of the current research. Eventually, we formulated the research hypotheses. The second method that we adopted is the semi-experimental one, where we studied and built a grid for the evaluation of the communication code. This evaluation deals with two types of communication code: receptive and expressive, and each of the two has its own instructions which are to be considered and used during the application of the grid. The ultimate goal is to obtain the best code for the child who suffers from communicative disorders.

### **5.2. Presentation of the grid:**

The evaluation grid, is considered as a guiding tool that is simple to use and quick to apply, so that the time for applying its items does not exceed a few minutes. After analyzing and interpreting its clinical results, the specialist, whether psychologist or speech therapist, can determine the way he communicates with the case, regardless of its physiological or mental age. We hope in the future to develop the tool after it is applied to a sample with statistical value so that it allows us to study its psychometric properties. the situation objectively.

Research has come up with the evaluative grid of the communication code with its two parts: receptive and expressive. The following sections will elaborate on the grid's components, including the resources that we need to apply it, the instructions of using it,

how to distribute it, the way of interpreting the findings, and finally the way of filling in the findings report of the case's communicative code evaluation.

### **5.3. Experiment Conditions:**

The main conditions could be summed up into the following

#### **5.3.1. Serenity and Quiet :**

Which allow the child to play with the adult without losing focus. In fact, they meet in a quiet room which has no physical stimuli. Instructions are simplified as much as possible in order to have a simple communication which would bring the child and the specialist into an exchange about the materials provided to the patient.

#### **5.3.2. Child's Readiness and Attention:**

Here the specialist helps the child to discover the protocol's activities and materials. Furthermore, the specialist motivates the child to make an exchange through a direct stimulation of the child's attention in order to bring him out of his isolation. In this case, the specialist has to respect the period that the child needs in order to interact with the new environment. It is also known as the latency period and it differs from one child to another.

### **5.4. Organizing the Evaluation Setting:**

The evaluation room should have enough light and no decoration in order to reduce the number of physical stimuli that may disturb the child. The room should be equipped with two chairs and a box that contains the necessary tools and prompts. The specialist is required to grab the child's attention as much as possible, and orient him towards the protocol components that are put on the table. In case the child refuses, the specialist might exceptionally make the exam in the place which attracts the child's attention.

The evaluation of receptive communication lasts for about 10 minutes, whereas the evaluation of expressive communication lasts for about 15 minutes. The Specialist is

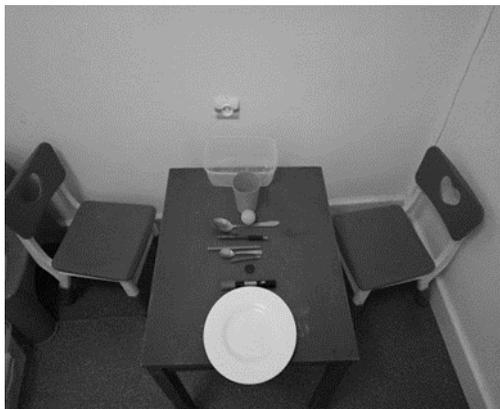
required to organize short and successive activities. The characteristics of each evaluation are going to be presented separately.

### **5.5.Evaluation of Receptive Communication:**

Each aspect is evaluated separately, and the receptive communication code is evaluated individually. The specialist puts all the materials on the table (as clarified in the picture below). The rest of the materials are put in a box on the specialist's left. Moreover, the Specialist puts the pictures catalogue on his right so that they can immediately provide communicative help and preserve the child's attention or the person we are about to evaluate. The Specialist fixes a camera from an angle which allows him to record the whole evaluative operation.

The principles of the protocol are applied one after the other according to the instructions grid. It should be noted in this regard that the instructions of the grid have been considered and ordered from simple to complex. When the child comes to the evaluation room and after sitting down at the evaluation table, the specialist starts introducing all the materials put on the table in front of them by saying their names in the language that the child uses on daily basis.

Picture (1): Photograph of a table and evaluative protocol materials



### **5.6.Evaluation of Expressive Communication:**

There could be a group evaluation of expressive communication as long as the number of children or people evaluated does not exceed three. In addition, it is not recommended that the responsible for the evaluation carries out the task on their own. Rather, it would be better if one or two assistants among his colleagues (educationalists, other specialists) attend the evaluation, so that the specialist could manage the evaluative operation in quiet.

The evaluation room is organized in a way that keeps the table which contains the patients' favorite snacks far from the table at which they are going to sit for evaluation. We put empty cups and dishes on the evaluation table, and we would serve what the evaluated person asks for. The objective behind this distance is not to allow the patients to reach the snacks on their own. In fact, the goal is to make the child or the person express their need in any way.

Once those children or persons come into the room and sit at their evaluation table, we introduce to them the names of all the snack ingredients (yogurt, dried fruits, chips, chocolate, candies, cookies). Eventually, we wait for the child to ask for what they want without allowing them to take the snack on their own. We may put pictures on the evaluation table which illustrate all the ingredients of the snack so that the children may express themselves if they prefer to.

All of the requests of the evaluated cases are accepted, be them spoken or by hand gestures or illustrative pictures, provided that we give small quantities from each food item that the child asks for, so that we push him indirectly to ask for more.

Once we are sure about the way the child makes a request, we move to evaluating other communicative functions, that is: Choosing and refusing (the instructions grid of expressive communication), and this is still by means of the snack components. We provide

two dishes to the evaluated child and we record what he will choose. More specifically, we record how he would express his choice.

### 5.7. Necessary Materials for the Evaluative Grid

**Chart (1): Materials for the evaluative grid of communication code**

Evaluating receptive communication	Evaluating expressive communication
<ul style="list-style-type: none"> <li>- Plastic transparent box without cover</li> <li>- Ball</li> <li>- Cup</li> <li>- Colored pencils: red and green</li> <li>- Dish</li> <li>- Plastic coin</li> <li>- Small and big spoons</li> <li>- Bottle of water</li> <li>- Table and chair for the child and another for the specialist</li> <li>- Video camera</li> </ul>	<ul style="list-style-type: none"> <li>- Favourite snack components for the child to be evaluated (Dried fruits, drinks, cookies, chocolate, water, salted food...)</li> <li>- Pictures representing all the components of the used snack (the number of illustrating pictures is according to the number of children to be evaluated)</li> <li>- A dish and a cup for each child</li> <li>- Two tables and chairs adapted to the child's level</li> <li>- Video camera</li> </ul>
<p>All of these materials have two identical copies</p>	

### 5.8. Instructions:

The observation grid is a tool that allows, as its name suggests, to observe a phenomenon, the professional lists a set of behaviors, skills or attitudes which he will

note the presence or absence. It is intended to be used on an ongoing basis so that it can lead to drawing up a profile of the person and, ultimately, to evaluating him.

The instructions are divided into two parts:

- Evaluation Instructions of receptive communication:
- Evaluation grid of Expressive Communication:

### **5.9. Research Findings:**

After finishing the evaluative operation including both its expressive and receptive aspects, the researcher moves to collecting the evaluation data. It is based on the accurate and repeated observation of the video records of each child separately, and starts with the receptive side then moves to the expressive one. Subsequently, the researcher completes the instruction grid specific to each aspect, then he comes up with the most efficient communicative code of the case. After the collection of the evaluation data, the researcher fills in the report of communication evaluation. On the one hand, the researcher would provide the most appropriate communication code to the parents of the case or to those responsible for the therapy, given that the code goes along with the abilities of the patient. On the other hand, the researcher would provide practical and realistic recommendations about the best way to communicate with the patient.

### **6. Discussion:**

According to Light, Beukelman and Reichle (Light, Reichle, Beukelman, 2003), four areas of competence must be assessed before implementing alternative and reinforcement communication : language, pragmatic, social, and strategic skills. Language competence corresponds to the degree of development of the child's language, whether it is receptive or expressive. The skills specific to each CAA communication program should also be considered. Currently, this pre-assessment is based on various assessments:

- Oral language assessment.

- Psychological evaluation.
- Evaluation of sensory functions.
- Evaluation of cognitive functions (memory, attention, executive functions).
- Evaluation of kinesthetic functions and praxis.

Despite these observations, we note that no test combines the different skills put forward by Light Beukelman and Reichle (Reichle, Beukelman, 2020), with the different areas explored in the Classic Assessments. Currently, the decision to choose the most appropriate communicative code depends on the treatment program or the psychologist judgment, but is rarely justified by an appropriate test. However, there are non-specific assessment tools such as the ECSP or Early Social Communication Assessment Scale is an assessment tool produced by Michel Guedetti and Catherine Tourette in 1993 (Michèle Guidetti, 1995). The aim of this tool is to help acquire or restore deficient communication skills in a therapeutic setting by assessing a child's abilities. This tool plays an essential role in assessing communication. It is ideal for accurately identifying the evolution of defective, or preserved communication functions and patterns.

It makes it possible to assess the child's skill development from one assessment to another in an accurate manner. On the other hand, the scale is very long and complex and his price isn't affordable for everyone. (carlier, 2013)Which prompted us to design a network or grid that does not require scarce or expensive resources and that for facilitate the work of the field specialist.

It is also worth noting in this context that the Children's Communication Checklist which is an assessment grid was produced by Bishop. It makes it possible to assess the pragmatic difficulties of children with language difficulties and allows the assessment of typical behaviors of the child in this network by assessing the qualitative aspects of language. However, this type of instrument is particularly sensitive to self-interpretation. In addition, the Bishop network is mainly concerned with the verbal aspect, and only a few items are

devoted to the non-verbal aspect. (Carlier, 2013) Therefore, we want the network to be a fair evaluation between the receptive and expressive linguistic aspects, so that it is directed to cases that have a linguistic level, even if it is simple, and at the same time, it can be used with cases that have not yet reached the development of a spoken language.

Although these metrics provide us as specialists with a general profile in different areas of communication growth and development. However, it does not tell us about the child's future ability to use one communicative method over another.

In fact, the role of speech therapist and psychologist is to develop functional and effective communication. However, with cases with communication disorders, he finds himself facing a lack of assessment tools that allow him to suggest an alternative method of communication that is most appropriate to his patient's potential. That is why we have proposed a functional assessment tool, which makes it possible to better adapt to the child.

#### **7. Research recommendations :**

- Assessment of the communication code is one of the first steps to take before starting the steps of therapy of any communication disorder, because it determines how the specialist communicates with his patient.
- The evaluation grid that we have presented is at this stage a functional grid making possible to target and organize the clinical communicational data of the person to be evaluated. This grid does not in any way claim to replace any test as long as no psychometric study has yet been done.
- We recommend that this grid be applied to all communication disorders, particularly in childhood, including suspected autism.
- We recommend before applying this grid to perform a neurological and general medical assessment (referral to a neuro-physiologist and an ENT)
- We recommend that this grid be used at the start of therapy, in order to determine

the communication code to establish with the person, but also to schedule re-evaluations at regular intervals in order to readjust the communication code according to the evolution of the person and his response to the therapy.

## 8. Conclusion :

The grid that we have built represents an evaluative tool of high clinical value. The reason is that it is quickly applied on the child, and does not require specialists to do a specific formation or possess resources that are hard to get. Thus, we opted for a tool which suits all specialists, be them psychologists or speech therapists. Last but not least, the designed grid provides paramount information that are necessary for communicating with cases regardless of their age, by means of evaluative reports and pieces of advice for improving the communicative aspect of those cases in an individual and accurate manner.

## References:

1. American psychiatric association. (2013). *Diagnostic and statistical manual of mental disorders* (5th Ed). Washington DC: APA.
2. carlier, j. (2013). *vers une communication alternative: outil d'évaluation pour l'orientation de personnes non-verbales avec autisme: mémoire en vue de l'obtention du certificat de capacité d'orthophonie*. université lille 2: non-édité.
3. Cataix-Negre., (E) . (2017). *Communiquer autrement. Accompagner les personnes avec des troubles de la parole ou du langage : les communications alternatives*. 2e édition. Paris., deboek supérieur.
4. Cress, J., Marvin, CA, (2003). *Common questions about AAC services in early intervention. Augmentative and alternative communication* 19(4). Special Education and Communication Disorders Faculty Publications. 88.
5. Beukelman, DR. Light, JC. (2020). *Augmentative and Alternative Communication, Supporting Children and Adults with Complex Communication Needs*. Baltimore: brookespublishing.

6. Dubois., J et autre. (1999).*Dictionnaire de linguistique*. deuxième edition,larrousse-Dordas.
7. Light, JC. Beuklman,DR. Reichle,J. (2003). *Communicative Competence for Individuals who Use AAC: From Research to Effective Practice*. baltimor: Brookes Publishing Company.
8. Martino.,C. (2018). *La communication. Présentation de formation*. Non-édité. Mostaganem .
9. Guidetti,M. Tourette, C. (1995). Un nouvel outil d'évaluation des compétences communicatives du jeune enfant : l'ECSP et sa validation. *Enfance; Psychologie, Pédagogie, Neuropsychiatrie, Sociologie* 48(2), 173-178.
10. Millar., DC , Light., JC, and Schlosser., RW. (2006). *The impact of augmentative and alterative communication intervention on the speech production of individus with developmental disabilities: a research review*. Journal of speech, language and hearing research. Vol (49).
11. Romski,MA..Sevick, R., RA and all. (2005). *Communication patterns of individuals with moderate or severe cognitive disabilities: interactions with unfamiliar partners*. American journal on mental retardation 110(3).
12. المرشدي، عماد عبيد. (2014). اضطرابات التواصل. مجلة كلية التربية الاساسية للعلوم التربوية والنفسية، جامعة بابل، العراق .
13. كايسة عليك. (2005). المرجعية اللسانية للمقاربة التواصلية في تعليم اللغات وتعلمها، رسالة لنيل شهادة الدكتوراه في اللغة والأدب العربي،. جامعة مولود معمري تيزي وزو، الجزائر.: أطروحة دكتوراه غير منشورة.
14. حزام، فهيمة. (5 مارس, 2017). منصة الدروس لجامعة سطيف. تم الاسترداد من الكفاءة التواصلية، <http://cte.univ-setif.dz/coursenligne/competencecommunicative> :

## Annexes

First name:.....

Last name: .....

Date of birth: .....

Date of the examination: .....

Put a cross (X) in the column of the instruction which corresponds to the observation

**Chart (1): Evaluation grid of receptive communication**

		Uttered instruction	Uttered instruction with hand orientation	Visual aids- pictures	Instruction using objects	Hand orientation
1	Give me the box					
2	Give me the ball					
3	Give me the cup					
4	Give me the red coloured pencil					
5	Give me the green coloured pencil					
6	Show me the dish					
7	Show me the small spoon					
8	Show me the big spoon					
9	Put the pen in the box					
10	Put the plastic coin in the box					
11	Put the ball in the box					
12	Put the pen on the dish					
13	Give me the pen then put the spoon in the					

	box					
14	Knock at the table, then put your hand on your head					
15	Put the ball in the box, then put the box on the floor					
16	I pour you a cup of water then you drink it					
17	Pour me a cup of water					

**Chart (2): Evaluation Grid of Expressive Communication**

**Communication Forms**

Communication Functions	Linguistic		Hand	Illustrating	Objects
	Sentence	Word	Gestures	Pictures	Cards
Request					
Refusal					
Choice					
Providing Information					
Searching for Information					
Asking for Help					
Expressing Feelings					