

ASL_011

0/95 cross sect data

P012A23

The MacArthur Communicative Developmental Inventory For American Sign Language

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Family Information

Today's date 4-23-93

Child's Birthdate 5-7-91

Male ☒ Female ☐

Age 2 26mo

Is your child deaf? Yes ☒ No ☐ When did he/she become deaf? Birth deaf

What was the cause? Birth deaf

Is mother deaf? Yes ☒ No ☐ Are mother's parents deaf? Yes ☐ No ☒

Is father deaf? Yes ☒ No ☐ Are father's parents deaf? Yes ☐ No ☒

Any deaf brothers or sisters? Yes ☒ No ☐ If yes, how old? 5 yrs old

Any other deaf relatives? _____

What language does your child use at home? ASL

Which hand does your child prefer for signing? L ☒ R ☒ For eating? L ☐ R ☒

For rolling or throwing a ball? L ☐ R ☒

Early Understanding

Before children begin to sign, they understand what signs mean. They respond to people signing familiar signs and phrases. Below are some examples of phrases. Does your child do any of these?

1. Respond to his/her name sign? Yes ☒ No ☐
2. Respond to NO or FINISH by stopping what he/she is doing? Yes ☒ No ☐
3. Look for mommy/daddy if you sign WHERE MOMMY/DADDY? Yes ☒ No ☐

In the list below, make an X by the sign phrases that your child understands.

BE-CAREFUL <input checked="" type="checkbox"/>	GET-UP <input checked="" type="checkbox"/>	SPIT IT OUT <input type="checkbox"/>
BRING-ME <input checked="" type="checkbox"/>	GIVE-TO MOMMY <input checked="" type="checkbox"/>	TIME GO BYE-BYE <input checked="" type="checkbox"/>
CHANGE DIAPER <input checked="" type="checkbox"/>	GIVE-ME HUG <input checked="" type="checkbox"/>	THROW BALL <input checked="" type="checkbox"/>
COME-HERE <input checked="" type="checkbox"/>	GIVE-ME KISS <input checked="" type="checkbox"/>	YOU HUNGRY? <input checked="" type="checkbox"/>
DADDY/MOMMY HOME <input checked="" type="checkbox"/>	GOOD GIRL/BOY <input checked="" type="checkbox"/>	YOU TIRED/SLEEPY? <input checked="" type="checkbox"/>
DON'T TOUCH/NO TOUCH <input checked="" type="checkbox"/>	OPEN YOUR MOUTH <input checked="" type="checkbox"/>	YOU-WANT GO? <input checked="" type="checkbox"/>
FINISH <input checked="" type="checkbox"/>	SIT-DOWN <input checked="" type="checkbox"/>	YOU-WANT MORE? <input checked="" type="checkbox"/>

Nouns = 47 - 47 = 49

Vrbs = 21 - 21 = 21

Closed = 4

55%

30%

5%

46

26

Entered 7-7-93

85

Vocabulary Checklist

We are interested in your child's sign language. We want to know what your child signs. Please look through the list of signs below. If your child uses that sign, put an X in the box next to the word. Your child may not yet use the "correct" adult sign for a word, but uses a different sign (baby sign). If your child uses a "baby sign" for that word, put an X in the box. Don't worry if your child only knows a few signs now because this is a collection of signs from many children at different ages.

Animals

- | | | |
|---|--|---------------------------------------|
| 1. ALLIGATOR <input type="checkbox"/> | 13. DUCK <input checked="" type="checkbox"/> | 25. ROOSTER <input type="checkbox"/> |
| 2. ANT/BUG <input checked="" type="checkbox"/> | 14. ELEPHANT <input checked="" type="checkbox"/> | 26. SHEEP <input type="checkbox"/> |
| 3. BEAR <input checked="" type="checkbox"/> | 15. FISH <input checked="" type="checkbox"/> | 27. SKUNK <input type="checkbox"/> |
| 4. BEE <input checked="" type="checkbox"/> | 16. FROG <input type="checkbox"/> | 28. SQUIRREL <input type="checkbox"/> |
| 5. BIRD/CHICKEN <input checked="" type="checkbox"/> | 17. GIRAFFE <input type="checkbox"/> | 29. TIGER <input type="checkbox"/> |
| 6. BUNNY/RABBIT <input checked="" type="checkbox"/> | 18. HEN <input type="checkbox"/> | 30. TURKEY <input type="checkbox"/> |
| 7. BUTTERFLY <input checked="" type="checkbox"/> | 19. HORSE <input checked="" type="checkbox"/> | 31. TURTLE <input type="checkbox"/> |
| 8. CAT <input checked="" type="checkbox"/> | 20. LION <input type="checkbox"/> | 32. WOLF <input type="checkbox"/> |
| 9. COW <input checked="" type="checkbox"/> | 21. MONKEY <input type="checkbox"/> | |
| 10. DEER <input checked="" type="checkbox"/> | 22. MOUSE <input checked="" type="checkbox"/> | |
| 11. DOG <input checked="" type="checkbox"/> | 23. OWL <input type="checkbox"/> | |
| 12. DONKEY <input type="checkbox"/> | 24. PIG <input type="checkbox"/> | |

~~Horse~~ X

Other Signs:

15

Clothing

- | | | |
|---|--|--|
| 1. BELT <input type="checkbox"/> | 9. GLOVES <input type="checkbox"/> | 17. SHOE <input checked="" type="checkbox"/> |
| 2. BIB <input type="checkbox"/> | 10. HAT <input type="checkbox"/> | 18. SHORTS <input type="checkbox"/> |
| 3. BOOT <input type="checkbox"/> | 11. HEARING AID <input type="checkbox"/> | 19. SNOWSUIT <input type="checkbox"/> |
| 4. BUTTON <input type="checkbox"/> | 12. NECKLACE <input type="checkbox"/> | 20. SOCK <input checked="" type="checkbox"/> |
| 5. CLOTHES/DRESS <input type="checkbox"/> | 13. PAJAMAS <input type="checkbox"/> | 21. SWEATER <input type="checkbox"/> |
| 6. COAT/JACKET <input type="checkbox"/> | 14. PANTS <input type="checkbox"/> | 22. TIGHTS <input type="checkbox"/> |
| 7. DIAPER <input checked="" type="checkbox"/> | 15. SCARF <input type="checkbox"/> | 23. UNDERPANTS <input type="checkbox"/> |
| 8. EARRING <input type="checkbox"/> | 16. SHIRT <input type="checkbox"/> | 24. ZIPPER <input type="checkbox"/> |

Other Signs:

3

Small Household Items

1. BAND-AID ☐
2. BASKET ☐
3. BLANKET ☒
4. BOTTLE ☐
5. BOX ☐
6. BOWL ☐
7. BROOM ☐
8. BRUSH ☐
9. CAMERA ☐
10. COMB ☒
11. FORK ☐
12. GLASS ☐
13. GLASSES ☐
14. HAMMER ☐

15. JAR ☐
16. KEYS ☐
17. KNIFE ☐
18. LIGHT ☐
19. MEDICINE ☐
20. MIRROR ☐
21. MONEY ☐
22. MOP ☐
23. NAPKIN ☐
24. PAPER ☐
25. PENNY/CENT/COIN ☐
26. PICTURE ☐
27. PLANT ☐
28. PLATE ☐

29. PURSE ☐
30. RADIO ☐
31. SCISSORS ☐
32. SOAP ☐
33. SPOON ☐
34. TAPE ☐
35. TELEPHONE ☐
36. TISSUE/KLEENEX ☐
37. TOOTHBRUSH ☐
38. TOWEL ☐
39. TRASH/GARBAGE ☐
40. VACUUM ☐
41. WRISTWATCH ☐

Other Signs:

2

People

1. AUNT ☐
2. BABY ☒
3. BABYSITTER ☐
4. (Babysitter's Name) ☐
5. BOY ☐
6. BROTHER ☐
7. (Child's Own Name) ☐
8. CHILD/KID ☐
9. CLOWN ☐
10. COWBOY ☐
11. DADDY ☐

12. DOCTOR ☐
13. FIREMAN ☐
14. FRIEND ☐
15. GIRL ☐
16. GRANDMA ☒
17. GRANDPA ☒
18. INDIAN ☐
19. MAILMAN ☐
20. MAN ☐
21. MOMMY ☒
22. NURSE ☐

23. PEOPLE ☐
24. PERSON ☐
25. (Pet's Name) ☐
26. POLICE ☐
27. SANTA CLAUS ☐
28. SISTER ☐
29. TEACHER ☐
30. UNCLE ☐
31. WOMAN ☐

Other Signs:

4

Food And Drink

- | | | |
|--|---|---|
| 1. APPLE <input type="checkbox"/> | 20. FISH <input type="checkbox"/> | 39. POPSICLE <input type="checkbox"/> |
| 2. BANANA <input type="checkbox"/> | 21. FOOD <input type="checkbox"/> | 40. POTATO <input type="checkbox"/> |
| 3. BEANS <input type="checkbox"/> | 22. FRENCH FRIES <input type="checkbox"/> | 41. POTATO CHIPS <input type="checkbox"/> |
| 4. BREAD <input checked="" type="checkbox"/> | 23. GRAPES <input type="checkbox"/> | 42. PUMPKIN <input type="checkbox"/> |
| 5. BUTTER <input type="checkbox"/> | 24. GREEN BEANS <input type="checkbox"/> | 43. SALAD <input type="checkbox"/> |
| 6. CAKE <input type="checkbox"/> | 25. GUM <input type="checkbox"/> | 44. SALT <input type="checkbox"/> |
| 7. CANDY <input checked="" type="checkbox"/> | 26. HAMBURGER <input type="checkbox"/> | 45. SANDWICH <input type="checkbox"/> |
| 8. CEREAL <input type="checkbox"/> | 27. ICE <input type="checkbox"/> | 46. SAUCE <input type="checkbox"/> |
| 9. CHEESE <input checked="" type="checkbox"/> | 28. ICE CREAM <input checked="" type="checkbox"/> | 47. SODA/POP <input type="checkbox"/> |
| 10. CHICKEN <input type="checkbox"/> | 29. JELLY <input type="checkbox"/> | 48. SOUP <input type="checkbox"/> |
| 11. CHOCOLATE <input type="checkbox"/> | 30. JUICE <input type="checkbox"/> | 49. SPAGHETTI <input checked="" type="checkbox"/> |
| 12. COFFEE <input type="checkbox"/> | 31. LOLLIPOP <input checked="" type="checkbox"/> | 50. STRAWBERRY <input type="checkbox"/> |
| 13. COKE <input type="checkbox"/> | 32. MEAT <input type="checkbox"/> | 51. TEA <input type="checkbox"/> |
| 14. COOKIE <input type="checkbox"/> | 33. MILK <input checked="" type="checkbox"/> | 52. TOAST <input type="checkbox"/> |
| 15. CORN <input type="checkbox"/> | 34. NUTS <input type="checkbox"/> | 53. VANILLA <input type="checkbox"/> |
| 16. CRACKER <input checked="" type="checkbox"/> | 35. ORANGE <input type="checkbox"/> | 54. VITAMINS <input type="checkbox"/> |
| 17. DONUT <input type="checkbox"/> | 36. PEANUT BUTTER <input type="checkbox"/> | 55. WATER <input checked="" type="checkbox"/> |
| 18. DRINK <input checked="" type="checkbox"/> | 37. PIZZA <input type="checkbox"/> | 56. WATERMELON <input type="checkbox"/> |

Other Signs:

9/10

Prepositions And Locations

- | | | |
|------------------------------------|---------------------------------------|------------------------------------|
| 1. ABOUT <input type="checkbox"/> | 7. FOR <input type="checkbox"/> | 13. OVER <input type="checkbox"/> |
| 2. ABOVE <input type="checkbox"/> | 8. HERE <input type="checkbox"/> | 14. TO <input type="checkbox"/> |
| 3. BACK <input type="checkbox"/> | 9. INSIDE/IN <input type="checkbox"/> | 15. UNDER <input type="checkbox"/> |
| 4. BEHIND <input type="checkbox"/> | 10. NEXT-TO <input type="checkbox"/> | 16. UP <input type="checkbox"/> |
| 5. BESIDE <input type="checkbox"/> | 11. ON <input type="checkbox"/> | 17. WITH <input type="checkbox"/> |
| 6. DOWN <input type="checkbox"/> | 12. OUT <input type="checkbox"/> | |

Other Signs:

E

Toys

1. BALL ☒
2. BALLOON ☒
3. BAT ☐
4. BOOK ☒

5. DOLL ☐
6. GAME ☐
7. PENCIL ☐
8. PRESENT ☐

9. PUZZLE ☐
10. ROBOT ☐
11. STORY ☒
12. TOY ☐

Other Signs:

4

Body Parts

1. ARM ☐
2. BELLY BUTTON ☐
3. BUTTOCKS/BOTTOM ☐
4. CHEEK ☐
5. CHIN ☐
6. EAR ☐
7. EYE ☐
8. FACE ☐
9. FEET ☐

10. FINGER ☐
11. HAIR ☐
12. HAND ☐
13. HEAD ☐
14. KNEE ☐
15. LEG ☐
16. LIPS ☐
17. MOUTH ☐
18. NOSE ☐

19. OWIE/BOO BOO ☐
20. PENIS ☐
21. SHOULDER ☐
22. TOOTH ☐
23. TOE ☐
24. TONGUE ☐
25. TUMMY ☐
26. VAGINA ☐

Other Signs:

6

Pronouns

1. HE/SHE/IT ☐
2. HERS/HIS ☐
3. ME ☐
4. MY/MINE ☒
5. MYSELF ☐

6. OUR ☐
7. THAT ☐
8. THEIR ☐
9. THESE ☐
10. THEY ☐

11. WE ☐
12. YOU ☐
13. YOUR ☐
14. YOURSELF ☐

Other Signs:

1

Furniture And Rooms

- | | | |
|---|--|--|
| 1. BASEMENT <input type="checkbox"/> | 9. DRAWER <input type="checkbox"/> | 17. SHOWER <input type="checkbox"/> |
| 2. BATHROOM/TOILET <input type="checkbox"/> | 10. DRYER <input type="checkbox"/> | 18. STAIRS <input type="checkbox"/> |
| 3. BATHTUB <input type="checkbox"/> | 11. GARAGE <input type="checkbox"/> | 19. TABLE <input type="checkbox"/> |
| 4. BED <input checked="" type="checkbox"/> | 12. KITCHEN <input type="checkbox"/> | 20. TV <input checked="" type="checkbox"/> |
| 5. BEDROOM <input type="checkbox"/> | 13. LIVING ROOM <input type="checkbox"/> | 21. WASHING MACHINE <input type="checkbox"/> |
| 6. CHAIR <input type="checkbox"/> | 14. REFRIGERATOR <input type="checkbox"/> | 22. WINDOW <input type="checkbox"/> |
| 7. CLOSET <input type="checkbox"/> | 15. ROCKING CHAIR <input type="checkbox"/> | |
| 8. DOOR <input type="checkbox"/> | 16. ROOM <input type="checkbox"/> | |

Other Signs:

2

Outside Things

- | | | |
|---|--|--|
| 1. BACKYARD/YARD <input type="checkbox"/> | 9. MOON <input checked="" type="checkbox"/> | 17. STAR <input type="checkbox"/> |
| 2. CLOUD <input type="checkbox"/> | 10. RAIN <input checked="" type="checkbox"/> | 18. STREET <input type="checkbox"/> |
| 3. FLAG <input type="checkbox"/> | 11. ROCK <input type="checkbox"/> | 19. SUN <input type="checkbox"/> |
| 4. FLOWER <input checked="" type="checkbox"/> | 12. SHOVEL <input type="checkbox"/> | 20. SWING <input type="checkbox"/> |
| 5. GRASS <input type="checkbox"/> | 13. SLIDE <input type="checkbox"/> | 21. TREE <input type="checkbox"/> |
| 6. HOSE <input type="checkbox"/> | 14. SNOW <input type="checkbox"/> | 22. WATER <input checked="" type="checkbox"/> |
| 7. LADDER <input type="checkbox"/> | 15. SNOWMAN <input type="checkbox"/> | 23. WIND <input type="checkbox"/> |
| 8. LAWN MOWER <input type="checkbox"/> | 16. SPRINKLER <input type="checkbox"/> | |

Other Signs:

34

Signs About Time

- | | | |
|-------------------------------------|-------------------------------------|--|
| 1. AFTER <input type="checkbox"/> | 6. MORNING <input type="checkbox"/> | 11. TOMORROW <input type="checkbox"/> |
| 2. BEFORE <input type="checkbox"/> | 7. NIGHT <input type="checkbox"/> | 12. TONIGHT <input type="checkbox"/> |
| 3. DAY <input type="checkbox"/> | 8. NOW <input type="checkbox"/> | 13. UP-TO-NOW <input type="checkbox"/> |
| 4. LATER <input type="checkbox"/> | 9. TIME <input type="checkbox"/> | 14. YESTERDAY <input type="checkbox"/> |
| 5. NOT-YET <input type="checkbox"/> | 10. TODAY <input type="checkbox"/> | |

Other Signs:

6

Places To Go

- | | | |
|--|---|---|
| 1. BEACH <input type="checkbox"/> | 8. GAS STATION <input type="checkbox"/> | 15. PLAYGROUND <input type="checkbox"/> |
| 2. CAMPING <input type="checkbox"/> | 9. HOME <input checked="" type="checkbox"/> | 16. SCHOOL <input checked="" type="checkbox"/> |
| 3. CHURCH <input type="checkbox"/> | 10. HOUSE <input type="checkbox"/> | 17. STORE <input type="checkbox"/> |
| 4. CIRCUS <input type="checkbox"/> | 11. MOVIE <input type="checkbox"/> | 18. TOWN <input type="checkbox"/> |
| 5. COUNTRY <input type="checkbox"/> | 12. OUTSIDE <input type="checkbox"/> | 19. WORK <input checked="" type="checkbox"/> |
| 6. FARM <input type="checkbox"/> | 13. PARTY <input type="checkbox"/> | 20. ZOO <input type="checkbox"/> |
| 7. FOREST/WOODS <input type="checkbox"/> | 14. PICNIC <input type="checkbox"/> | |

Other Signs:

2 3

Vehicles

- | | | |
|---|---|------------------------------------|
| 1. AIRPLANE <input checked="" type="checkbox"/> | 5. CAR <input checked="" type="checkbox"/> ← | 9. SLED <input type="checkbox"/> |
| 2. BICYCLE <input checked="" type="checkbox"/> | 6. FIRETRUCK <input type="checkbox"/> | 10. TRAIN <input type="checkbox"/> |
| 3. BOAT <input type="checkbox"/> | 7. HELICOPTER <input checked="" type="checkbox"/> | 11. TRUCK <input type="checkbox"/> |
| 4. BUS <input type="checkbox"/> | 8. MOTORCYCLE <input type="checkbox"/> | |

Other Signs:

4

Games And Routines

- | | | |
|---|--|---|
| 1. BATH <input checked="" type="checkbox"/> | 8. GO POTTY <input type="checkbox"/> | 15. PLEASE <input checked="" type="checkbox"/> |
| 2. BREAKFAST <input type="checkbox"/> | 9. HI <input checked="" type="checkbox"/> | 16. SHH/SHUSH <input type="checkbox"/> |
| 3. BYE <input checked="" type="checkbox"/> | 10. LUNCH <input type="checkbox"/> | 17. SHOPPING <input type="checkbox"/> |
| 4. CALL(TDD) <input type="checkbox"/> | 11. NAP <input type="checkbox"/> | 18. SORRY <input type="checkbox"/> |
| 5. DINNER <input type="checkbox"/> | 12. NO <input checked="" type="checkbox"/> | 19. THANK YOU <input checked="" type="checkbox"/> |
| 6. GIVE-ME-FIVE <input type="checkbox"/> | 13. PEE/BM <input type="checkbox"/> | 20. WAKE-UP <input type="checkbox"/> |
| 7. CATCH <input type="checkbox"/> | 14. PEEKABOO <input checked="" type="checkbox"/> | 21. YES <input type="checkbox"/> |

Other Signs:

7

Helping Verbs

- | | | |
|--|---|---|
| 1. CAN <input type="checkbox"/> | 5. DON'T-LIKE <input type="checkbox"/> | 9. WANT <input checked="" type="checkbox"/> |
| 2. CAN'T <input type="checkbox"/> | 6. DON'T-WANT <input checked="" type="checkbox"/> | 10. WILL <input type="checkbox"/> |
| 3. DON'T-CARE <input type="checkbox"/> | 7. HAVE-TO/NEED/MUST <input type="checkbox"/> | |
| 4. DON'T-KNOW <input type="checkbox"/> | 8. LET-ME-SEE <input checked="" type="checkbox"/> | |

Other Signs:

3

Quantifiers

- | | | |
|--|--|-----------------------------------|
| 1. ALL <input type="checkbox"/> | 5. GONE/ALL-GONE <input checked="" type="checkbox"/> | 9. OTHER <input type="checkbox"/> |
| 2. A LOT/MUCH <input type="checkbox"/> | 6. MORE <input type="checkbox"/> | 10. SAME <input type="checkbox"/> |
| 3. ANY <input type="checkbox"/> | 7. NOT <input type="checkbox"/> | 11. SOME <input type="checkbox"/> |
| 4. EACH/EVERY <input type="checkbox"/> | 8. NONE <input checked="" type="checkbox"/> | |

Other Signs:

2

Connecting Signs

- | | | |
|-------------------------------------|--|----------------------------------|
| 1. AND <input type="checkbox"/> | 3. BUT <input type="checkbox"/> | 5. SO <input type="checkbox"/> |
| 2. BECAUSE <input type="checkbox"/> | 4. IF/SUPPOSE <input type="checkbox"/> | 6. THEN <input type="checkbox"/> |

Other Signs:

0

Action Signs

- | | | |
|---|--|---|
| 1. AWAY <input checked="" type="checkbox"/> | 34. GIVE <input type="checkbox"/> | 67. SEE <input type="checkbox"/> |
| 2. BITE <input checked="" type="checkbox"/> | 35. GO <input type="checkbox"/> | 68. SEARCH-FOR <input type="checkbox"/> |
| 3. BLOW <input checked="" type="checkbox"/> | 36. HATE <input type="checkbox"/> | 69. SHAKE <input type="checkbox"/> |
| 4. BREAK <input checked="" type="checkbox"/> | 37. HAVE <input type="checkbox"/> | 70. SHARE <input checked="" type="checkbox"/> |
| 5. BRING/CARRY <input type="checkbox"/> | 38. HEAR <input type="checkbox"/> | 71. SHOW <input type="checkbox"/> |
| 6. BUILD <input type="checkbox"/> | 39. HELP <input type="checkbox"/> | 72. SIGN <input type="checkbox"/> |
| 7. BUY <input type="checkbox"/> | 40. HIDE <input type="checkbox"/> | 73. SIT <input checked="" type="checkbox"/> |
| 8. CATCH <input type="checkbox"/> | 41. HIT <input checked="" type="checkbox"/> | 74. SKATE <input type="checkbox"/> |
| 9. CHASE <input type="checkbox"/> | 42. HOLD <input type="checkbox"/> | 75. SLEEP <input checked="" type="checkbox"/> |
| 10. CHAT <input type="checkbox"/> | 43. HUG <input type="checkbox"/> | 76. SLIDE <input type="checkbox"/> |
| 11. CHOOSE <input type="checkbox"/> | 44. HURRY <input type="checkbox"/> | 77. SMILE <input type="checkbox"/> |
| 12. CLAP <input checked="" type="checkbox"/> | 45. IMAGINE <input type="checkbox"/> | 78. SPILL <input type="checkbox"/> |
| 13. CLEAN <input type="checkbox"/> | 46. JUMP <input type="checkbox"/> | 79. STAND <input type="checkbox"/> |
| 14. CLIMB <input type="checkbox"/> | 47. KICK <input type="checkbox"/> | 80. STAY <input checked="" type="checkbox"/> |
| 15. CLOSE <input type="checkbox"/> | 48. KISS <input checked="" type="checkbox"/> | 81. STOP <input checked="" type="checkbox"/> |
| 16. COOK <input type="checkbox"/> | 49. KNOCK <input type="checkbox"/> | 82. SWEEP <input type="checkbox"/> |
| 17. CRY <input checked="" type="checkbox"/> | 50. LICK <input type="checkbox"/> | 83. SUPPOSE <input type="checkbox"/> |
| 18. CUT <input type="checkbox"/> | 51. LIKE <input type="checkbox"/> | 84. SWIM <input type="checkbox"/> |
| 19. DANCE <input type="checkbox"/> | 52. LOOK <input type="checkbox"/> | 85. SWING <input type="checkbox"/> |
| 20. DRAW <input type="checkbox"/> | 53. LOVE <input type="checkbox"/> | 86. TALK <input type="checkbox"/> |
| 21. DRINK <input checked="" type="checkbox"/> | 54. MAKE <input type="checkbox"/> | 87. TAKE-PILL <input type="checkbox"/> |
| 22. DRIVE <input checked="" type="checkbox"/> | 55. OPEN <input type="checkbox"/> | 88. TASTE <input type="checkbox"/> |
| 23. DROP <input type="checkbox"/> | 56. PAINT <input type="checkbox"/> | 89. TEAR <input type="checkbox"/> |
| 24. EAT <input checked="" type="checkbox"/> | 57. PICK <input type="checkbox"/> | 90. TELL <input type="checkbox"/> |
| 25. ENTER <input type="checkbox"/> | 58. PLAY <input type="checkbox"/> | 91. THINK <input type="checkbox"/> |
| 26. FALL <input checked="" type="checkbox"/> | 59. POUR <input type="checkbox"/> | 92. THROW <input type="checkbox"/> |
| 27. FEED <input type="checkbox"/> | 60. PULL <input type="checkbox"/> | 93. TOUCH <input type="checkbox"/> |
| 28. FIND <input checked="" type="checkbox"/> | 61. PUSH <input checked="" type="checkbox"/> | 94. WAIT <input type="checkbox"/> |
| 29. FINISH <input type="checkbox"/> | 62. PUT <input type="checkbox"/> | 95. WALK <input type="checkbox"/> |
| 30. FIT <input type="checkbox"/> | 63. READ <input type="checkbox"/> | 96. WASH <input type="checkbox"/> |
| 31. FIX <input type="checkbox"/> | 64. RIDE-IN <input type="checkbox"/> | 97. WATCH <input type="checkbox"/> |
| 32. GET/TAKE <input type="checkbox"/> | 65. RUN <input type="checkbox"/> | 98. WISH <input type="checkbox"/> |
| 33. GET-A-SHOT <input type="checkbox"/> | 66. SAY <input type="checkbox"/> | 99. WORK <input checked="" type="checkbox"/> |

Other Signs:

18x9

Descriptive Signs

- | | | |
|--|--|---|
| 1. BAD <input type="checkbox"/> | 19. HAPPY <input type="checkbox"/> | 37. QUIET <input type="checkbox"/> |
| 2. BETTER <input type="checkbox"/> | 20. HARD <input type="checkbox"/> | 38. RED <input checked="" type="checkbox"/> |
| 3. BIG <input type="checkbox"/> | 21. HEAVY <input type="checkbox"/> | 39. SAD <input type="checkbox"/> |
| 4. BLACK <input type="checkbox"/> | 22. HIGH <input type="checkbox"/> | 40. SCARED <input type="checkbox"/> |
| 5. BLUE <input type="checkbox"/> | 23. HOT <input type="checkbox"/> | 41. SICK <input type="checkbox"/> |
| 6. BROWN <input type="checkbox"/> | 24. HUNGRY <input type="checkbox"/> | 42. SLEEPY <input type="checkbox"/> |
| 7. CAREFUL <input checked="" type="checkbox"/> | 25. HURT <input checked="" type="checkbox"/> | 43. SLOW <input type="checkbox"/> |
| 8. COLD <input checked="" type="checkbox"/> | 26. LAST <input type="checkbox"/> | 44. SOFT <input type="checkbox"/> |
| 9. CUTE <input type="checkbox"/> | 27. LITTLE <input type="checkbox"/> | 45. STICKY <input type="checkbox"/> |
| 10. DARK <input type="checkbox"/> | 28. LONG <input type="checkbox"/> | 46. STUCK <input type="checkbox"/> |
| 11. DIRTY <input type="checkbox"/> | 29. MAD/ANGRY <input type="checkbox"/> | 47. THIRSTY <input type="checkbox"/> |
| 12. EMPTY <input type="checkbox"/> | 30. NEW <input type="checkbox"/> | 48. TIRED <input type="checkbox"/> |
| 13. FAST <input type="checkbox"/> | 31. NICE <input type="checkbox"/> | 49. WET <input checked="" type="checkbox"/> |
| 14. FINE <input type="checkbox"/> | 32. NOISY <input type="checkbox"/> | 50. WHITE <input type="checkbox"/> |
| 15. FIRST <input type="checkbox"/> | 33. OLD <input type="checkbox"/> | 51. WINDY <input type="checkbox"/> |
| 16. FULL <input type="checkbox"/> | 34. ORANGE <input type="checkbox"/> | 52. YELLOW <input type="checkbox"/> |
| 17. GOOD <input type="checkbox"/> | 35. POOR <input type="checkbox"/> | 53. YUCKY <input type="checkbox"/> |
| 18. GREEN <input type="checkbox"/> | 36. PRETTY <input type="checkbox"/> | |

Other Signs:

5

Question Signs

- | | | |
|-------------------------------------|--|----------------------------------|
| 1. DO-DO <input type="checkbox"/> | 5. WHAT <input type="checkbox"/> | 9. WHO <input type="checkbox"/> |
| 2. HOW <input type="checkbox"/> | 6. WHEN <input type="checkbox"/> | 10. WHY <input type="checkbox"/> |
| 3. "WHAT" <input type="checkbox"/> | 7. WHERE <input checked="" type="checkbox"/> | |
| 4. W-H-A-T <input type="checkbox"/> | 8. WHICH <input type="checkbox"/> | |

Other Signs:

1

Does your baby combine signs to make sentences? Yes ☐ No ☒

If yes, please write examples of your child's three longest ASL sentences:

These are signs that we didn't include on the first CDI. Please check the box next to a sign if your child knows that sign.

Animals

ANIMAL ☐SNAKE ☐ZEBRA ☐FOX ☐SPIDER ☐Other: DOG, CAT, + Elephant

Clothing

SANDALS ☐SWIMSUIT ☐

Other: _____

Small Household Items

LETTER ☐REFRIGERATOR ☐TDD ☐NEWSPAPER ☐Other: Books

People

COUSIN ☐MONSTER ☐SPEECH THERAPIST ☐INTERPRETER ☐NAME SIGNS ☐

Other: _____

Food & Drink

BAGEL ☐ONION ☐TOMATO ☐CARROT ☐PANCAKE ☐VEGETABLE ☐CREAM CHEESE ☐SYRUP ☐WAFFLE ☐EGG ☐

Other: _____

Prepositions & Locations

BETWEEN ☐FRONT ☐

Other: _____

Furniture & Rooms

DINING ROOM ☐

Other: _____

Outside Things

EARTH ☐TENT ☐TICKET ☐LIGHTNING ☐THUNDER ☐

Other: _____

Time

DAYS OF THE WEEK ☐MONTH ☐

Other: _____

SOON ☐WEEK ☐YEAR ☐

Places To Go

McDONALD'S ☐

Other: _____

VACATION ☐AMBULANCE ☐

Other: _____

Games & Routines

BASEBALL ☐BASKETBALL ☐BOWLING ☐BRUSH HAIR ☐FOOTBALL ☐

Other: _____

GOLF ☐I-LOVE-YOU ☐LET'S-SEE/WE'LL SEE ☐OH-I-SEE ☐SOCCER ☐VOLLEYBALL ☐WASH FACE ☐WASH HANDS ☐WATER-SKI ☐WELCOME ☐MANY ☐

Other: _____

Funny

LEARN ☐

Other: _____

Descriptive Signs

DEAF ☐DELICIOUS ☐DIFFERENT ☐DISAPPOINT ☐DRY ☐

Other: _____

CRAZY ☐FUNNY ☒HANDSOME ☐HEARING ☐SHORT ☐SILLY ☐TALL ☐UPSET ☐

Colors

BLACK ☐BLUE ☐BROWN ☐GREEN ☐

Other: _____

ORANGE ☐PINK ☐PURPLE ☐~~RED~~ ☐WHITE ☐YELLOW ☐

Holidays

BIRTHDAY ☐CHRISTMAS ☐

Other: _____

EASTER ☐HANUKKAH ☐HALLOWEEN ☐

Question Signs

FOR-FOR ☐

Other: _____

Does your child try to fingerspell words? Yes ☒ No ☐Does your child fingerspell letters? Yes ☐ No ☒

When your child asks "WH" questions (who, where, what, when)

does he/she: 1. lower his/her eyebrows? Yes ☒ No ☐ Sometimes ☐
or 2. raise his/her eyebrows? Yes ☐ No ☐ Sometimes ☐

For Example: WHERE DADDY? (Eyebrows up or down)

When your child asks "YES/NO" questions, does he/she:

1. lower his/her eyebrows? Yes ☒ No ☐ Sometimes ☐
or 2. raise his/her eyebrows? Yes ☐ No ☐ Sometimes ☐

For Example: YOU HUNGRY? (Eyebrows up or down)

Did we forget to include other signs that your child knows? Yes ☐ No ☐

Please write the other signs: _____
