

# SKI\*HI Language Development Scale

**FROM:** Regional Infant Hearing Program (RIHP) Region \_\_\_\_\_  
**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**TO:** HMG Service Coordinator  
**RE:** Request to enter SKI\*HI Language Development Scale (LDS) scores into ET.

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## Instructions for RIHP: (Complete and Fax or Send via email to HMG SC)

**Request From:** \_\_\_\_\_ **Phone #** (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
(Name)

**Name of Child:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **County of Residence:** \_\_\_\_\_

Assessment Name:	SKI*HI LDS
Assessment Date:	_____
Child's age (in months) at time of Assessment:	_____
Administered by #1	_____
Discipline 1 for Administered by #1	_____
Expressive Language Score:	_____
Receptive Language Score:	_____

Note: (Optional)

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## Instructions for HMG:

Complete information below, send one copy to RIHP and retain a copy for your records

**ET ID #:** \_\_\_\_\_ **Date entered into ET:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Entered by:** \_\_\_\_\_ (Name and Title)

L:Infant Hearing/SKI\*HI/SKI HI LDS