IUPUI
INTERNATIONAL CENTER FOR INTERCULTURAL COMMUNICATION
School of Liberal Arts

FAMILY VOICES® Indiana

Curriculum for the Targeted Language Instruction of Limited English Proficiency Families of Infants with Special Needs

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LEARNING ENGLISH IN THE NICU

APRENDIENDO INGLÉS EN LA NICU

Primera clase:

Sus Derechos y Obligaciones
como Miembro del Equipo que Atiende a su Bebé

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Derechos y Obligaciones

Estoy a cargo de un bebé que está en la Sala de Cuidados Intensivos (NICU).

¿Cuánto sé acerca de mis derechos y mis obligaciones?

Vamos a ver…

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Pregunta 1:

El doctor que atiende a su bebé le está hablando en inglés; usted no entiende lo que le dice. ¿Tiene derecho a pedir la asistencia de un intérprete?

A. Sí
B. No

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Pregunta 2:

La doctora que atiende a su bebé le indica tiene que cambiar la frecuencia de la medicación que usted le está dando. En vez de dársela una vez por día, a partir de ahora se la tiene que dar dos veces por día. Usted no sabe el por qué de este cambio. ¿Qué decide hacer?

A. Le pregunto por qué le está cambiando la frecuencia de la medicación.

B. No necesito preguntar; voy a seguir las instrucciones del doctor.

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Pregunta 3:

Una enfermera le está explicando como darle la medicación a su bebé en casa. Usted sabe que su bebé se va a sentir muy incómodo si lo hace de la manera en que la enfermera le está mostrando. ¿Qué hace?

A. Le explico a la enfermera que lo que me está recomendando no va a funcionar.

B. No le digo nada a la enfermera; voy a casa y le doy la medicación a mi bebé de la manera que yo creo que va a resultar mejor.

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Pregunta 4:

Usted está tomando clases que le enseñan a darle ciertos cuidados a su bebé. A usted le dan miedo ciertos procedimientos, como la técnica de resuscitación cardiopulmonar (CPR). ¿Qué hace?

A. No sé si podré enfrentar una emergencia, pero me da vergüenza decirle a la enfermera.

B. Le digo a la enfermera que el procedimiento me da mucho miedo.

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Pregunta 5:

Su niña tiene que tomar una medicación por boca todos los días, y usted nota que tiene cierta dificultad para tragarla. El doctor le dijo que es muy importante que tome estas tabletas. ¿Qué hace?

A. Confío en que mi bebé pueda seguir tragando la medicación.
B. Le digo al doctor que mi bebé está teniendo problemas para tragar la medicación.

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Pregunta 6:

Su bebé va a dejar la Unidad de Cuidados Intensivos (NICU) la semana próxima. Usted está tomando una clase con otros padres. Hay algo que la enfermera está explicando que usted no entiende, pero parece que ninguno de los otros padres tiene problemas en comprender. ¿Qué hace?

A. Interrumpo la clase y pregunto.

B. Ya me daré cuenta de qué está hablando, y si para el final de la clase todavía no entiendo le pediré a otro padre que me lo explique después.

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Pregunta 7:

La recepcionista de la clínica le está dando un turno a su bebé para la consulta la semana próxima. Usted sabe que va a ser difícil que consiga transporte que la lleve a la clínica. ¿Le dice o no le dice a la recepcionista?

A. Le digo que voy a tener problemas para conseguir transporte.

B. No le digo. Ya veré qué hago.

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Pregunta 8:

Usted tiene turno con el doctor de su bebé a las 8 de la mañana. Usted sabe que el doctor atiende en su oficina desde las 8 de la mañana hasta el mediodía.

Usted quiere estar en casa por la mañana hasta que su hijo mayor tome el autobús para ir a la escuela. No va a poder llegar al hospital hasta las 8:30. ¿Qué hace?

A. El doctor va a estar hasta el mediodía, así que vengo al hospital a las 8:30.

B. Salgo temprano para estar en el hospital a las 8 de la mañana. Si es necesario, consigo que alguien se quede en casa con mi hijo hasta que pase el autobús.

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Durante esta primera clase vamos a aprender que

- Usted tiene ciertos **DERECHOS**
- Usted tiene ciertas **OBLIGACIONES**
- Usted es un **MIEMBRO FUNDAMENTAL DEL EQUIPO QUE ASISTE A SU BEBÉ**
- **NADIE CONOCE A SU BEBÉ MEJOR QUE USTED**

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SUS DERECHOS

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SUS DERECHOS

Usted tiene derecho a que se le brinde un servicio de interpretación.

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SITUACIÓN

El terapeuta que viene a ver a su bebé y lo ayuda a moverse y a hacer ejercicios no habla español. Usted no entiende qué es lo que está haciendo con su bebé y no puede comunicarse con el terapeuta.

¿Qué hace?

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SUS DERECHOS

Usted tiene derecho a estar con su hijo o hija durante la consulta con el doctor hasta que cumpla los 18 años de edad.

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SITUACIÓN

El doctor recomienda hacerle un estudio a su hija que tiene menos de 18 años. Durante el estudio, su hija va a tener que estar sola en una habitación. Usted no quiere que su hija esté sola.

¿Qué hace?

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SUS DERECHOS

Usted tiene derecho a que la acompañen familiares que la ayuden y le den apoyo.

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SUS DERECHOS

Usted tiene derecho a hacer preguntas.

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SITUACIÓN

La doctora le explicó la cirugía que necesita su bebé. Le habló muy rápido y le dijo muchas cosas. Usted no entiende bien de qué se trata la cirugía como para explicársela a su esposo.

¿Qué hace?

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SUS DERECHOS

Usted tiene derecho a pedir ayuda.

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SITUACIÓN

Su bebé está muy molesto y lloriquea. Usted ha intentado calmarlo de distintas maneras, pero nada funciona.

¿Qué hace?

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SUS OBLIGACIONES

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SUS OBLIGACIONES

Si tiene turno con el doctor, sea puntual.

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SUS OBLIGACIONES

Dele información correcta y completa al doctor, a la enfermera, o a cualquier otro empleado del hospital o de la clínica. Conteste a las preguntas lo mejor que pueda. Si por algún motivo no pudo seguir las instrucciones que le dieron en la última consulta, dígaselo al doctor.

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SUS OBLIGACIONES

Siga las instrucciones del doctor y de las enfermeras. Si no entiende por qué debe seguir ciertas instrucciones, pregunte.

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SUS OBLIGACIONES

Asista a las clases que brinda el hospital para el cuidado de su bebé. Haga todas las preguntas que sean necesarias.

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SUS OBLIGACIONES

Cuando su bebé deje la Sala de Cuidados Intensivos (NICU), es usted quien estará a cargo. Asegúrese de aprender lo que necesita saber mientras está en el hospital. Es posible que usted necesite cuidar a su bebé durante semanas, meses, o inclusive años.

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SITUACIÓN

La enfermera le mostró cómo asistir a su bebé si no puede respirar, pero usted no se acuerda los pasos a seguir.

¿Qué hace?

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USTED ES MIEMBRO DEL EQUIPO DE ASISTENCIA DE SU BEBE

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USTED ES MIEMBRO DEL EQUIPO DE ASISTENCIA DE SU BEBE

Comuníquese de manera directa con el personal que atiende a su bebé. Sus comentarios y sugerencias son bienvenidas. Dé su opinion. Si usted no está del todo de acuerdo con algo, dígalo.

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USTED ES MIEMBRO DEL EQUIPO DE ASISTENCIA DE SU BEBE

Si su bebé no tolera la medicación o el tratamiento que se le recomendó, explíqueselo al doctor.

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SITUACIÓN

Durante la última cita, la doctora le indicó una nueva medicación. Desde el cambio de medicación, usted nota que su bebé duerme mucho más que de costumbre, y le resulta difícil despertarlo.

¿Qué hace?

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USTED ES MIEMBRO DEL EQUIPO DE ASISTENCIA DE SU BEBE

Si usted tiene algún problema o si existe algún obstáculo que le impida darle a su bebé el cuidado que necesita, no se calle. Dígale al doctor o a la enfermera si tiene problemas para conseguir la medicación o para llegar al hospital, por ejemplo.

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SITUACIÓN

Usted necesita traer a su bebé a una cita con el doctor después de dejar la Sala de Cuidados Intensivos (NICU). Usted no tiene transporte propio.

¿Qué hace?

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USTED ES MIEMBRO DEL EQUIPO DE ASISTENCIA

Entre una cita y otra, es posible que surjan dudas o preguntas. Haga una lista para no olvidarse, y traiga su lista a la próxima cita con el doctor.

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USTED ES MIEMBRO DEL EQUIPO DE ASISTENCIA DE SU BEBE

Si para Usted es mas fácil leer en español que en inglés, pida materiales de consulta en español.

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NADIE CONOCE A SU BEBÉ MEJOR QUE USTED

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NADIE CONOCE A SU BEBÉ MEJOR QUE USTED

Si usted no entiende bien de qué se trata la condición o el problema médico de su bebé, pida más información.

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NADIE CONOCE A SU BEBÉ MEJOR QUE USTED

Si usted cree que a su bebé le pasa algo o que no está bien, dígaselo al doctor o a la enfermera.

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NADIE CONOCE A SU BEBÉ MEJOR QUE USTED

Cada bebé es diferente. Si hay algo que usted sabe que es más conveniente para su bebé, explíqueselo al doctor o a la enfermera.

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NADIE CONOCE A SU BEBÉ MEJOR QUE USTED

Todos somos humanos. A veces cometemos errores. Si le parece que alguna instrucción o recomendación no tiene sentido, pregunte.

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Vamos a repasar lo que aprendimos…

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RECUERDE:

Usted tiene **DERECHOS**:

- A estar con su bebé,
- A tener familiares que lo acompañen, y
- A comunicarse de manera adecuada con el personal médico que atiende a su bebé.

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RECUERDE:

Usted tiene **OBLIGACIONES**:

- Usted debe aprender acerca de la condición y el cuidado de su bebé;
- Usted debe seguir las instrucciones que le da el doctor, y si no puede seguirlas debe decírselo; y
- Usted debe llegar a la consulta a horario.

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RECUERDE:

- Si usted no sabe o no comprende, **PREGUNTE.**

- Si usted tiene problemas o su bebé tiene problemas, **HABLE.**

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Vamos a ver cuánto nos acordamos…

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Pregunta 1:

Usted no recuerda si necesita usar agua destilada o solución salina para limpiar el tubo de respiración de su bebé. ¿Qué hace?

A. Tanto el agua destilada como la solución salina se usan para limpiar, así que uso cualquiera de las dos.

B. Le pregunto a la enfermera.

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Pregunta 2:

El autobús llegó tarde, y el tránsito estuvo lentísimo. Usted llega al hospital para la consulta con el médico de su hijo 25 minutos tarde. ¿Cuál de estas opciones es verdadera?

A. El doctor todavía está en su oficina; tiene que atender a mi bebé.
B. Puede ser que la recepcionista me dé un turno para otro día.

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Pregunta 3:

A su bebé hoy le van a sacar una radiografía. Usted no sabe por qué. ¿Puede preguntar por qué?

A. Sí

B. No

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Pregunta 4:

Su bebé tiene fiebre. Usted llama al hospital para explicar esto y preguntar si necesita traerlo a ver al doctor. ¿Usted puede pedir que un intérprete lo asista durante esta conversación telefónica?

A. Sí

B. No

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Pregunta 5:

Usted no comprende unos documentos para el seguro de salud que le han pedido que firme. ¿Qué hace?

A. Los firmo; son solo una formalidad.

B. Pido una versión en español, le pido a la trabajadora social que me los explique, o pido un intérprete que me ayude.

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Pregunta 6:

La enfermera le dice que su bebé tiene que estar acostada boca arriba mientras usted le cambia el tubo de respiración, pero usted sabe que cuando está acostada boca arriba comienza a llorar enseguida. ¿Qué hace?

A. Le explico a la enfermera que mi bebé se molesta cuando está boca arriba.

B. Hago lo que la enfermera me dice.

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Pregunta 7:

A su bebé le salieron unas manchitas en la piel después de la última visita al doctor. El doctor le cambió la medicación durante la última visita. ¿Qué hace?

A. Llamo al doctor o le digo durante la próxima cita.
B. Confío en que las manchitas van a desaparecer.

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Pregunta 8:

El doctor le dice que su hijo necesitará su medicación un mes más. A usted se le acabó la medicación, y en este momento no puede comprarla. ¿Qué hace?

A. Tal vez pueda comprarla la semana próxima; esperaré.

B. Le digo al doctor o a la trabajadora social que hoy no puedo comprar la medicación.

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USTED HA COMPLETADO SU PRIMERA CLASE. ¡FELICITACIONES!

- EN LAS PRÓXIMAS CINCO CLASES, USTED VA A APRENDER A COMPRENDER Y A USAR INGLÉS BÁSICO PARA EL CUIDADO DE SU BEBÉ.

- SI USTED QUIERE SER MIEMBRO DEL EQUIPO QUE ASISTE A SU BEBÉ, ES FUNDAMENTAL QUE SE COMUNIQUE DE MANERA ADECUADA.

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Answer Key

Pre-Assessment Questions

- 1 - A
- 2 - A
- 3 - A
- 4 - B
- 5 - B
- 6 - A
- 7 - A
- 8 - B

Post-Assessment Questions

- 4 - A
- 3 - A
- 6 - A
- 8 - B
- 7 - A
- 5 - B
- 1 - B
- 2 - B

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Module 2

<table>
<tr><th>STEP</th><th>SCRIPT</th><th>REALIA / REFERENCE MATERIALS / T's notes</th></tr>
<tr><td>Cover: Title / Lesson Goals</td><td>• Letters and numbers
• Locating and using contact information
• Filling out forms</td><td></td></tr>
<tr><td>Materials</td><td>• Business Cards or a list of addresses with phone numbers.</td><td></td></tr>
<tr><td>Pre-assessment</td><td>
<table>
<tr><th>Assm point #</th><th>Instructor's Questions</th></tr>
<tr><td></td><td>I'm going to ask you some information for my chart (showing a form-like chart).</td></tr>
<tr><td>1</td><td>What's your baby's name?</td></tr>
<tr><td></td><td>Can you spell that?
(Use "first name," "middle name," "last name" to confirm)</td></tr>
<tr><td>2</td><td>What's his / her date of birth?</td></tr>
<tr><td>3</td><td>How are you related to the baby? (Are you the mother / father?)</td></tr>
<tr><td>4</td><td>Is your home in Indianapolis? (Where's home?)</td></tr>
<tr><td>5</td><td>What's your phone number?
Is that a cell phone?</td></tr>
</table>
</td><td>
<table>
<tr><th>Rubric / Guidance</th></tr>
<tr><td>For this and all other communication goals, use a 0-2 grade scale, where
0 = fails to communicate
1 = manages to communicate minimally, often with help or after some repair
2 = succeeds in communicating without help</td></tr>
<tr><td>Elicit complete name. If parent can provide part of the name but can't understand the difference between "first name," "middle name," and "last name," give 1 point only.</td></tr>
<tr><td>Give 2 points for fully correct spelling. One wrong letter merits a 0.</td></tr>
<tr><td>If parent doesn't recognize "date of birth," switch to "birthday." Elicit full date. If parent doesn't understand "year," deduct a point.</td></tr>
<tr><td>Ask the first question. If parent can't answer that, go on to the second question. Either question that gets answered correctly gets 2 points.</td></tr>
<tr><td>The second question may not be needed.</td></tr>
<tr><td>Give 2 points only if both questions are answered correctly.</td></tr>
</table>
</td></tr>
</table>

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Focus 1

The Alphabet

A **A**-B-C-D…	G **Gee**!	W **2 x U**
E **E**-mail	J **Jay**	Y **Why?**
I **I** love you!	H	Z **Z**Z Top!
O **O**hhhh…		
U I love **you**!	K **Kay**	
	Q **Cu**te baby!	

Instructor spells his/her own name while writing it on the board.
Practice involves spelling mother's name, baby's name, doctor's name, etc.

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Focus 2

The Numbers

1/00 hundred	-0 -ty	1 one	2 two	3 three	4 four	5 five	6 six	7 seven	8 eight	9 nine
1/	10 ten	11 eleven	12 twelve	13 thir**teen**	14 four**teen**	15 fif**teen**	16 six**teen**	17 seven**teen**	18 eigh**teen**	19 nine**teen**
2/	20 **twen**ty									229 =
3/	30 **thir**ty									
4/	40 **for**ty				444 =					
5/	50 **fif**ty									
6/	60 **six**ty					665 =				
7/	70 **se**venty		772 =							
8/	80 **eigh**ty									
9/	90 **nine**ty									

1,000 = one thousand
2,491 = two thousand, four hundred ninety-one

Focus 3

The Date

DAY OF THE WEEK,	MONTH	DAY #	YEAR

For example,

Monday,	June	8 (eight)	2015 (two thousand fifteen)

Practice:
What's your baby's birthday? Vs. What's your baby's date of birth?
What's the date today?

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Focus 4

The Address

#	STREET NAME	STREET TYPE	(APARTMENT)	TOWN / CITY	STATE	ZIP CODE

Example: Riley Hospital's address:

705	**Riley Hospital**	**Dr.,**	**Indianapolis**	**IN**	**46202**

This is how you read street numbers:

	3	three	N. = North S. = South	Pennsylvania St.
	53	fifty-three		
2	53	two / fifty-three		
72	53	seventy-two / fifty-three	E. = East W. = West	Michigan St.
72	03	seventy-two / oh-three		
72	00	seventy-two / hundred		

Street types:

St.	Street	Ln.	Lane
Ave.	Avenue	Blvd.	Boulevard
Ct.	Court	Hwy	Highway
Dr.	Drive	Rt.	Route

What's your address?

____	_____	_____	_____	_____	_____	_____
#	**STREET NAME**	**STREET TYPE**	**(APARTMENT)**	**TOWN / CITY**	**STATE**	**ZIP CODE**

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Focus 5

Phone Numbers

AREA CODE (###)	NUMBER ###-####

For example, the Riley Hospital operator number is **(317) 944-5000**

Read it:

3 - 1 - 7 , 9 - 4 - 4 , 5000

Three one seven, nine four four, five thousand

Practice

What's your phone number?

_ _ _	_ _ _ - _ _ _ _

What's **my** phone number? *(Use business card)*

_ _ _	_ _ _ - _ _ _ _

Review

Instructor should use his/her information on flashcards and use a two-step procedure:

1. Present card:

Daniel Rueckert
Expected answer: "Name"

2. Ask "What's my name?" Expected answer: "Daniel Rueckert"
   Follow up with "Can you spell it?"

Go through the rest of the info covered the same way.

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Practice	Depending on the available time, the instructor should have extra materials at the ready for practice finding information on available resources (type of resource, location, phone number, etc.)	• IU Phone Directory: http://iuhealth.org/riley/contact-locations/phone-directory/ • Family Voices of Indiana contact info: http://www.fvindiana.org/contact_us Handouts/brochures attached: • Clarian Health Community Resources • Indiana Family Helpline

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Post-assessment	Receptionist: I need you to fill out this form, please. *(Hands over form)* **Hospital: Riley Area: NICU** **Room number**: _____ **Patient's name**: First - _____ Middle - _____ Last - _____ **Date of Birth (DOB)**: _ _ /_ _ /_ _ _ _ MM / DD / YYYY **Mother's name**: First - _____ Middle - _____ Last - _____ **Home Address**: _____ **City**: _____ **State**: _____ **Zip**: _____ **Phone #**: _____ **Home / Cell / Work?** **E-mail address**? _____ **Doctor's name**: _____ *(Instructor asks while making notes, without looking at form)* (Follow same criteria as at pre-assessment) • So what's your baby's name? • Date of birth? • Are you the mother / father? • What's the doctor's name? • What's your address? • What's your phone number? • Is that a cell?

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Module 3

STEP	SCRIPT	REALIA / REFERENCE MATERIALS
Cover: Title / Lesson Goal 1 **Lesson Goal 2**	• Scheduling / Rescheduling doctor's appointments • Managing transportation	
Materials	• A weekly calendar for participant to set appointments for the week. • Module 3 handout of schedules and an appointment card. • An adjustable clock or clock face app. • If doing the transportation section, bring an internet connected device to connect to indygo.	
Pre-assessment Lesson Goal 1	Assm point # / Instructor's Questions	Rubric / Guidance
	Your baby needs a follow-up appointment with the doctor. I'm going to play the role of a receptionist. I'm going to schedule an appointment for your baby. Here's your calendar for next week:	Use the standard 0-2 communication grade scale, where **0 = fails to communicate** **1 = manages to communicate minimally, often with help or after some repair** **2 = succeeds in communicating without help**
	1 — *You need an appointment for next week, right? Can you come in the morning?*	Give 2 points for evidence of comprehension + "No" as an answer.
	2 — *How about Tuesday afternoon – can you come in at 4pm?*	Give 2 points for correct comprehension of calendar + "No" as an answer.

Monday	Tuesday	Wednesday	Thursday	Friday
Work: 7-3:30				
Hospital: 4-8pm	School: 5-6pm Hospital: 6:30-8pm	Hospital: 4-8pm	Hospital: 4-8pm	Hospital: 4-8pm

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	3	*Wednesday at 4?* *OK – see you on Wednesday at 4pm, then. Bye!*	Give 2 points for correct comprehension of calendar + "Yes" as an answer.
		Here's a change to your week:	

Monday	Tuesday	Wednesday	Thursday	Friday
Work: 7-3:30				
Hospital: 4-8pm	Dentist: 5-6pm	School: 4:30-5:30pm	Hospital: 6-8pm	Hospital: 4-8pm
	Hospital: 6:30-8pm	Hospital: 6-8pm		

		Call the doctor's office to change your appointment.	
	4	*This the doctor's office; Jeffrey speaking. How can I help you?*	Give 2 points for effective articulation of purpose of the call.
	5	*OK. Can you come at 4 on Friday?* *Good. We'll see you on Friday at 4pm, then. Bye!*	Give 2 points for correct comprehension + "Yes" as an answer.

Goal 1: Scheduling Appointments

Integrated Stimulus

(On the phone)

Receptionist:	Dr. Murray's office – this is Lisa speaking. How can I help you?
You:	Hi! I need an appointment for my baby.
Rec:	What's the problem?
You:	My child has a cough
Rec:	OK. Can you come next Tuesday at 4?
You:	No, I work until 4:30.
Rec:	How about 4:45?

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	You: That's OK. Rec: What's the patient's name? You: _____ Rec: Can you spell the last name? You: _____ Rec: Thank you! See you at 4:45pm on Tuesday, July 21, then.	
Focus 1: Explaining the purpose of the call	You: Hi! I need an appointment for my baby. Rec: What's the problem? You: It's a follow-up appointment. How can I help you? • I need an appointment for my baby. What's the problem? • My baby's sick. • My baby has a fever. • My baby has a cough. Use flashcards: **IS SICK** **HAS A FEVER** **HAS A COUGH** (Explain that there will be more of this in a later lesson.)	Use pictures to elicit answers.

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1b: **Setting date/time**	Rec: OK. Can you come next Tuesday at 4? You: No, I work until 4:30. Rec: How about 4:45? You: That's OK.	

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Focus 1

The Days

July 2015 Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

July 2015

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

The Parts of the Day

MORNING

A.M.

AFTERNOON

– Have flashcards of the days of the week; practice pronunciation, especially of Tuesday vs. Thursday.

– Teach how to recognize abbreviations (see second calendar below).

– Teach “first,” “second,” “third.” Review the numbers. Point to any day on the calendar and ask the parent to give the date + day of the week out loud.

– Teach the parts of the day: morning, afternoon, evening.

– Integrate the date (review of Module 2 – date of birth):
  - What day is today? Is it the morning, the afternoon, or the evening?
  - When is Independence Day? Is it a business day or a holiday? What day of the week is it on?

Teach A.M. / P.M. in connection with the parts of the day. You may choose to teach noon (12 P.M.) vs. midnight (12 A.M.). You may also choose to add “night,” but be careful: in Spanish there is only one word for both “evening” and “night” (= “noche”), so if you choose to add “night” you need to provide hours.

For practice purposes, use a writeable calendar template – or use a sketchy one like the one used for pre-assessment. T can fill it out with his/her information and use it to illustrate his/her commitments, e.g. “I work from XX:XX to XX:XX Monday through Friday. I teach Tuesday evening from XX:XX to XX:XX. I don’t work on the weekend / on Saturday or Sunday.”

T can then enter the parent’s commitments for next week by asking questions such as
- When are you at work?
- Do you work the same hours every day, Monday to

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	P.M. **EVENING** **P.M.**	Friday? • Do you work on Saturdays? • When are you at the hospital? • When are you at home? This calendar can then be used to practice scheduling a doctor's appointment for next week.
Focus 2	**The Time** Use a simple wall clock that you can adjust to teach the time in 5-minute intervals. Start with the time the class started, e.g. "10 o'clock". Teach mainly digital reading: "10 oh-5," "10 10," "10 15," etc. For "10 30," also teach half-past 10. Teach AM vs. PM.	Go on to practice by changing the time on the clock and asking the parent to tell the time. Then give the clock to the parent and "dictate" times. Switch to digital clock views and do the same. All the clocks below indicate "AM" or "PM;" ask "morning or evening?" every time. Practice "half-past" with the last clock:

Practice	• Can you make it on Monday at 2pm? How about half-past 2? • Can you come in the morning? Can you come in the afternoon? • How about 12:15 on Thursday? Etc.	Use the calendar you built with the parent showing his/her commitments for next week. Bring them back to the context of scheduling an appointment. Practice different times of day. In all cases, try and get the parent to say more than "Yes" or "No;" when "No," get them to explain why (e.g. "I work until 4").
Integrated Practice	Instructor: This is Dan speaking. How can I help you? Parent: Hi! This is X. I need to schedule my next class. I: OK. Can you make it on Tuesday at 4? P: No, I work until 4:30 on Tuesday. I: How about 4:45? P: That's OK. I: OK! See you at 4:45pm on Tuesday, then.	Put it all together now, but this time work with the parent's actual calendar for the following week. Be yourself – ask the parent to schedule *the next class*. The dialogue should look like the one on the left. Leave the room and try having the conversation over the phone.

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Goal 2: Rescheduling doctor's appointments

(On the phone – Monday morning)

Receptionist:	Dr. Murray's office – this is Lisa speaking. How can I help you?
You:	Good morning. I'm _____. I have an appointment for my baby. It's for tomorrow at 4:45.
Rec:	Oh hello, Ms. _____. What can I do for you?
You:	I have a problem. I can't come tomorrow.
Rec:	OK... How about 4:45 on Thursday?
You:	That's good.
Rec:	Good! See you at 4:45pm on Thursday, July 23, then.

Have this card filled out with the info on the appointment (4:45pm Tue.), and ask parents to listen to the dialogue while looking at the card and the calendar. Tell them that the cell in green is new.

Appointment

For: _____

Date: _____ Time: _____

☐ MON. ☐ TUE. ☐ WED. ☐ THUR. ☐ FRI. ☐ SAT.

_____

_____

If you are unable to keep your appointment, please give at least a 24 hours notice.

Monday	Tuesday	Wednesday	Thursday	Friday
Work: 7-3:30				
Hospital: 4-8pm	Dentist: 5-6pm	School: 4:30-5:30pm	Hospital: 6-8pm	Hospital: 4-8pm
	Hospital: 6:30-8pm	Hospital: 6-8pm		

Focus: Self-identifying, giving info, explaining problem

You:
I'm _**María Andrade**_. I have an appointment for my baby. It's for _**Thursday**_ at _**10:20**_.
I have a problem. I can't come _**in the morning**_.

- **Say your name**
- **Appointment: Thursday / 10:20**
- **Problem: the morning**

Practice the four part move on the left. Use role-play flashcards – the one below the target sample shows how.

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Post-assessment

Assm point #	Instructor's Questions
	Your baby needs a follow-up appointment with the doctor. I'm going to play the role of a receptionist. I'm going to schedule an appointment for your baby. Here's your calendar for next week:

Monday	Tuesday	Wednesday	Thursday	Friday

1	*You need an appointment for next week, right? Can you come in the <u>morning</u>?*
2	*How about <u>Tuesday afternoon</u> – can you come in at <u>4pm</u>?*
3	*<u>Wednesday at 4</u>?* *OK – see you on Wednesday at 4pm, then. Bye!*
	Here's a change to your week:

Monday	Tuesday	Wednesday	Thursday	Friday

	Call the doctor's office to change your appointment.
4	*This the doctor's office; Jeffrey speaking. How can I help you?*
5	*OK. Can you come at 4 on Friday?* *Good. We'll see you on Friday at 4pm, then. Bye!*

What changes here is the calendars. **<u>Use the parent's actual calendar developed in class.</u>** For the second scene, **<u>manually add a commitment that will interfere with the scheduled appointment.</u>**

Decide how the questions will change (see the phrases I've underlined) so that you will still have the same moves – two negatives and a positive for the first scene.

Use the same rubric as for the pre-assessment.

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The following section is optional and is intended only for participants that use public transportation in the Indianapolis area.		
Goal 2: Managing Transportation **Pre-assessment**	**Problem-solving Task** Present the parent with an online laptop computer. They can also use their smartphone (if they have one). **Situation**: You leave the NICU this week. You have a scheduled first follow-up appointment with the doctor at 9 am next Tuesday. You know that nobody in your family can give you a ride at that time, and the taxi is too expensive. How are you going to get to the hospital? You need to take the bus. Use the computer and/or the bus schedules to answer these questions: ➔ What bus(es) will get me to the hospital by 9am on Tuesday? ➔ What time do I need to take the bus, and where is the bus stop? How do I get to the hospital from where I get off? ➔ How much will it cost?	**Rationale and Rating Criteria** Ideally, we would give the parent three scenarios for all available options (driving/parking, taxi, bus), find out which one the parent would actually go with, and play out that scenario. However, we want the parent to be able to deal with public transportation: find/read bus schedules, navigate IndyGo, and communicate with the bus driver if needed (and because this is an optional move, it won't be featured in the assessment). The instructor already knows what town the family lives in and should provide bus schedules for the area and for downtown Indianapolis. Also provide a laptop should in case the parent knows about IndyGo or Google Maps and can navigate his/her way to the hospital. The goal of the assessment is task achievement, i.e. a plan of action to get to the hospital for the doctor's appointment. The parent may answer the first and the third question offhand, i.e. know what bus gets them from their place to the hospital/downtown Indianapolis and how much it costs. The key piece is the second question: If the parent doesn't have a time and place to take the first bus or needs to transfer and doesn't know where or how, they will not get to the hospital. It is perfectly possible to get to the hospital on public transportation without uttering a word, so the performance rating criteria needs to be based on developing a plan of action. This involves functional reading of bus schedules and/or using computer applications that are exclusively in English. Rate the parent's performance either a 0 (no success) or a 2 (success). This task can easily be localized anywhere it's used in the country; all metro transportation systems provide applications these days that allow users to plan their travel.

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Focus 1: Navigating IndyGo/Using bus schedules

Case scenario *(starting address should be the parent's)*:

- Parent lives in Greenwood *(for illustration purposes here)*.
- Doctor's appointment is at Riley at 9am next Tuesday.

Materials:

- Laptop + Internet connection
- Trip planner at http://www.indygo.net (which connects to Google Maps, http://maps.google.com)
- Bus 31 schedule - http://www.indygo.net/route/31-greenwood/
- Bus 37 schedule - http://www.indygo.net/route/37-park-100/
- Bus transfers (ideally at least one local ticket)

Procedure:

The instructor will navigate the trip planner with the parent (see screenshot of the trip planner on the right). The information to be filled in will be elicited, as far as possible, by asking these questions:

- Where are you coming from? / Where do you live? (Greenwood)
- Where are you going? (Riley Hospital)

The instructor will help the parent to navigate the drop-down menu every time to plug in

- **Arriving** *(teach that "departing" means "leaving")*
- **8**
- **30**
- **AM** *(explain that it's best to plan to arrive a half hour before the time of the apt)*
- **Tuesday, July 21** (from pop-up calendar) *(or the next Tuesday, depending on class date)*

IndyGo goes to Google Maps, which produces the map on the right + step-by-step instructions. The instructor will show to the parent how the map can be enlarged and moved about with the mouse.

The instructor will elicit understanding of:

- What bus stop needs to be used in Greenwood
- What time the parent would need to take the bus (and will explain that it's best to be at the bus stop some 10 minutes before the scheduled time)
- Where they need to get off, and how long the ride is going to take.

At this point, the instructor may need to explain the concept of "transferring" to another bus, and show a transfer ticket (ideally, one obtained locally). The language that is likely to be used on the bus will help (the bus driver may ask "Do you need to transfer?" If they don't, the parent should ask for a transfer ticket.)

The instructor will help the parent understand the transfer point (see map on right).

repeat the sequence for the second bus (in this case, bus 37), but this time it is to be expected that the parent will be able to find their way around the navigator. Google maps will show the location of the bus stop and give the times for arrival at starting point and destination.

Google maps will also show how the parent will get to the hospital from the bus stop (see screenshot on the right).

Depending on available time, the instructor can go into

- How to get to the outpatient center on the first floor from the entrance (map available at http://iuhealth.org/images/ril-doc-upl/16309_Riley_AdKit_2015_Map_vs_8FINALrevlr.pdf)
- How to use traditional print schedules by locating the buses identified through the navigator (available at http://www.indygo.net/route/31-greenwood/ and http://www.indygo.net/route/37-park-100/)

Post-assessment	**<u>Problem-solving Task</u>** The task is the same as at pre-assessment; <u>what changes is the day/time of the appointment</u>. Present the parent with an online laptop computer. They can also use their smartphone. **<u>Situation</u>**: You leave the NICU this week. You have a scheduled first follow-up appointment with the doctor at 3:30pm Friday next week. You know that nobody in your family can give you a ride at that time. You need to take the bus. Use the computer and/or the bus schedules to answer these questions: • What bus(es) will get me to the hospital by 3:30pm on Friday? • What time do I need to take the bus, and where is the bus stop? How do I get to the hospital from where I get off? • How much will it cost?	The instructor will make sure that the parent starts at a blank screen to • find IndyGo • enter the correct search information into the trip planner • read the plan accurately The instructor will check comprehension by asking questions such as “What bus are you taking? What time do you need to be at the first bus stop? What time are you getting off? Do you need to transfer? How do you ask the bus driver for a transfer ticket?” Etc.) Alternatively, the parent may choose to use the print schedules only. If he/she arrives at the correct bus(es) to take, it should include an explanation of transfers (if any) and/or walks from the destination bus stop to the hospital.

Module 4

STEP	SCRIPT	REALIA / REFERENCE MATERIALS
Cover: Title / Lesson Goals	• Describing symptoms • Calling the doctor/Discussing medication with the doctor	
Materials	• Flashcards with pictures and words for baby colors and symptoms. • Temperature conversion chart • Infant's Tylenol Handout • Blank doctor's prescription handout • Box from actual medicine	
Goal 1: Describing symptoms Pre-assessment	"I'm going to show you some pictures. In each there's a problem to tell the doctor about. What's the problem?" 	Use a 2 or 0 scale here, where 2 means that meaning was conveyed, 0 means that it was not. Accept isolated words and incomplete sentences; if articulate enough, meaning will be conveyed and the task will be achieved. Acceptable responses: **The baby / S/He** **-- is crying / is fussy.** (may say "cries and cries" or "cries all the time" after the Spanish "llora y llora" / "llora sin parar"; accept these too)

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-- has a fever / has a temperature.

(may say “has fever” / “has temperature” after the Spanish “tiene fiebre” / “tiene temperatura”). Don’t accept “is hot.”)

-- has a (red) rash / has (red) spots / has urticaria

(“Urticaria” is also the technical term in Spanish, so it might come up; the more common words are “salpullido” and “manchitas rojas en la piel”). Don’t accept “has red skin” or “red belly.”)

(mimic the sneeze to avoid confusion with a different symptom)

-- is sneezing / has a stuffy nose / is congested

(might say “has mucus” after the Spanish “tiene moco”)

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		-- vomited (→ much more likely to be produced than "threw up" after the Spanish "vomitó")
Focus on Language: How long symptoms have been occurring	How long has your baby been _____+ing? He/She has been _____+ing for (number) + time measure Or How long has your baby had _____? He/She has had _____ for (number) + time measure	
Overall Goal – Calling the doctor - Explaining symptoms to the receptionist	(On the phone) Receptionist: Dr. Murray's office. How can I help you? You: Hi, this is _____. My baby is sick. R: What's the problem? You: He has a cough. He is flushed, and he has trouble breathing. R: How long has he been coughing? You: He has been coughing for two hours. R: Oh, that sounds like a bad cold or the 'flu. Let me see the doctor's schedule today… Can you bring your baby in an hour? Around 11? You: At 11 today? Yes. Thank you! R: See you at 11, then. Bye. You: Bye.	

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Focus on language: Describing Symptoms/Allergic Reactions/Adverse Reactions	Receptionist: Dr. Murray's office. How can I help you? You: Hi, this is _____. My baby is sick. R: What's the problem? You: He has a cough. He is flushed, and he has trouble breathing.	The instructor should play this part again to establish the "template" that will serve to introduce the symptoms below.
	The instructor shows a baby's OK face vs. in different colors as evidence of a medical problem. The instructor should use flashcards **<u>with these faces in the corresponding colors</u>**. (This baby's OK) → **My baby IS** **BLUE** →	Practice should consist on elicitation through the flashcards, and failing that, introduction (paired visual and written mode with audio) + modeling of articulation and repetition.

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	PALE → **YELLOW →** **FLUSHED →**	

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My baby IS
FUSSY / CRYING NONSTOP →

COUGHING NONSTOP →

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	My child IS **SNEEZING →** **CHOKING / My child CAN'T BREATHE →**	

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My baby HAS

A FEVER →

At this point the instructor should present the parent with this temperature conversion chart: It tells parents which temperatures merit calling the doctor (in red in the original chart) and converts degrees Celsius to Fahrenheit.

It merits training in reading the actual temperatures, especially the decimal "point" (vs. the Spanish "coma"). The actual (= color) conversion chart will be used during the intervention.

Temperature Conversion Chart

If you use a **Celsius** thermometer, this chart helps you change the temperature to **Fahrenheit**.

C	F	C	F
36.0	96.8	38.0	100.4
36.1	97.0	38.1	100.6
36.2	97.2	38.2	100.8
36.3	97.3	38.3	100.9
36.4	97.5	38.4	101.1
36.5	97.7	38.5	101.3
36.6	97.9	38.6	101.5
36.7	98.1	38.7	101.7
36.8	98.2	38.8	101.8
36.9	98.4	38.9	102.0
37.0	98.6	39.0	102.2
37.1	98.8	39.1	102.4
37.2	99.0	39.2	102.6
37.3	99.1	39.3	102.7
37.4	99.3	39.4	102.9
37.5	99.5	39.5	103.1
37.6	99.7	39.6	103.3
37.7	99.9	39.7	103.5
37.8	100.0	39.8	103.6
37.9	100.2	39.9	103.8
		40.0	104.0

Taking A Temperature

- **For most babies and young children:** Put the thermometer in the middle of the armpit, with skin all around it.
- **For most older children and adults:** Put the thermometer under the tongue.

If you have questions about how to take a temperature, talk to your nurse or doctor.

When To Call The Doctor

For most people:

- Normal temperatures are **shaded**.
- Temperatures in **red** are out of the normal range.
- Unless you are told otherwise, call the doctor if you or your child's temperature is out of the normal range.

Special Instructions

Call the doctor if you or your child's temperature is:

Above _____

OR

Below _____

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Page 1 of 1

Clarian Health

A RASH →

(Show picture of child that can't breathe again to bring in an association with "can't")

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	My child **CAN'T SLEEP →** **CAN'T WAKE UP →** 	

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	No picture needed for these (Spa “diarrhea,” “constipación,” “nausea,” and “vomitó” – very close, but quite different in pronunciation; the focus should be on intelligible articulation here. (The picture from the pre-assessment can be used for the last one if it doesn’t offend.) **My baby HAS DIARRHEA.** **My baby HAS CONSTIPATION.** **My baby HAS A NAUSEA.** **My baby VOMITED. →** 	
Practice	The instructor plays the dialogue again, then shuffles the photo flashcards and asks the parent to choose two at random. Instructor and parent role-play the call to the doctor by using the symptoms on the cards. Repeat until all symptoms are used.	

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Goal 1: Post-assessment	"I'm going to show you the same pictures as at the start of the class, but in a different order. What's the problem with these babies?" 	Use the same 2 or 0 scale here, and the same rating criteria used for pre-assessment. **Make sure you have shuffled the flashcards**. **You should expect the language you've taught, and better articulation.** **The baby is fussy / crying (nonstop).** **The child has a fever.**

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		The baby has a rash.
		The child is sneezing.
		The baby vomited.

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Goal 2: Discussing medication with the doctor -- Pre-assessment	In order to decide on medication, I need to know two things about your baby: • How old is s/he? • What's the baby's weight in pounds?	Assess the capacity to convey the information clearly and accurately for the purposes of establishing medication dosage. Use a 2-1-0 rating scale here, where the mid-point (the rate of 1) applies to incomplete information, information in kilos or grams, or poor articulation – but enough to arrive at the correct dosage. Rationale: The doctor may obtain this information from the patient's records on file but, more importantly, the parent may need to decide on/confirm the dosage later against a chart like the one at the end of this module. Also, notice that the information on weight on the chart is given only in pounds, not kilos; this focus serves to teach the equivalence and conversion.
Goal 2: Discussing medication with the doctor	(At the Doctor) Doctor (*after examining the baby*): How old is your baby now? You: Eight months. D: And how much does he weigh? You: Twelve pounds. D: I'm going to give you Infants' Tylenol® for the fever and the congestion *(writes the prescription)*. You: OK, doctor. D: Here's a syringe to measure it. It'll be 2.5 milliliters every time. See? Here. *(Dr. shows the 2.5 mL mark on the syringe).* Give it to the baby orally, in the mouth, every four hours. Stop the Tylenol when there's no fever. So, let's review the instructions. What's the Tylenol for? You: The fever. D: How much are you going to measure with the syringe? You: 2.5 milliliters. D: How many hours are you going to wait after the first dose? You: Four hours. D: And when do you stop? You: When there's no fever. D: Good. Here's your prescription. You won't need any refills. Call me if he still has a fever tomorrow morning.	The aim is to present the whole context here but cover only the first scene + vocabulary in preparation for the next module, which will be about understanding medication labels and dosage.

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Not all participants will have premature children, so only teach adjusted age if the child is premature		
Focus: **Giving age/weight information on the baby**	**Age**: **# + days/weeks/months/years old** E.g. My baby **is** 3 weeks old. My child **is** 2 years old. **Adjusted Age** = # of weeks/months - # of weeks/months premature. i.e. 25 weeks old – 16 weeks premature = 9 weeks old. **Weight:** **# pounds** **Abbreviation:** • **lb = pound**	Rationale: Limited to age and weight in that these often determine dosage. Make sure parent understands "Adjusted Age" and that he/she may need to depend more heavily on weight for proper dosage. Provide several examples, including the actual baby's age, and remark on the use of "is" for age (vs. "tiene" = "has" in Spanish). Decide if the parent needs to convert (in the head or elsewhere), or if the weight is indicated mainly in pounds. A web-based converter is easy to use, if needed: http://www.thecalculatorsite.com/conversions/common/kg-to-pounds-ounces.php Otherwise, a calculator can be used by following the following formula: **kilos / .45 = pounds** E.g. 5kg = 11.1 lb This will also serve the purpose of checking whether the parent can use a calculator. Go on to practice using the baby's actual weight.
Focus 2 (part I) **Becoming familiar with medication and measuring tools**	To end this module, the instructor will share the materials the doctor's prescription and the actual medication (box, bottle, syringe, dosage chart in preparation for Module 5. (See attachments for letter-sized handouts)	

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		 DEA# GB0000000 Lic. # ME 0000000 MARTIN R. ROBERTS, M.D. CHILDREN'S HOME SOCIETY 24 IMPERIAL DRIVE SELDEN, NY 11784 TEL: (631) 696-4900 FAX: (631) 696-4901 NAME ____ AGE ____ ADDRESS ____ DATE ____ ℞ (SIGNATURE) ☐ LABEL REFILL 0 1 2 3 4 5 PRN DRS. NAT PRESC T 1-800-696-0800

		General source: http://www.parents.com/baby/care/pediatricians-medicine/stocking-baby-medicine-cabinet/ Specific source: http://www.knowyourdose.org/sites/default/files/OIPA_Pediatrics_DosingChart_FINAL[1].pdf
Goal 2: Post-assessment	So let's make sure we know this: • What's the baby's weight in pounds? • How old is s/he? • What is his/her adjusted age?	Follow the same rating criteria as at pre-assessment.

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Module 5

STEP	SCRIPT	REALIA / REFERENCE MATERIALS
Cover: Title / Lesson Goals	• Understanding prescriptions • Understanding medication/formula labels, including dosing and frequency	
Materials	• Handout with prescription pad, syringe and dosage schedule • Larger copy of three medicine bottles	
Recap on Mod. 4	(At the Doctor) Doctor (*after examining the baby*): How old is your baby now? You: Eight months. D: And how much does he weigh? You: Twelve pounds. D: I'm going to give you Infants' Tylenol® for the fever and the congestion *(writes the prescription)*. You: OK, doctor. D: Here's a syringe to measure it. It'll be 2.5 milliliters every time. See? Here. *(Dr. shows the 2.5 mL mark on the syringe).* Give it to the baby orally—in the mouth—every four hours. Stop the Tylenol when there's no fever. So, let's review the instructions. What's the Tylenol for? You: The fever. D: How much are you going to measure with the syringe? You: 2.5 milliliters. D: How many hours are you going to wait after the first dose? You: Four hours. D: And when do you stop? You: When there's no fever. D: Good. Here's your prescription. You won't need any refills. Call me if he still has a fever tomorrow morning.	

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Pre-assessment: Understanding the doctor's prescription

The instructor should fill in the patient's information for each individual family and circle "zero" for the refill line at the bottom, although this element will not be tested.

The handout for the parent should include the three items on the right: the doctor's prescription, the chart, and the illustration of the syringe—or else an actual syringe.

The instructor will ask these questions of the parent. The parent should read the prescription, consult the temperature conversion chart in an earlier module, and use the medication chart to answer the questions.

1. What's the name of the medication**? [Infants' Tylenol]**

2. How many milligrams is it? Eighty, one hundred sixty or five hundred? *(Infants' Tylenol comes in these strengths)* **[160]**

3. How many milliliters do I give the baby? Show me on the syringe / Mark it on the syringe on your handout. **[2.5mL]**

4. When do you stop the medication? **[When the fever goes]**

5. *(If Question 4 is answered correctly)* You get home and give your baby the Tylenol for the first time at 4pm. You take his temperature every two hours. Show me on the calendar when you give the baby the medication again over the next 12 hours. [Rectal temperature in infants is considered fever 100.4F and above. Therefore, **the Tylenol is still indicated at 8pm but not beyond that** – by midnight it is virtually back to normal]

(Instructor, please assess the legibility of the handwriting in the prescription. It is probably best to use the blank prescription provided in module 4 and fill it out again for each family in the study.)

Time	Temp*	Tylenol?
4pm	102.0	X
6pm	101.2	
8pm	101.0	
10pm	100.0	
12am (midnight)	100.0	
2am	99.8	
4am	99.8	

*(Use the Riley H. temperature conversion table from an earlier module – it indicates in red what is considered "fever")

This is a textbook example of performance assessment, and it combines an understanding of written English as well as literacy/numeracy skills, and has a very strong health literacy component that is being developed along the way. Each questions should be scored pass/fail, i.e. either a 2 or a 0.

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Focus 1: Understanding medication labels: Language (some additional symptoms, types of medication, and dosage: measurements and frequency

Practice

This is a beginning step in the direction of understanding complex authentic labels. The instructor will go over the language on the labels here and illustrate/explain/demonstrate the following:

- Sore throat, aches, upset stomach
- Tablets – a good opportunity to use realia to teach
  - Solid medications: pills, caplets, capsules, lozenges, suppositories
  - Liquid medications: syrup, drops, sprays, solutions
  - Rub-in medications: cream, lotion, gel
- Tablespoons – a good opportunity to use realia to teach other measurements: "teaspoon" and abbreviations (*tbsp*. vs. *tsp*.) as well as "cup"; also to bring back the notion of "half" (from "half past") to "half a teaspoon/tablespoon," and show the usual notation (½)
- Every + # hours – a good opportunity to teach "once/ twice/three times + day" "with food," "as needed"
- Warning + negatives associated with them

Practice

All the parent needs to do here is identify the medication (1, 2, or 3) that answers each of these questions:*

1. Which one is for diarrhea?
2. Which one is a syrup?
3. You have a headache. Which one should you take?
4. You have a sore throat. You just had your medication. When can you take it again?
5. Your child is 10 years old. Which one is NOT for him/her?
6. You need to drive today. Which one is NOT for you?
7. You had diarrhea this morning and took the medication for it. You haven't had diarrhea since this morning. Do you take the medication again?

(*It is not important here who the patient is; the goal is to practice the vocabulary learned and to develop comprehension skills in the parent.)

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Focus 1: Understanding medication labels - Practice

Drug Facts (continued)

Directions • use only enclosed dosing cup designed for use with this product. Do not use any other dosing device.
• take every 4 to 6 hours
• do not exceed 6 doses in a 24-hour period

age	dose
children 6 years to under 12 years	1 to 2 teaspoonfuls (12.5 mg to 25 mg)
children 4 years to under 6 years	do not use unless directed by a doctor
children under 4 years	do not use

Other information • **each teaspoon contains:** sodium 6 mg
• store at controlled room temperature

Inactive ingredients citric acid, flavors, glycerin, poloxamer 407, purified water, red 33, red 40, sodium benzoate, sodium chloride, sodium citrate, and sugar

Best Choice 100% GUARANTEED
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KANSAS CITY, MO 64111

Questions or Comments?
1-866-534-4631

SEE NEW DOSING INFORMATION

HEALTH CARE Best Choice

Children's
Allergy
Antihistamine
Liquid Medication

Relieves:
• Sneezing • Runny Nose
• Itchy, Watery Eyes • Itchy Throat

Cherry Flavored
Alcohol Free
Antihistamine
Diphenhydramine HCl

4 FL OZ (118 mL)

Drug Facts TAMPER EVIDENT: DO NOT USE IF PRINTED SAFETY SEAL ON THE BOTTLE IS BROKEN OR MISSING.

Active ingredient (in each 5 mL teaspoonful) ***Purpose***
Diphenhydramine HCl 12.5 mg .....Antihistamine

Uses • temporarily relieves: • runny nose • sneezing
• itchy, watery eyes due to hay fever or other upper respiratory allergies
• itching of the nose or throat

Warnings
Do not use • to make a child sleepy
• if you are on a sodium-restricted diet
• with any other product containing diphenhydramine, including one applied topically.

Ask a doctor before use if you have
• glaucoma • trouble urinating due to an enlarged prostate gland
• a breathing problem such as emphysema or chronic bronchitis

Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers

When using this product • marked drowsiness may occur
• sedatives and tranquilizers may increase drowsiness
• excitability may occur, especially in children

Keep this and all drugs out of the reach of children. In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately. ▶

Ideally, this should be done with the actual box + medication and dosing cup. This should move beyond simple identification to actual finding of information to answer basic questions on this medication:

- What is this medication for?
- Can you give it to your child? (Why not?)
- Suppose your child is 6 years old. How much can you give to your child? Show me.
- You give you child the medication now. What time can s/he take it again?
- Which can happen to your child after taking this medication – will s/he sleep less, or more?
- Do you need to keep it in the refrigerator?

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Post-assessment

See below for important information about use in children.

Drug Facts

Active Ingredient (in each spray) ***Purpose***

Fluticasone propionate (glucocorticoid) 50 mcg ..... Allergy symptom reliever

Uses

Temporarily relieves these symptoms of hay fever or other upper respiratory allergies:
- nasal congestion
- runny nose
- sneezing
- itchy nose
- itchy, watery eyes

Warnings

Only for use in the nose. Do not spray into your eyes or mouth.

Do not use
- in children under 4 years of age
- to treat asthma
- if you have an injury or surgery to your nose that is not fully healed
- if you have ever had an allergic reaction to this product or any of the ingredients

Ask a doctor before use if you have or had glaucoma or cataracts

Ask a doctor or pharmacist before use if you are taking
- medicine for HIV infection (such as ritonavir)
- a steroid medicine for asthma, allergies or skin rash
- ketoconazole pills (medicine for fungal infection)

When using this product
- the growth rate of some children may be slower
- stinging or sneezing may occur for a few seconds right after use
- do not share this bottle with anyone else as this may spread germs
- remember to tell your doctor about all the medicines you take, including this one

Stop use and ask a doctor if
- you have, or come into contact with someone who has, chicken pox, measles or tuberculosis
- your symptoms do not get better within 7 days of starting use or you get new symptoms such as severe facial pain or thick nasal discharge. You may have something more than allergies, such as an infection.
- you get a constant whistling sound from your nose. This may be a sign of damage inside your nose.
- you get an allergic reaction to this product. Seek medical help right away.
- you get new changes to your vision that develop after starting this product
- you have severe or frequent nosebleeds

If pregnant or breast-feeding, ask a health professional before use. ▶

Drug Facts (continued)

Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions
- read the Quick Start Guide for how to:
  - prime the bottle
  - use the spray
  - clean the spray nozzle
- shake gently before each use
- use this product only once a day
- do not use more than directed

ADULTS AND CHILDREN 12 YEARS OF AGE AND OLDER
- Week 1 – use 2 sprays in each nostril once daily
- Week 2 through 6 months – use 1 or 2 sprays in each nostril once daily, as needed to treat your symptoms
- After 6 months of daily use – ask your doctor if you can keep using

CHILDREN 4 TO 11 YEARS OF AGE
- the growth rate of some children may be slower while using this product. **Children should use for the shortest amount of time necessary to achieve symptom relief. Talk to your child's doctor if your child needs to use the spray for longer than two months a year.**
- an adult should supervise use
- use 1 spray in each nostril once daily

CHILDREN UNDER 4 YEARS OF AGE
- **do not use**

Other information
- you may start to feel relief the first day and full effect after several days of regular, once-a-day use
- store between 4° and 30°C (39° and 86°F)
- keep this label and enclosed materials. They contain important additional information.

Inactive ingredients

benzalkonium chloride, dextrose, microcrystalline cellulose, phenylethylalcohol, polysorbate 80, purified water, sodium carboxymethylcellulose

Questions or comments?

call toll-free **1-844-FLONASE** (1-844-356-6273) (English/Spanish) weekdays (9:00am-5:00pm ET)

1. What is this medicine for**? [Allergies, runny nose, etc.]**
2. How many milligrams is it? **[50]**
3. Is it a solid, a liquid, or a rub-in medication? [**A liquid**]
4. How often can it be taken? **[Twice a day first week, Week 2-6 months 1-2 times, After 6 months ask doctor]**
5. Suppose your child is 6 years old. How much can you give to your child?

The instructor should follow the same rating criteria as at pre-assessment.

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Module 6

STEP	SCRIPT	REALIA / REFERENCE MATERIALS
Cover: Title / Lesson Goals	• Filling a prescription at the pharmacy • Understanding prescription labels and warnings	
Materials	• Warning sticker cards and simplified text cards	
Preassessment	The goal of pre-assessment for this final module is simply to stage the interaction and thus evaluate the capacity to manage survival communication at the pharmacy. The emphasis of the assessment will be on questions/exchanges that have not been practiced yet. At the same time, this stage will serve to preparation for the integrative dialogue that follows. The instructor will ask questions and try and elicit a basic exchange between the parent and the pharmacist. "Do you go to a particular pharmacy? CVS, Walgreens, Walmart, or any others? "This is the prescription the doctor gave you. You come to the [CVS] to fill the prescription. I'm the pharmacist."	The instructor should apply a 2-1-0 rating scale for success, success with repair, and failure, respectively. The four tasks to be assessed are - Stating the purpose of the visit to the pharmacy - Registering into the pharmacy's system - Answering a question about insurance - Completing payment All other elements in the dialogue are meant for review purposes and should be left out at this point.
Focus 1: Filling a prescription	(At the pharmacy) Pharmacist: Good morning! How can I help you? You: I have this prescription… *(Hands over the prescription)* Ph: Do you fill your prescriptions here? You: No. Ph: *(Looks at the prescription)* This is for your child? You: Yes. Ph: I need some information to enter you into	"New" areas can be practiced by using gapped role cards, especially the communication of price + instructions to come back for the prescription, then actual payment. The instructor should discuss the notion of insurance. Although it is a sensitive topic, the pharmacist will always ask if the parent has insurance in order to determine the out-of-pocket cost for the parent. The pharmacist should also indicate that over-the-counter medications are usually cheaper purchased just off the shelf rather than through the pharmacy.

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		our system. What's your child's name?	Another area the instructor should discuss is the pharmacist's offer to consult at the end. The parent might have a question that came to mind after the visit to the doctor. This dialogue reviews the material covered in module 2. If the instructor provides a new prescription and the medicine purchased has a new label, it will serve the purposes of reviewing symptoms, dosing, and understanding of label instructions. The instructor can provide a holistic summative score for overall task accomplishment at this point that could be paired up with self-reports of communication effectiveness emerging from post-intervention phone interviews.
	You:	_____	
	Ph:	Can you spell that, please?	
	You:	_____	
	Ph:	What's your address? [Or: Write your address for me, please]	
	You:	_____	
	Ph:	What city is that?	
	You:	_____	
	Ph:	Zip code?	
	You:	_____	
	Ph:	Can I get a phone number for you? One I can reach you at.	
	You:	_____	
	Ph:	Is that a cell?	
	You:	Yes.	
	Ph:	Date of birth of the child?	
	You:	_____	
	Ph:	Do you have your insurance card?	
	You:	_____	
	Ph:	OK. Let me fill your prescription.	
		(After a half minute or so) That's gonna be $... Is that OK?	
	You:	Yes.	
	Ph:	It will be ready in about 20 minutes. You can come for it after 3pm, OK?	
	You:	OK. Thank you!	
	Ph:	Thank you. Bye now.	
	You:	Bye!	

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	(At 3pm) You: Is my prescription ready? Ph: Last name? You: _____ *(baby's name)* Ph: Date of birth? You: _____ *(baby's DOB)* Ph: *(Walks to the back and brings meds.)* That's $5.75. Cash or credit? You: Cash. *(Hands $20)* Ph: *(Managing change)* 6, 7, 8, 9, 10, and 20 dollars. You: Thank you. Ph: Do you have any questions to the pharmacist? You: No, I have the doctor's instructions. Ph: OK. Sign here, please. *(You sign to certify that you got the medication.)* Thank you! You: Bye. Ph: Bye.	
Focus 2: Understanding prescription drug labels	The parent has already gone through the process of understanding a doctor's prescription. This is an expansion on that. The activity here should consist in identifying the element that answers each questions below, and to give it the number of the question on the chart. The instructor should encourage the parent to read the information out loud; it will serve review purposes. (Note: one yellow box will not be used): 1. What's the name and strength of the drug? 2. What's the patient's name? 3. What's the doctor's name? 4. How often can you take this medicine, and for how long?* 5. Can this prescription be refilled?**	

	6. What's the phone number of the pharmacy? 7. What number does the pharmacy use to identify the drug? 8. When does this medication expire?*** *Teach "all taken" – very important for this population. It has been documented that antibiotics are often discontinued when the fever is gone, for instance. **Talk about refilling medications in conjunction with questions 6 and 7 – in the Spanish-speaking world prescriptions are most often refilled only by going to back to the doctor for a new physical prescription. Also explain that this is the reason that the pharmacy's phone number is included: to refill over the phone. ***Use this opportunity to review dates in MM/DD/YY format – much of the rest of the world uses the DD/MM format	
Focus 2: Understanding prescription drug label warnings	The parent has gone through the different parts of prescription label. Build upon that understanding to discuss warning labels. Use cards with the labels printed on some and the simplified text printed on others. With these cards, have the parent match the correct simplified text with the correct warning sticker. For each, explain what the sticker means.	

Label	Standard	Simplified Text	+Icon
1	SHAKE WELL BEFORE USING	Shake well before stirring.	
2	FOR EXTERNAL USE ONLY	Use only on your skin.	
3	IT IS VERY IMPORTANT THAT YOU TAKE OR USE THIS EXACTLY AS DIRECTED. DO NOT SKIP DOSES OR DISCONTINUE UNLESS DIRECTED BY YOUR DOCTOR.	Do not stop taking unless directed by your doctor.	
4	TAKE WITH FOOD OR MILK	Take with food or milk.	
5	DO NOT TAKE THIS DRUG IF YOU BECOME PREGNANT	Do not use if you are pregnant, think you are pregnant, or breast feeding.	
6	MAY CAUSE DROWSINESS. ALCOHOL MAY INTENSIFY THIS EFFECT. USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINERY.	May cause drowsiness. Be careful when driving a car or using machinery.	
7	DO NOT DRINK ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION.	Do not drink alcohol.	
8	YOU SHOULD AVOID PROLONGED OR EXCESSIVE EXPOSURE TO DIRECT AND/OR ARTIFICIAL SUNLIGHT WHILE TAKING THIS MEDICATION.	Limit your time in the sun.	
9	OBTAIN MEDICAL ADVICE BEFORE TAKING NONPRESCRIPTION DRUGS. SOME MAY AFFECT THE ACTION OF THIS MEDICATION.	Talk to your doctor before using any over-the-counter drugs.	

Focus 1 & 2: Asking the pharmacist questions about prescriptions	Ph: Do you have any questions to the pharmacist? You: Yes, Are there any special instructions to take this medicine? Ph: Yes _____ Can you please repeat what I told you? You: _____ Ph: OK. Sign here, please. *(You sign to certify that you got the medication.)* Thank you! You: Bye. Ph: Bye.	The instructor should select additional instructions about medicine from the warning labels to fill in the blanks. Repeat this multiple times with different instructions from the warning labels.
Post-assessment	1. What's the name of the medication**? [Fazaclo]** 2. How many milligrams is it? **[500mg]** 3. Is it a solid, a liquid, or a rub-in medication? [**A Solid (Tablet)]** 4. How often can it be taken? **[Daily or 6-8 hours]** 5. Any important instructions? [**Three are given**– give full score only for at least three given correctly, 1 point for only two, 0 points for only one]	 CENTRAL PHARMACY 45 Main St, Anytown, US 12345 (800) 555-5555 CAUTION FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED. Rx# 231-479-161 Dr. Jones, John C DATE 06/24/10 SMITH, JANE TAKE ONE TABLET ORALLY DAILY OR EVERY SIX TO EIGHT HOURS AS NEEDED FOR SYMPTOMS. 24 FAZACLO TAB 10-500MG NO REFILLS CLOZAPINE USE BEFORE 06/24/12 DO NOT TAKE THIS DRUG IF YOU BECOME PREGNANT DO NOT DRINK ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION MAY CAUSE DROWSINESS OR DIZZINESS The instructor should follow the same rating criteria as at pre-assessment.

Formal Post-assessments	The instructor will ask the two Likert-scale questions in Spanish again (satisfaction + readiness) and then administer the TOHFLA and BEST tests for comparison with initial scores. The parent should be reminded that Spanish-speaking FVI staff will call them for the first time in two weeks.	

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Appendix

Module Materials

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Schedule 1

Monday	Tuesday	Wednesday	Thursday	Friday
Work: 7-3:30				
Hospital: 4-8pm	School: 5-6pm	Hospital: 4-8pm	Hospital: 4-8pm	Hospital: 4-8pm
	Hospital: 6:30-8pm			

Schedule 2

Monday	Tuesday	Wednesday	Thursday	Friday
Work: 7-3:30				
Hospital: 4-8pm	Dentist: 5-6pm	School: 4:30-5:30pm	Hospital: 6-8pm	Hospital: 4-8pm
	Hospital: 6:30-8pm	Hospital: 6-8pm		

Appointment

For: _____

Date: _____ Time: _____

☐ MON. ☐ TUE. ☐ WED. ☐ THUR. ☐ FRI. ☐ SAT.

_____

_____

If you are unable to keep your appointment, please give at least a 24 hours notice.

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DR. MICHAEL GOODMAN AND ASSOCIATES
GENERAL PRACTITIONERS
123 Main Street • Anytown, USA 00000
(000) 555-0000

PATIENT NAME	DATE PRESCRIBED
PATIENT ADDRESS	

Rx

SUBSTITUTION PERMISSIBLE_____ DO NOT SUBSTITUTE_____

DO NOT REFILL _____ REFILL _____ TIMES	DISPENSE AS WRITTEN -- Signature

Use separate form for each controlled substance prescription

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General source: http://www.parents.com/baby/care/pediatricians-medicine/stocking-baby-medicine-cabinet/

Specific source: http://www.knowyourdose.org/sites/default/files/CHPA_Pediatrics_DosingChart_FINAL[1].pdf

details

When it comes to reducing fever or relieving pain in infants, INFANTS' TYLENOL® has been the brand recommended most by pediatricians for the last 20 years. INFANTS' TYLENOL® works differently than other pain and fever medicines. It also won't upset little stomachs. If your child is under 2 years of age, be sure to ask your doctor.

- Temporarily reduces fever
- Temporarily relieves minor aches and pains

Health Concern: Fever, Headache
Health Facts: Aspirin-Free, Contains Acetaminophen, Pain Reliever
For Use On: Oral
Product Form: Liquid
Capacity (volume): 1.0 Oz.
Strength: 160mg
Product Duration: 4 hours
Flavor: Grape
Suggested Age: 3 Years, 1 Year, 0-6 Months

		Infants' Acetaminophen			Children's Acetaminophen
		Old Concentration via Dropper		**New Concentration** via Syringe	Standard Concentration via Measuring Cup
Weight	**Age**	(80 mg/0.8 mL)	(80 mg/1 mL)	(160 mg/5 mL)	
6-11 lbs.	0-3 months*	0.4 mL	0.5 mL	1.25 mL	
12-17 lbs.	4-11 months*	0.8 mL	1.0 mL	2.5 mL	2.5 mL
18-23 lbs.	12-23 months*	1.2 mL	1.5 mL	3.75 mL	3.75 mL
24-35 lbs.	2-3 yrs old	1.6 mL	2.0 mL	5 mL	5 mL
36-47 lbs.	4-5 yrs		3.0 mL		7.5 mL
48-59 lbs.	6-8 yrs				10 mL
60-71 lbs.	9-10 yrs				12.5 mL
72-95 lbs	11 yrs				15 mL

* Always check with your healthcare provider when giving liquid acetaminophen to infants under 12 lbs. or to children under age 2.

mL = milliliter
lbs. = pounds

New Infant Dosing Device: Syringe (for use with concentration 160 mg/5 mL)

Dosing Cup for Older Children

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Temperature Conversion Chart

If you use a **Celsius** thermometer, this chart helps you change the temperature to **Fahrenheit**.

C	F	C	F
36.0	96.8	38.0	100.4
36.1	97.0	38.1	100.6
36.2	97.2	38.2	100.8
36.3	97.3	38.3	100.9
36.4	97.5	38.4	101.1
36.5	97.7	38.5	101.3
36.6	97.9	38.6	101.5
36.7	98.1	38.7	101.7
36.8	98.2	38.8	101.8
36.9	98.4	38.9	102.0
37.0	98.6	39.0	102.2
37.1	98.8	39.1	102.4
37.2	99.0	39.2	102.6
37.3	99.1	39.3	102.7
37.4	99.3	39.4	102.9
37.5	99.5	39.5	103.1
37.6	99.7	39.6	103.3
37.7	99.9	39.7	103.5
37.8	100.0	39.8	103.6
37.9	100.2	39.9	103.8
		40.0	104.0

Taking A Temperature

- **For most babies and young children:** Put the thermometer in the middle of the armpit, with skin all around it.
- **For most older children and adults:** Put the thermometer under the tongue.

If you have questions about how to take a temperature, talk to your nurse or doctor.

When To Call The Doctor

For most people:

- Normal temperatures are **shaded**.
- Temperatures in **red** are out of the normal range.
- Unless you are told otherwise, call the doctor if you or your child's temperature is out of the normal range.

Special Instructions

Call the doctor if you or your child's temperature is:

Above _____

OR

Below _____

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Revised 2006, 2010
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CH-2287 Lawson 78108

Clarian Health

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DEA# GB000000 LIC. # ME 0000000

MARTIN R. ROBERTS, M.D.
CHILDREN'S HOME SOCIETY
24 IMPERIAL DRIVE
SELDEN, NY 11784
TEL: (631) 696-4900 FAX: (631) 696-4901

NAME _____ AGE _____

ADDRESS _____ DATE _____

℞

Infants Tylenol
160 mg / 5 mL
2.5 mL
once every 4 hours for the fever.

M. Roberts
(SIGNATURE)

☐ LABEL
REFILL 0 1 2 3 4 5 PRN

DAW - DAT PRESC T
1-866-654-0800

Time	Temp*	Tylenol?
4pm	102.0	X
6pm	101.2	
8pm	101.0	
10pm	100.0	
12am (midnight)	100.0	
2am	99.8	
4am	99.8	

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1.

2.

3.

Drug Facts (continued)

Directions • use only enclosed dosing cup designed for use with this product. Do not use any other dosing device.
• take every 4 to 6 hours
• do not exceed 6 doses in a 24-hour period

age	dose
children 6 years to under 12 years	1 to 2 teaspoonfuls (12.5 mg to 25 mg)
children 4 years to under 6 years	do not use unless directed by a doctor
children under 4 years	do not use

Other information • **each teaspoon contains:** sodium 6 mg
• store at controlled room temperature

Inactive ingredients citric acid, flavors, glycerin, poloxamer 407, purified water, red 33, red 40, sodium benzoate, sodium chloride, sodium citrate, and sugar

Best Choice® 100% GUARANTEED
www.awgbrands.com

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PROUDLY DISTRIBUTED BY:
VALU MERCHANDISERS, CO.
KANSAS CITY, MO 64111

Questions or Comments?
1-866-534-4631

SEE NEW DOSING INFORMATION

HEALTH CARE Best Choice® brand

Children's Allergy

Antihistamine
Liquid Medication

Relieves:
• Sneezing • Runny Nose
• Itchy, Watery Eyes • Itchy Throat

Cherry Flavored
Alcohol Free
Antihistamine
Diphenhydramine HCl

4 FL OZ (118 mL)

Drug Facts TAMPER EVIDENT: DO NOT USE IF PRINTED SAFETY SEAL ON THE BOTTLE IS BROKEN OR MISSING.

Active ingredient (in each 5 mL teaspoonful) ***Purpose***
Diphenhydramine HCl 12.5 mg .....Antihistamine

Uses • temporarily relieves: • runny nose • sneezing
• itchy, watery eyes due to hay fever or other upper respiratory allergies
• itching of the nose or throat

Warnings
Do not use • to make a child sleepy
• if you are on a sodium-restricted diet
• with any other product containing diphenhydramine, including one applied topically.

Ask a doctor before use if you have
• glaucoma • trouble urinating due to an enlarged prostate gland
• a breathing problem such as emphysema or chronic bronchitis

Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers

When using this product • marked drowsiness may occur
• sedatives and tranquilizers may increase drowsiness
• excitability may occur, especially in children

Keep this and all drugs out of the reach of children. In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately. ►

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CENTRAL PHARMACY
45 Main St, Anytown, US 12345

(800) 555-5555

CAUTION FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED.

Rx# 231-479-161

Dr. Jones, John C

DATE 06/24/10

SMITH, JANE

TAKE ONE TABLET ORALLY DAILY OR EVERY SIX TO EIGHT HOURS AS NEEDED FOR SYMPTOMS.

24 FAZACLO TAB 10-500MG

NO REFILLS **CLOZAPINE** USE BEFORE 06/24/12

DO NOT TAKE THIS DRUG IF YOU BECOME PREGNANT

DO NOT DRINK ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION

MAY CAUSE DROWSINESS OR DIZZINESS

Label	Standard	Simplified Text	+Icon
1	SHAKE WELL BEFORE USING ©1984	Shake well before stirring.	
2	FOR EXTERNAL USE ONLY ©1976	Use only on your skin.	
3	IT IS VERY IMPORTANT THAT YOU TAKE OR USE THIS EXACTLY AS DIRECTED. DO NOT SKIP DOSES OR DISCONTINUE UNLESS DIRECTED BY YOUR DOCTOR.	Do not stop taking unless directed by your doctor.	
4	TAKE WITH FOOD OR MILK ©1987	Take with food or milk.	
5	DO NOT TAKE THIS DRUG IF YOU BECOME PREGNANT ©1976	Do not use if you are pregnant, think you are pregnant, or breast feeding.	
6	MAY CAUSE DROWSINESS. ALCOHOL MAY INTENSIFY THIS EFFECT. USE CARE WHEN OPERATING A CAR OR DANGEROUS MACHINERY. ©1976	May cause drowsiness. Be careful when driving a car or using machinery.	
7	DO NOT DRINK ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION	Do not drink alcohol.	
8	YOU SHOULD AVOID PROLONGED OR EXCESSIVE EXPOSURE TO DIRECT AND/OR ARTIFICIAL SUNLIGHT WHILE TAKING THIS MEDICATION. ©1986	Limit your time in the sun.	
9	OBTAIN MEDICAL ADVICE BEFORE TAKING NONPRESCRIPTION DRUGS. SOME MAY AFFECT THE ACTION OF THIS MEDICATION. ©1986	Talk to your doctor before using any over-the-counter drugs.	

Indiana University International Center for Intercultural Communication

Oral English Proficiency Test for Parents of Children with Special Needs

Participants Name _____ Date_____

Score _____ Ranking_____ Level Placement_____

When Taken: Pre / Post

Section 1

#	Script/Questions	Listening	Complexity	Communication	Total
I	Are you ready?				
1	What is your name?	0 1 2	0 1 2 3 4	0 1 2 3	
2	Where are you from?	0 1 2	0 1 2 3 4	0 1 2 3	
3	How long have you lived in Indianapolis?	0 1 2	0 1 2 3 4	0 1 2 3	
4	What do you like about Indianapolis?	0 1 2	0 1 2 3 4	0 1 2 3	
5	How long have you lived here?	0 1 2	0 1 2 3 4	0 1 2 3	
6	What do you do every day?	0 1 2	0 1 2 3 4	0 1 2 3	
I	Now I have to add the numbers			Total:	_____

If the total is 12 or less, stop and read the conclusion

If the total is between 13 and 27, go to Section 3.

If the number is 28 or higher, go to Section 2

Conclusion

Thank you for talking with me, this is the end of the test.

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Section 2

[redacted]

#	Script/Questions	Listening	Complexity	Communication	Total
7	I'd like to ask you another question. Tell me about a person you admire. …Can you tell me more?	0 1 2	0 1 2 3 4	0 1 2 3	

Total of questions 1-7: _____

If the total is 33 or less, go to section 3

If the participant scored a 0 on question 7, go to section 3

In all other cases, go to question 8

#	Script/Questions	Listening	Complexity	Communication	Total
8	How has your life changed since coming to Indiana? …Can you tell me more?	0 1 2	0 1 2 3 4	0 1 2 3	

Total of questions 1-8: _____

Score Total	**Next Section**
0-12	Do not continue, Final level is 0
13-40	Move to Section 3
41-50	Move to Section 4
51 or higher	Move to Section 5

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Section 3

#	Script/Questions	Listening	Complexity	Communication	Total
I	Let's think about transportation.				
3.1	Tell me about this picture.	0 1 2	0 1 2 3 4	0 1 2 3	
3.2	I usually _____ to work How do you get to where you want to go?	0 1 2	0 1 2 3 4	0 1 2 3	
3.3	Do you like to travel?	0 1 2	0 1 2 3 4	0 1 2 3	
I	Let's talk about clothing.				
3.4	Tell me about his picture.	0 1 2	0 1 2 3 4	0 1 2 3	
3.5	When I relax, I like to wear _____. What do you like to wear?	0 1 2	0 1 2 3 4	0 1 2 3	
3.6	Do you like shopping for clothes?	0 1 2	0 1 2 3 4	0 1 2 3	
I	Let's talk about food.				
3.7	Tell me about this picture.	0 1 2	0 1 2 3 4	0 1 2 3	
3.8	I like to eat _____ for lunch. What do you eat for lunch?	0 1 2	0 1 2 3 4	0 1 2 3	
3.9	Do you like to eat breakfast?	0 1 2	0 1 2 3 4	0 1 2 3	

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I	Let's talk about schools.			
3.10	Tell me about this picture	0 1 2	0 1 2 3 4	0 1 2 3
3.11	I went to school in _____. Where did you go to school?	0 1 2	0 1 2 3 4	0 1 2 3
3.12	Was your elementary/primary school a good school?	0 1 2	0 1 2 3 4	0 1 2 3

Total: _____

Conclusion

Thank you for talking with me. This is the end of the test.

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Section 4

#	Script/Questions	Listening	Complexity	Communication	Total
I	Let's talk about house work.				
4.1	Tell me about this picture.	0 1 2	0 1 2 3 4	0 1 2 3	
4.2	I usually _____ at my home. What jobs do you do around the The house?	0 1 2	0 1 2 3 4	0 1 2 3	
4.3	Would you rather wash dishes or cook?	0 1 2	0 1 2 3 4	0 1 2 3	
I	Let's talk about communication.				
4.4	I _____ to talk to my friend today. How do you talk with friends?	0 1 2	0 1 2 3 4	0 1 2 3	
4.5	A lot of people text friends and family instead of calling them. How do you communicate with your family? …Can you explain more?	0 1 2	0 1 2 3 4	0 1 2 3	
4.6	Some people think social media like Facebook helps to keep in contact with friends, while others feel it hurts friendships. Which do you Believe and why? …Can you explain more?	0 1 2	0 1 2 3 4	0 1 2 3	
I	Let's talk about clothing.				
4.7	I usually buy clothes at _____. Where do you buy your clothes?	0 1 2	0 1 2 3 4	0 1 2 3	
4.8	How do you decide where to buy your clothes?	0 1 2	0 1 2 3 4	0 1 2 3	

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4.9	Some people think you can learn a lot about a person by their clothes. What do you think? …Can you explain more?	0 1 2	0 1 2 3 4	0 1 2 3

I	Let's talk about your family.			
4.10	My mother/father worked as a _____. What does your mother or father do for work?	0 1 2	0 1 2 3 4	0 1 2 3
4.11	Tell me about a family member That you admire. …Can you explain more?	0 1 2	0 1 2 3 4	0 1 2 3

I	Now let's talk about goals			
4.12	When I was younger, I wanted To become a _____. What did you want to be when you got older?	0 1 2	0 1 2 3 4	0 1 2 3
4.13	I like what I do now. What do you like about what you do? …Can you explain more?	0 1 2	0 1 2 3 4	0 1 2 3

Total: _____

Conclusion

Thank you for talking with me. This is the end of the test.

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Section 5

#	Script/Questions	Listening	Complexity	Communication	Total
I	Let's talk about exercise.				
5.1	For exercise, I like to _____. What do you do for exercise?	0 1 2	0 1 2 3 4	0 1 2 3	
5.2	Some people say that eating bananas gives them more energy to exercise. what foods do you think give you energy? Why?	0 1 2	0 1 2 3 4	0 1 2 3	
5.3	To exercise, many people like to go to the gym, while others prefer to exercise at home. Which do you prefer and why?	0 1 2	0 1 2 3 4	0 1 2 3	
I	Let's talk about supermarkets.				
5.4	I buy my groceries at _____. How about you?	0 1 2	0 1 2 3 4	0 1 2 3	
5.5	Supermarkets can provide many services to help the community be healthy. What health services can a supermarket provide?	0 1 2	0 1 2 3 4	0 1 2 3	
5.6	Supermarkets have changed a lot over the years. How are supermarkets different today than they were in the past? How are they the same?	0 1 2	0 1 2 3 4	0 1 2 3	
Let's talk about clothing.					
5.7	When the weather is bad, I like to wear _____. What clothing do you wear when The weather is bad?	0 1 2	0 1 2 3 4	0 1 2 3	

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5.8	What fashions are popular where You live today?	0 1 2	0 1 2 3 4	0 1 2 3
5.9	Some school require students to wear uniforms. How do school uniforms affect student behavior in schools?	0 1 2	0 1 2 3 4	0 1 2 3

I	Let's talk about games.			
5.10	When I have time, I like to play _____. What games do you like to play?	0 1 2	0 1 2 3 4	0 1 2 3
5.11	Do you believe that video games are good or bad for family life? …Can you explain more?	0 1 2	0 1 2 3 4	0 1 2 3

I	Now let's talk about goals			
5.12	I have a goal to _____. What goals have you set for yourself?	0 1 2	0 1 2 3 4	0 1 2 3
5.13	Some people like to plan their entire day, while others prefer not to plan. Which way do you believe is most effective for a successful life? Why? …Please explain more.	0 1 2	0 1 2 3 4	0 1 2 3

Total: _____

Conclusion

Thank you for talking with me. This is the end of the test.

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Level Placement Chart

[redacted]

Proficiency Level 1

Total Score	Ranking
0-48	0
48-54	0,1
54-72	1
72-78	1,2
78-84	1,2,3
84-90	2,3
90-102	3,4
102-114	4

Proficiency Level 2

Total Score	Ranking
72-84	3
84-90	3,4
90-108	4,5
108-120	5,6
120-126	6
126-132	6,7
132-138	7,8
138-144	8

Proficiency Level 3

Total Score	Ranking
96-114	5
114-126	6,7
126-138	7,8
138-144	8
144-150	8,9
150-156	9,10
156-162	10

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Test of Functional Health Literacy in Adults

Short Test of Functional Health Literacy in Adults (STOFHLA)

STOFHLA
Spanish,

Short Test of Functional Literacy in Adults
STOFHLA-SPANISH
READING COMPREHENSION

HAND PATIENT THE READING COMPREHENSION PASSAGES TO BE COMPLETED. FOLD BACK THE PAGE OPPOSITE THE TEXT SO THAT THE PATIENT SEES ONLY THE TEXT.

PREFACE THE READING COMPREHENSION EXERCISE WITH:

> "Estas son ALGUNAS instrucciones médicas que Ud. o cualquier persona puede encontrar aquí en el hospital. En cada frase faltan algunas palabras; donde falta la palabra, hay un espacio en blanco y luego hay 4 posibles palabras para escoger. Quisiera que Ud. lea la frase y decida cuál de estas cuatro palabras es la palabra que falta en la frase, o que le da mejor sentido a la frase. Cuando Ud. decida cuál es la palabra correcta para aquel espacio, marque con un círculo la palabra que Ud. ha escogido y siga leyendo. Cuando termine la página, continúe en la página siguiente hasta terminar todas."

. STOP AT THE END OF 7 MINUTES

PASSAGE A: X-RAY PREPARATION

PASSAGE B: MEDICAID APPLICATION

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LECTURA A

Su doctor le ha _____ a sacarse Rayos X del- _____

a. distinguido
b. mandado
c. corrido
d. formalmente

a. est6mago.
b. caminar.
c. vestido.
d. comúnmente.

Cuando venga por los _____ debe de tener el est6mago _____.

a. libros
b. fie!
c. Rayos X
d. dormir

a. volar.
b. cabeza.
c. vado.
d. contento.

Este examen de Rayos X _____ de 1 a 3 _____

a. durará
b. cantara
c. permanente
d. silla

a. millas.
b. luz.
c. Rayos X.
d. horas.

El día antes de _____ radiografía, cene solamente alguna _____

a. de!
b. alguna
c. la
d. bot6n

a. bailar,
b. inteligente,
c. fruta,
d. receta,

pan con mermelada, y _____ o te. Después de

a. lentes
b. café
c. cantar
d. pensamiento

la _____ no debe comer ni _____ absolutamente

a. taciturno,
b. vehículo,
c. medianoche,
d. poder,

a. beber
b. nadar
c. cabello
d. conocimiento

nada hasta después _____ que le hayan tornado la _____

a. sentar
b. cansar
c. de
d, contra

a. radiografía.
b. calcomanía.
c. advertencia.
d. estrujar.

El día de la radiografía, no _____. No beba nada, ni _____

a. faceta.
b. desayune.
c. observe.
d. estruendo.

a. agua.
b. hierva.
c. avaro.
d. maleta.

Si Ud. tiene alguna _____, llame al departamento de Rayos X

a. pregunta,
b. respuesta,
c. caliente,
d. doctor,

al número (310) 222-2821.

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LECTURA B

Yo acepto dar informaci6n correcta para ver si puedo recibir Medi-Cal.

Yo acepto proveer _____ al condado para verificar _____

a. informaci6n	a. desde
b. positivo	b. cualquier
c. procurar	c. fascinante
d. visi6n	d. bien

declaraci6n dada en esta _____ y por consiguiente doy _____

a. solicitud	a. boleros
b. peri6dico	b. permiso
C. fantástico	C. mirar
d. amplitud	d. con

al condado para obtener _____ informaci6n. Yo entiendo que

a. dicha
b. noticias
c. estar
d. testarudo

_____ la responsabilidad de _____ a Medi-Cal dentro

a. una	a. comentar
b. desigualdad	b. papel
C. ganas	c. notificar
d. tengo	d. desalmado

de _____ periodo de diez días _____ de enterarme

a. un	a. recipiente
b. a	b. entonces
c. tiempo	c. después
d. llamar	d. formula

de un _____ en mi situaci6n. Yo _____ que si no estoy

a. canto	a. saco
b. cambio	b. letra
c. girar	c. entiendo
cl. mes	d. de

_____ con la decisi6n tomada _____ mi solicitud, yo

a. estudiando	a. arriba
b. satisfecho/a	b. sobre
c. lecci6n	c. pensado
d. sin ·	d. pronto

tengo _____ a una audiencia con _____ condado. Yo

a. derecho	a. el
b. prosperidad	b. estos
c. salir	c. increíble
d. valor	d. hospital

puedo pedir _____ audiencia escribiendo o _____ a la

a. estipular	a. candado
b. confianza·	b. honesto
c. donde	c. llamando
d. una	d. llorando

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oficina del _____ donde entregue mi solicitud.

a. condado
b. escuela
c. ver
d. altivo

_____ Ud. quiere TANF/Welfare para _____

a. A
b. Corriendo
c. Decididamente
d. Si

a. deber
b. cualquier
c. escritorio
d. vacilar

miembro de su familia, tiene que llenar otro tipo de solicitud.

STOFHLA: Reading Comprehension
Scoring Key

Spanish: 14 Point Font

Passage A	Passage A	Passage B	Passage B	Passage B
A1 b	A1O c	B17 a	B24 a	C34 a
A2 a	A11 a	Bl8 b	B25 c	C35 d
A3 c	A12 c	BI9 a	B26 b	C36 b
A4 c	A13 a	B20 b	B27 c	
A5 a	AI4 b	B21 a	B28 b	
A6 d	Al5 a	B22 d	B29 b	
A7 c	Al6 a	B23 c	B30 a	
A8 c			B31 a	
A9 b			B32 d	
			B33 c	

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