

# CWRU/CHSC Diagnostic Clinic Manual

Spring 2024

## **Introduction:**

This manual provides information for CWRU graduate students about the learning outcomes, expectations, procedures, and performance assessment associated with Diagnostic Clinic at the Cleveland Hearing and Speech Center. This manual is a supplement to the COSI MA Program's Graduate Handbook "REQUIREMENTS AND PROCEDURES FOR CLINICAL EDUCATION IN SPEECH-LANGUAGE PATHOLOGY". Students should review the policies and procedures for clinic education including, but not limited to those that describe client confidentiality, health and safety, professional demeanor, student conduct and academic integrity in the graduate handbook as they also apply to diagnostic clinic placements.

This manual contains information and forms covering 5 areas:

- Learner Outcomes and CWRU/CHSC Supervisor Expectations & Timelines  
Students may expect to develop the skills described in the Learner Outcomes document. CHSC supervisors have outlined expectations and timelines for this clinical experience in a document that is also contained in this section. Directions for viewing the client chart is also included.
- Preparation  
Forms to guide student preparation for the diagnostic session aligning with expectations are included in this section. "Evaluation Planning" outlines provide typical agendas for diagnostic sessions and include examples of procedures and tests that are used at CHSC.
- Report Writing  
Diagnostic report outlines and examples are included for pediatric and adult clients in this section.
- Student Performance Assessment  
This section contains the weekly assessment form that supervisors will complete to provide written feedback to students about their performance. Descriptors of the items that are scored are also included.
- Appendix  
This section contains CHSC pediatric and adult case history forms, as well as forms that can be used in diagnostic sessions (e.g. oral mechanism exam forms). A form to help students ensure that they are considering their client's culture in the diagnostic process is also included.

## Diagnostic Clinic—Learner Outcomes and CWRU/CHSC Supervisor Expectations & Timelines

- I. Learner Outcomes
- II. Expectations & Timelines
- III. How to use COUNSELEAR to view client chart

## LEARNING OUTCOMES FOR **DIAGNOSTIC CLINIC** FOR FIRST YEAR GRADUATE STUDENTS

Updated Jan. 2022

In accordance with Evidence Based Practices, by the end of the semester, the student will demonstrate proficiency in the following areas:

### **Preparation:**

1. Critically review all information on case and present hypothesis/es regarding upcoming patient.
  - a. Provide rationale for hypothesis/es
  - b. Outline suggested interview plan with rationale related to hypothesis/es
  - c. Suggest areas and test procedures with rationale related to hypothesis/es.

### **Interviewing:**

1. Establish professional atmosphere with client
2. Conduct interview:
  - a. collecting all relevant information
  - b. demonstrating the ability to sequence and switch topics smoothly

### **Completing Diagnostic Testing:**

1. Administer standardized and non-standardized tests according to procedures
  - a. Administer feedback and reinforcement consistent with test procedures
  - b. Modify testing procedures with supervisor support
  - c. Handle and manipulate all test materials efficiently

### **Post Diagnostic Skills**

1. *Interpret* test finding consistent with procedures and coursework level
  - a. score standardized tests according to procedures
  - b. identify current performance levels w/ supervisor support
  - c. make appropriate recommendations based on findings to supervisor
2. *Report* information in written form that is accurate
3. *Report* information in written form that is pertinent
4. *Self-evaluate* their own strengths and weaknesses consistent with supervisor observations.

### CWRU Diagnostic clinic at CHSC with 1-2 students/1 supervisor

#### Expectations and timeline:

- Supervisor will send student an email with evaluation's DOB and reported concern.
- Student will then send an email to supervisor each week with an evaluation plan for the evaluation. These should include tests to be attempted, toys/materials (with a rationale), and any specific case history questions to be asked. Student should be familiar with (e.g. have practiced administering them) each of the diagnostic tools and should complete the "Standardized Test Preparation Form" for each standardized test prior to the evaluation.
- During the evaluation itself, student clinician will do a portion of the eval. For example, one week, student evaluates speech and then another week student evaluates language and eventually completes entire evaluation. Often, the supervisor does the general case history and reporting of results, especially at the beginning of the semester. This can change as student become more comfortable and competent.
- After the evaluation, the student will keep the testing protocols to score and report on. These protocols should be retained in the building, locked in the students' desk until the student has completed the report. Protocols should then be returned to the supervisor in an envelope marked confidential (envelopes are in the faculty mailbox area). The case history will be in CounselEar. The student can also find the address and phone number in the chart.
- The report will be written and emailed as a password protected word doc to SUPERVISOR's name@chsc.org by the end of the week, unless an extension is asked for and granted. The supervisor will then provide feedback via email and/or typing within report.

#### Diagnostic tools which will likely be used:

GFTA-3, PLS-5, SSI-4, CELF-P, CELF-5, REEL-4, OWLS, literacy screener

Informal, play based, language and pragmatic information will also be obtained and reported.

#### Hours:

Student gets the dx hours for any direct hours spent in eval. So this may range from .5 to 1.5/session.

## How to use COUNSELEAR to see a CHSC client's chart

Go to the Website: [www.CounselEar.com](http://www.CounselEar.com) and Log in

Student username: your CWRU email

Student password: Student23

You can search by patient name and see anything in their chart but you can NOT add info. Your supervisor will do all the actual charting.

Directions:

1. Enter patient name in top right corner. You could also search via your supervisor schedule if you select the correct clinic and provider in the top left options on the schedule tab.
2. Click on name to open chart. OR if in schedule, hover over name and slide into gray box. Then hover over name and click on name when it is black font.

Once in chart the tabs you will want to look at include:

General and Contact tab have most demographic info you will need.

Appts/Visits tab will show past chart notes. The bottom portion of this screen are the notes from an actual visit. Click on most recent visit to view it.

Once in the visit, click on Chart note tab to see the actual note or click on top layer of tabs to chart note PDF. (ignore most other tabs within visit)

Professional Report tab within the visit will be any evaluation that was completed in CounselEar (after 5/1/21). The PDF version is also a good way to view the evaluation but you need to be in the evaluation visit.

When done viewing info within that one visit, click on BACK-Patient Admin to return to chart (to no longer be only in one specific a visit).

Questionnaire tab is where you can find any case hx and other questionnaires that were sent via email in CE (again, if intake was after 5/1/21).

Documents tab is where all info prior to 5/1/21 will have been migrated into. Many client's evals will be in this area in the folder "Information Prior to CE" as that is where our past EMR systems records were dumped.

If they have a newly received IEP, it will be in the "IEP/ETR" folder.

If they had an eval completed by a grad student or an outside agency, it will be in the "evaluations" folder.

Currently, most of these are empty.

Be sure to log out of CounselEar.com when you are finished.

Any questions your supervisor cannot answer can be emailed to Linda Lange at [llange@chsc.org](mailto:llange@chsc.org).

If you are having a technical issue, the Help tab has a live chat feature with someone from CE and is very speedy!

Thanks!

## Diagnostic Clinic: Preparation

- I. Evaluation Planning—Pediatric Outline
- II. Evaluation Planning—Adult Outline
- III. Evaluation Plan for Supervisor Review Form
- IV. Standardized Test Preparation Form

## Evaluation Planning--Pediatric

1. **Review case hx**
  - a. Onset date:
  - b. Current services & goals:
  - c. Their goals/what they are looking for:
  - d. School/daycare:
  - e. Socialization/play:
2. **Permission to record (e.g. articulation, language samples) – bring iPad/computer**
3. **Hearing (audiometer if necessary)**
4. **Oral mech:**

a. Face:	Jaw:
b. Dentition:	Palate:
c. Lips:	Tongue:
d. DDK:	
5. **Articulation**
  - a. Goldman Fristoe Test of Articulation -3 or Arizona Articulation and Phonology Scale - 4
    - i. Word
    - ii. Sentences
    - iii. Stimulability
    - iv. Khan Lewis?
  - b. Vowels (Arizona)
6. **Language**
  - a. Preschool Language Scales (PLS-5), Oral and Written Language Scales (OWLS-II), Clinical Evaluation of Language Fundamentals (CELF-5)
  - b. Informal language sample & analyze speech
    - i. % consonants correct
    - ii. Prosody
  - c. Following commands
  - d. Literacy screener or CTOPP
7. **Fluency, Voice & Social Skills**
  - a. Fluency concerns: administer SSI and OASES
  - b. Read and talk about Book
    - i. Story retell
    - ii. Answering comprehension
  - c. Wh- questions
8. **Reading & Writing:** write name/address
9. **Cognition:** observation
10. **Give informal results**
  - a. Give interpretation of data collected, provide recommendations/things to work on at home
  - b. Get phone number for CCC
  - c. Ask about clinic location, day, & time
  - d. Sending evaluation through email
    - i. Handouts/education can be included with eval



## **Evaluation Planning--Adult**

### **1. Review case history**

- a. Onset date:
- b. Additional therapy or referrals:
- c. Other med/surgical concerns:
- d. Hearing & vision:
- e. Vocation:
- f. Leisure:
- g. Driver?
- h. Living arrangement and activities of daily living (ADLs)
  - i. Caregivers:
  - ii. Managing Finances:
  - iii. Med management:
- i. Review their big goals
- j. Current services & goals (PT, OT, ST)

### **2. Permission to record (e.g. artic, lang samples)**

### **3. Oral mech**

- a. Face: Jaw:
- b. Dentition: Palate:
- c. Lips: Tongue:
- d. DDK:

### **4. Reading & writing skills**

- i. Clock drawing
- ii. Name/address

### **5. Articulation**

- a. Arizona
- b. 100-word speech sample

### **6. Cognition, Language, Social Skills**

- a. Activities of Daily Living: ALFA, CLQT+, or Mini-Cog
- b. Language: WAB-R, QAB, BNT-2
- c. Following commands
- d. Med management/: Mini-Cog, Rx doses

### **7. Reading: menu from WALC**

- a. Check comprehension: summary & questions, discussion

### **8. Writing: write name, something functional (email, card, address, etc.)**

### **9. Give informal results**

- a. Ask about clinic location, day, & time
- b. Will send any additional handouts with eval, call CHSC if questions

## **Evaluation Plan for Supervisor Review Form**

Date of Evaluation:

Client Initials:

Age:

Based on the information provided found in the client's chart on Counselor,

Hypothesis:

Rationale:

Assessment Plan (include standardized tests to be administered and non-standardized tools):

Interview questions to be asked (to follow up on case history information):

## Standardized Test Preparation Form

Directions: Please complete this form for each test that you prepare prior to your scheduled evaluation. This form is intended to help guide your team's test preparation. Each team member should submit this form to their supervisor prior to the evaluation.

Name of standardized test:

---

Why it is appropriate for the evaluation (here you can note purpose of evaluation, time allotted for the evaluation, client characteristics including but not limited to age, language spoken by client/in home, chief complaint)

---

---

Rules for establishing basal and ceiling

---

---

Other rules for administration (here you can note permission to repeat directions, take a break in testing, etc. that you find from reading the administration manual)

---

I have read the administration manual \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_date

I have practiced administering the test to my team partner \_\_\_\_\_yes \_\_\_\_\_no  
\_\_\_\_\_date

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Diagnostic Clinic—Report Writing

- I. Pediatric report outline
- II. Pediatric report example
- III. Adult report outline
- IV. Adult report example



- 11635 Euclid Avenue • Cleveland, OH 44106 • 216-231-8787 • 216-231-7141 Fax
- 5084 Mayfield Road • Lyndhurst, OH 44124 • 216-382-4520 • 216-325-7609 Fax
- 7000 Town Centre Drive #200 • Broadview Heights, OH 44147 • 440-838-1477 • 216-325-7620 Fax
- 29540 Center Ridge Road, Suite B • Westlake, OH 44145 • 440-455-9898 • 440-455-1999 Fax

**Cleveland Hearing and Speech Center  
Evaluation of ....**

**Name:**  
**Address:**  
**Phone:**  
**Clinicians:**  
**Primary Language:**  
**Primary physician:**

**Date of Birth (age):**  
**Date of evaluation:**  
**Diagnosis:**  
**Parent/Guardian:**  
**Onset date:**

**CASE HISTORY:**

Onset Date:  
Primary Concern:  
Medical History:   Pregnancy:   Gestation:   Delivery:  
Major Medical Concerns:  
Developmental History:  
Educational History:  
Social History:

**STANDARDIZED TEST MEASURES:**

**Preschool Language Scales, Fifth Edition (PLS-5)**

	<b>Standard Score</b> Mean=100 Average= 85-115	<b>Percentile Rank</b>	<b>Test-Age Equivalent</b> years;months
<b>Auditory Comprehension Subtest</b>			
<b>Expressive Communication Subtest</b>			
<b>Total Language Score</b>			

**Goldman-Fristoe 3 Test of Articulation (GFTA-3) Sounds in Words**

<b>Standard Score</b>	<b>Percentile Rank</b>
Mean=100 Average=85-115	

**Goldman-Fristoe 3 Test of Articulation (GFTA-3)**

	<b>Standard Score</b> Mean=100 Average=85-115	<b>Percentile Rank</b>	
<b>Sounds in Words</b>			
<b>Sounds in Sentences</b>			

nant	Initial Word Position	Medial Word Position	Final Word Position
p			
b			
t			
d			
k			
Gg			
m			
n			
ng			
f			
v			
voiceless th			
voiced th			
s			
z			
sh			
ch			
j			
l			
r			
w			
y			
h			
Blended sound errors:			

**RESULTS:**

- Hearing Screening:
- Oral Mechanism Structure/Function:
- Fluency:
- Articulation/Speech Production:
- Intelligibility (unknown context):
- Intelligibility (known context):
- Voice:
- Expressive Language:
- Receptive Language:
- Pragmatics:
- Literacy Screener:
- Phonological Awareness:
- Reading:
- Reading Comprehension
- Written Expression:

**INTERPRETATION:**

Where you write about expressive and receptive and pragmatics etc..can make each a new paragraph

[Type text]

[Type text]

**RECOMMENDATION/PLAN OF CARE:**

Individual/Group therapy is recommended (times?) for (minutes?) for a minimum of (months) to address areas of need including... Initial goals may include

**ADDITIONAL RECOMMENDATIONS:**

**PATIENT/FAMILY EDUCATION:** (person agreeing) verbalized understanding of these recommendations.

**PROGNOSIS** for (specific prognosis e.g. age appropriate speech production or improved) skills is (prognosis, good, poor etc) with consistent intervention and home follow-through.

Schedule client for therapy. Best times for a weekly appointment include:

\_\_\_\_\_  
SLP, w/ #, date

\_\_\_\_\_  
Student Clinician, date

\_\_\_\_\_  
Student Clinician, date



- o 11635 Euclid Avenue • Cleveland, OH 44106 • 216-231-8787 • 216-231-7141 Fax
- o 4257 Mayfield Road • South Euclid, OH 44121 • 216-382-4520 • 216-325-7609 Fax
- o 7000 Town Centre Drive #200 • Broadview Heights, OH 44147 • 440-838-1477 • 216-325-7620 Fax
- o 29540 Center Ridge Road, Suite B • Westlake, OH 44145 • 440-455-9898 • 440-455-1999 Fax

Patient Name: **JOEY**  
 Date of Encounter: **Sep X , 2018**  
 Patient DOB: **August X, 2015 (3 years, 5 months old )**  
 Speech Language Evaluation, 90 minutes  
 Initial Evaluation

Address:  
 CLEVELAND HEIGHTS, OH 44118  
 Patient Primary Phone  
 Primary Care Physician:  
 Primary Language: English  
 Insurance Plan: Caresource [16]  
 Parent/Guardian Name:

#### **CASE HISTORY:**

Onset Date: 8/X/16  
 Primary Concern: Ms. Jackson is concerned with Joey's ability to express himself. She reports that he does not say many words.  
 Medical History: Pregnancy: normal                      Gestation: full term                      Delivery: cesarean-section  
 Major Medical Concerns: Otitis Media  
 Developmental History: Ms. Jackson reports that Joey was able to sit and crawl earlier than his same-age peers, was able to walk and feed himself at the same time as his same-age peers, and reached his communication milestones of babbling, producing his first word, and putting phrases together later than his same-age peers.  
 Educational History: N/A  
 Social History: Joey lives at home with his mother, father, and two older siblings.

#### **STANDARDIZED TEST MEASURES:**

##### **Receptive-Expressive Emergent Language Test-Third Edition (REEL-3)**

	Age Equivalent years; months	Ability Score Mean=100 Average=90-110	Percentil e Rank	Descriptive Rating
<b>Receptive Language</b>	30	N/A	N/A	Mild
<b>Expressive Language</b>	17	N/A	N/A	Severe
<b>Language Ability Score</b>		N/A	N/A	N/A

*\* This assessment is not standardized for his age range (see interpretation)*

#### **RESULTS:**

- Hearing Screening: Within Normal Limits, per newborn hearing screening
- Oral Mechanism Structure/Function: Within Normal Limits
- Fluency: Could Not Test
- Articulation: Could Not Test, monitor as language abilities increase



- Intelligibility (unknown context): Could Not Test
- Intelligibility (known context): Could Not Test
- Voice: Within Normal Limits
- Expressive Language: Severe Disorder
- Receptive Language: Mild Disorder
- Pragmatics: Within Normal Limits
- Literacy Screener: N/A-below age range
- Phonological Awareness:: Not Assessed/Not applicable
- Reading: Not Assessed/Not applicable
- Reading Comprehension: Not Assessed/Not applicable
- Written Expression: Not Assessed/Not applicable

### **INTERPRETATION:**

Joey presented to the Cleveland Hearing and Speech Center accompanied by his parents and older sister. Ms. Joey is concerned that he is not speaking as much as he should be and not putting words together. Joey transitioned well into the evaluation room and was able to complete all tasks necessary in order to complete the evaluation. Results of this evaluation are based on non-standardized assessment, observation, and parent report.

**Language:** Joey's receptive (the language we understand) and expressive (the language we use) language abilities were attempted to be evaluated using the Preschool Language Scale, Fifth Edition (PLS-5). Joey refused to respond to the provided stimulus and appeared to be very shy, despite several attempts to engage him in the assessment. Joey's receptive and expressive language skills were then evaluated using the Receptive-Expressive Emergent Language Test, Third Edition (REEL-3). This assessment is not standardized due to Joey's age. He presented with a mixed mild receptive and severe expressive language disorder characterized by difficulty using age-appropriate verbal language to communicate his wants, needs, and interests as well as difficulty following age-appropriate commands and understanding a variety of age-appropriate vocabulary.

Receptively, Joey presented with a mild disorder. His strengths include his ability to understand position words (i.e. on top of, behind), identify smaller body parts, understand the meaning of a variety of objects and actions, and follow both simple and complex commands. During the evaluation, Joey was able to follow one and two step directions given by the clinician and identify body parts and clothing items using Mr. Potato Head. Joey demonstrated difficulty identifying objects from a field of 3-5, identifying objects that differ in size or color (i.e. the big doll, the red ball). These are skills expected to be developed in children's age.

Expressively, Joey presented with a severe disorder. His strengths include his ability to produce roughly 10 single words, per parent report, imitate a variety of single words and environmental noises, use gestures to communicate his wants and needs, and also provide greetings and farewells. During the evaluation, Joey was able to imitate the clinician by saying "ready, set, go!" "pop" and "bye bye" and use them independently throughout the evaluation. Ms. Jackson reports that Joey will often attempt to imitate words at home but they often do not sound like the intended word. During the evaluation, Joey requested an object by saying "ball" after maximum prompting and models. Joey gained the therapists attention by placing toys on the therapists lap. Ms. Jackson reports that he often communicates his wants and needs by babbling and pointing. Ms. Jackson reports that Joey often becomes frustrated when he is not being understood. Per parent report, Joey demonstrated difficulty commenting to gain a persons attention, repeating words heard in conversation, labeling objects, using two word sentences, and referring to himself by name. Children Joey's age are expected to use a variety of gestures, whole words, and phrases to communicate their wants, needs, and interests.

**Oral Structures, Voice, Articulation and Pragmatic (social) language:** Joey's oral structures, voice, and pragmatic language abilities were evaluated via non-standardized assessment and found to be within normal limits. Joey's articulation abilities were not able to be assessed due to limited language but should be monitored as language abilities increase.

**RECOMMENDATION/PLAN OF CARE:**

Individual therapy is recommended 1-2 times per week for 30 minutes for a minimum of 6 months to address areas of need including Joey's receptive and expressive language abilities. Initial goals may include identifying objects from a field of 3, imitating and spontaneously producing a variety of nouns, and requesting using single words.

**ADDITIONAL RECOMMENDATIONS:**

- Call CHSC at 216-325-7570 or outside facility to schedule a hearing evaluation
- Practice strategies mentioned on handout received at evaluation (i.e. verbal routines, target words, sabotage out of love, modeling words)
- Contact your local school district's preschool assessment clinic to schedule an evaluation to determine whether Joey is eligible for speech/language services through his school.

**PATIENT/FAMILY EDUCATION:** Parent verbalized understanding of these recommendations.

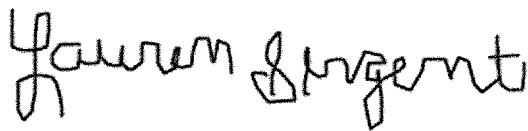
**PROGNOSIS** for age appropriate language skills is Good with consistent intervention and home follow-through.

**CASE DISPOSITION:** closed .

Schedule client for therapy. Appointment request completed for Tuesdays and Thursdays from 8:30-12:00 at the University Circle location. Parents requested individual therapy.

**DIAGNOSES**

(F80.2) Mixed receptive-expressive language disorder (SCT25766007)



Lauren Sergent

Ohio License # sp-12970

## LIST OF RECOMMENDATIONS OFTEN USED WITH PEDS EVALS

Please share these results with your child's teachers, caregivers, and doctors.

It is recommended that the family consult with a developmental pediatrician (doctor who has special training in child development and children with special needs) in regards to concerns about autism. A referral from the child's regular pediatrician is often required. Autism is a neurodevelopmental disorder characterized by social impairments, cognitive impairments, communication difficulties, and repetitive behaviors. Autism is a spectrum disorder, ranging from mild to very severe. The clinician noted several behaviors today that are consistent with a diagnosis of Autism

Your child's screen time should be monitored and reduced. The American Academy of Pediatrics recommendations for amount of screen time are: No screen time for children under the age of 2 with one hour per day for children 2 to 12. This one hour recommendation includes the combined amount of time throughout the day, including school, home, and car time. Some example activities that do not use a tablet include: reading books, coloring, playing with Play-doh, building with blocks or Legos, and playing "Peek a Boo."

0-3yr olds:

Contact Bright Beginnings (formerly Help Me Grow) by calling 216-698-7500 to seek home-based early intervention.

Family should contact local preschools and ask about enrollment.

### SPEECH

Ask your child to look at your mouth and try to imitate appropriate sounds

Model clear, complete sentences for child to repeat

### SPEECH

Raise your expectation of clear speech for sounds you know he/she is capable of. For those sounds they struggle with, provide a clear model, have them look at your face, over enunciate if needed.

Simpler words will be simpler to say. When sentences or words increase in length, so will the difficulty and the accuracy will decrease. Manage your expectations based on word complexity and sentence length.

### LANGUAGE ENRICHMENT IDEAS:

1. Raise your expectations of your child. Provide a model if needed "milk?" with a questioning voice and pregnant pause and wait for him/her to repeat.
2. Repeat their utterance and expand by one word.
3. Add language to whatever they are doing. Narrate your day to expose child to vocabulary.
4. Label body parts, objects, verbs, etc.
5. Read books. This is done to expose children to more vocabulary words as well as increase attention and allow for a share experiences. You don't need to read each word, just point and label.
6. Ask child to point to items you label while looking at books.
7. Play with child and help him/her use their imagination.
8. Ask simple questions throughout your day and provide the answer if child does not know.
9. Be sure to be on your child's level and follow their lead so they are interested in what you are communicating about.
10. Praise child for "using their words".

## FOR UNDER 5

Enroll your child in Dolly Parton's Imagination Library by visiting [www.imaginationlibrary.com](http://www.imaginationlibrary.com). This program will mail your child one age appropriate book each month until their 5th birthday. Studies have shown that this improves a child's interest in books and family reading habits and leads to a stronger foundation for kindergarten readiness.

## FOR UNDER 5

Watch our videos at [www.youtube.com](http://www.youtube.com) and search CHSCdevelopment. There are 10 short videos for how to add language to your playtime as well as 6 longer videos which are preschool lessons.

## EXAMPLES OF EARLY PLAY

Continue to play with your child to increase his interest in speech and language. Some examples of play may include:

Cause and effect activities: ball poppers, button/lever toys, instruments, light up toys, switch controlled and/or other alternative communication device-controlled games

Object permanence activities: Peek-a-boo, hiding & seek – Either with people or highly desired toys/objects and hiding within the child's line of view, mystery eggs/mystery box – Paired with sounds to indicate what may be inside the egg or box

Turn taking activities: kicking or tossing a ball back and forth, taking turns with cause-and-effect toys, manipulating/controlling highly preferred toys/objects to create instances where the child has no choice but to allow for turn taking

Imitation activities: nursery rhymes – Wheels on the bus, Old McDonald, If you're happy and you know it, etc. Any music-based activity that creates an opportunity for the child to imitate a sound or any type of movement

Parallel play activities: Playing with the same or similar toy/activity side by side with no demand for the child to imitate, interact, or engage with the other person

Associative play activities: Playing with the same toy/activity with the same goal in mind, but still working separately to accomplish the goal/end of the activity or game, filling a bucket of sand together, building a block city, coloring a page

**People Play:** a simple way to add language while having fun with your child!

To get young children talking, we often motivate them by showing that "using your words" can get you what you want. A simple way to achieve this is through "People Play". People Play describes "songs, games and activities in which the fun happens when the child interacts with another person" (The Hanen Program, More Than Words). So grab a blanket or a couch cushion and enjoy some of these great ways to play and interact that will also motivate your child to request more fun! The one-word language suggestions can always be lengthened into phrases or sentences depending on your child's expressive language level.

Blanket swing: Two adults hold a blanket and the child lays in it while the adults swing gently back and forth. Possible language to add includes: wee, stop, go, more, swing, fun. This is especially successful if your child loves motion and swings.

Squish with cushions: The child lays on couch/floor and adult pushes on them with a cushion/big pillow. Possible language to add includes: push, squish, more, oo, ah. This People Play is perfect if your child loves deep pressure. They may seek this pressure out by sitting under tables or behind couch cushions.

Ring around a Rosy: The adult (or other children) and child hold hands and walk in a circle while singing and then fall down! You can always make up new words to the song as well such as "Ring around the Rosy, aren't we warm and cozy, walking, walking, we all fall down!" Possible language to add (besides the singing) includes: stop, go, walk, fall, more, again. This oldie but goodie is wonderful if your child loves singing, spinning, or that deep pressure input he/she gets when falling down!

Up and swing: The adult lifts the child and swings them around. Possible language to add includes: up, wee, swing, more, down. Children are often begging to be lifted up by an adult, why not make it a language enriching activity?

Besides increasing your child's expressive language, these People Play games also provide you with wonderful opportunities for eye contact, shared experiences and physical closeness with your child. Now go play!

#### PHONOLOGICAL/PREREADING

Continue practicing phonological awareness skills with your child at home. Here are some ideas:

Do activities to help build sound skills (make sure they are short and fun; avoid allowing your child to get frustrated)

Help your child think of a number of words that start with the /m/ or /ch/ sounds, or other beginning sounds.

Make up silly sentences with words that begin with the same sound, such as "Nobody was nice to Nancy's neighbor."

Play simple rhyming or blending games with your child, such as taking turns coming up with words that rhyme (go-no) or blending simple words (d-o-g= dog).

Read books with rhymes. Teach your child rhymes, short poems, and songs.

Practice the alphabet by pointing out letters wherever you see them and by reading alphabet books.

Consider using computer software that focuses on developing phonological awareness skills. Many of these programs use colorful graphics and animation that keep young children engaged and motivated, including [www.starfall.com](http://www.starfall.com) and [www.learningplanet.com](http://www.learningplanet.com)

#### FLUENCY

Visit The Stuttering Foundation website (<http://www.stutteringhelp.org/>) for additional information and resources on stuttering

- 1) Speak with your child in an unhurried way rather than telling your child to "slow down" or "try again." Your own relaxed will be a model for your child.
- 2) Spend time daily with your child where your attention is undivided and uninterrupted.
- 3) Comment on what your child says rather than frequently asking questions. Say "I wonder what you did at school" rather than "What did you do at school?"
- 4) Take turns while talking in your family. Make sure everyone has enough time to speak without being interrupted



- 11635 Euclid Avenue • Cleveland, OH 44106 • 216-231-8787 • 216-231-7141 Fax
- 5084 Mayfield Road • Lyndhurst, OH 44124 • 216-382-4520 • 216-325-7609 Fax
- 7000 Town Centre Drive #200 • Broadview Heights, OH 44147 • 440-838-1477 • 216-325-7620 Fax
- 29540 Center Ridge Road, Suite B • Westlake, OH 44145 • 440-455-9898 • 440-455-1999 Fax

**Cleveland Hearing and Speech Center**  
(Evaluation of ....)

**Name:**  
**Address:**  
**Phone:**  
**Clinicians:**  
**Primary Language:**  
**Primary physician:**

**Date of Birth (Age):**  
**Date of evaluation:**  
**Diagnosis:**  
  
**Spouse/caregiver:**  
**Onset date:**

**CASE HISTORY:**

Onset Date:  
Primary Concern:  
Medical History:  
Major Medical Concerns:  
Occupational History:  
Educational History:  
Social History:

**STANDARDIZED TEST MEASURES:**

(add test charts here)

**RESULTS:**

- Hearing Screening:
- Oral Mechanism Structure/Function:
- Fluency:
- Speech Production:
- Intelligibility (unknown context):
- Intelligibility (known context):
- Voice:
- Cognition:
- Expressive Language:
- Receptive Language:
- Reading:
- Reading Comprehension
- Written Expression:
- Pragmatics:

**INTERPRETATION:**

Where you write the bulk for results and interpretation.

**RECOMMENDATION/PLAN OF CARE:**

<<Individual / Group>>therapy is recommended <<Times>>for <<minutes>> for a minimum of <<months>> to address areas of need including... Initial goals may include

**ADDITIONAL RECOMMENDATIONS:**

Psychosocial needs were assessed through interview with the following results:

**PATIENT/FAMILY EDUCATION:** <<person agreeing>> verbalized understanding of these recommendations.

**PROGNOSIS** for<<specific prognosis>>skills is <<prognosis>>with consistent intervention and home follow-through.

SLP, w/ #, date

\_\_\_\_\_  
Student Clinician, date

\_\_\_\_\_  
Student Clinician, date



- 11635 Euclid Avenue • Cleveland, OH 44106 • 216-231-8787 • 216-231-7141 Fax
- 4257 Mayfield Road • South Euclid, OH 44121 • 216-382-4520 • 216-325-7609 Fax
- 7000 Town Centre Drive #200 • Broadview Heights, OH 44147 • 440-838-1477 • 216-325-7620 Fax
- 29540 Center Ridge Road, Suite B • Westlake, OH 44145 • 440-455-9898 • 440-455-1999 Fax

Patient Name: **THOMAS SMITH (changed name)**

Date of Encounter: **Dec X, 2018**

Patient DOB: **December X, 1969 (49 years old )**

**REASONS FOR THE ENCOUNTER**

Speech Language Evaluation, 90 minutes

Address:

Patient Primary Phone:

Primary Care Physician: Christine

Primary Language: English

Insurance Plan: Anthem Blue Cross Blue Shield [1]

**CASE HISTORY:**

Onset Date: January 2018

Primary Concern: Mr. Smith was concerned that his difficulty with word retrieval and reduced speech rate may be affecting his job performance.

Medical History: Mr. Smith's medical history relevant to speech and language included attention deficit hyperactivity disorder (ADHD) which he managed with Focalyn, as well as depression and anxiety, which he managed with Lexapro. He recently started using a CPAP machine to aid with his sleep disorder.

Occupational History: Mr. Smith was a sales manager. Recently he completed several performance reviews where his supervisor commented that his slow speech rate and longer pauses during sentences led to difficulty communicating with clients. Mr. Smith was independent with all instrumental activities of daily living.

Educational History: Mr. Smith completed a post-secondary degree at Cleveland State University.

Social History: Mr. Smith lived with his wife and 10 year old son.

**STANDARDIZED TEST MEASURES:**

**Cognitive Linguistic Quick Test (CLQT)**

Cognitive Domain	Score	Severity Rating	Severity Range
Attention	207	4	WNL*
Memory	172	4	WNL
Executive Functions	35	4	WNL
Language	34	4	WNL
Visuospatial Skills	101	4	WNL
Composite Severity Rating		4	WNL

WNL = within normal limits

**RESULTS:**

- Hearing Screening: no concerns, primary complaint unrelated per client report, hearing screen recommended at physician's office or at this facility to rule out hearing loss as a contributing factor
- Oral Mechanism Structure/Function: WFL per non-standardized assessment



- Fluency: within normal limits per non-standardized assessment, some dysfluencies noted 2\* to difficulty with word retrieval
- Speech Production: within functional limits, no concerns
- Intelligibility (unknown context): >99%
- Intelligibility (known context): >99%
- Voice: within functional limits, no concerns
- Cognition: within functional limits, very mild-borderline cognitive communication disorder, monitor and consult neurologist if cognition is changing
- Expressive Language: within normal limits per non-standardized assessment
- Receptive Language: within normal limits per non-standardized assessment
- Reading: within functional limits, no concerns
- Reading Comprehension: within functional limits, no concerns
- Written Expression: within functional limits, no concerns
- Pragmatics: within functional limits, no concerns

### **INTERPRETATION:**

Mr. Smith presented to Cleveland Hearing & Speech Center independently; his primary complaint was that he had recently received feedback that his communication at work--in particular, his sentences and verbal paragraphs--were incohesive, with some unexpected pausing while Mr. Smith considered what to say. He also reported that he had received reports that his speech was slow, and he sometimes had difficulty understanding what his wife was saying. Mr. Smith was able to complete all aspects of this evaluation independently. The results of this evaluation were based on client report/interview, standardized testing, and non-standardized assessment such as speech/language sample analysis.

**Mr. Smith was diagnosed with a very mild/borderline cognitive communication disorder characterized by difficulty with word retrieval as well as lapses in attention leading to occasional long pauses as well as occasional difficulty understanding verbal information.** These symptoms were most likely related to Mr. Smith's mental health and attention disorders, which were diagnosed by a physician before this evaluation took place. Following this evaluation, Mr. Smith and the evaluating therapist determined that Mr. Smith's communication skills were within functional limits, and he was able to manage most of these symptoms using compensatory strategies independently.

Mr. Smith discussed whether his concerns were life-long versus a new problem; he was uncertain whether there had been a major change in the past year, or whether other life-long factors--such as changes in attention, changes in sleep schedule leading to fatigue, or psychological factors such as depression or anxiety--were exacerbating his life-long difficulty with word retrieval and attention. Mr. Smith reported that he did not think there was a major overall change, but his wife would probably say there was. Of note, Mr. Smith reported that he had not taken Lexapro or Focalyn that day; he reported that he had run out and/or chose not to take the medicine that day, but that he usually took both. He was uncertain whether a change to his medicine schedule had impacted his primary communication complaint. Mr. Smith may also consult a neurologist to determine whether his primary complaint is secondary to a neuro-degenerative condition, in particular if he and his wife are concerned that his difficulty with communication and cognition is getting worse by the day/week/month/year. Mr. Smith confirmed understanding that a physician was the appropriate professional to determine whether he had a neuro-degenerative condition, and the results of this evaluation could neither confirm nor rule out that possibility. Mr. Smith was encouraged to also note the effects his medication, emotional state, and sleep schedule may have upon his ability to communicate, especially when he was at work. This could be done to determine the best way to maximize his communication skills, considering his medical history.

### **Language**

Mr. Smith's expressive and receptive language were evaluated using client interview/report, as well as

language sample analysis, and his language skills were within normal limits.

Mr. Smith's expressive language (what he says/does to express himself) was evaluated using language sample analysis. Mr. Smith was able to answer questions and initiate/carry on conversation using complex, well-organized sentences at the sentence and paragraph level, as appropriate. He did not make significant or consistent grammatical errors. During conversation and while completing interview, Mr. Smith was able to stay on topic throughout. He completed a written case history accurately, with good legibility and organization. Several times, consistent with his report, Mr. Smith had a 2-3 second pause during word retrieval (i.e. finding the right word to say). While these instances did slightly slow the interview process down, he was able to come up with the missing word--or explain the concept--independently. Mr. Smith reported that he sometimes reversed words in specific expressions, leading to the listener having difficulty understanding him, however in most of these cases he was able to clarify his meaning independently.

Of note, Mr. Smith's explanation of his job roles and responsibilities demonstrated some of his concerns. During this complex language task, Mr. Smith once moved on to another sentence before finishing the first. He confirmed that this was one of his concerns. However, he appeared to sense the lack of clarity, in this case summarizing: "I put people together" before explaining the rest of his job responsibilities. Mr. Smith and the evaluating clinician discussed whether he had made himself an "elevator speech," which can be a helpful technique to quickly and succinctly explain job responsibilities. Mr. Smith had heard the term and reported that he had intended to write/memorize an elevator speech, but he had not done so yet. Mr. Smith reported at that time that sometimes he had difficulty with motivation and procrastination. He reported that he had consulted his mental health professional about concerns related to mood, attention, and motivation.

Mr. Smith's receptive language (what he understands) was evaluated using language sample analysis. Mr. Smith was able to understand complex questions and directions throughout this evaluation. He understood complex information and asked for clarification about unfamiliar terms independently. Mr. Smith reported that he sometimes had difficulty sustaining attention, secondary to his diagnosis of ADHD, and this sometimes improved (but did not always improve) with medication. He reported that he was usually able to ask for clarification as needed in vocational and social contexts such as at work or while talking to his wife or child.

### **Speech Production**

Mr. Smith's speech production was evaluated using speech sample analysis, and his speech production was within normal limits. He made no noticeable articulation errors during a 500-word sample. He was intelligible in the known and unknown contexts (i.e., whether or not the evaluating clinician knew what he was going to say). Adults are expected to be 99% intelligible or more in most contexts, and his intelligibility was within the normal range.

Mr. Smith was able to complete a full oral mechanism examination; his oral-motor structures and function were within normal limits for speech production.

### **Speech Fluency**

Mr. Smith's fluency was evaluated using speech sample analysis, and his speech fluency was within normal limits. He demonstrated some mild, processing-related dysfluencies (i.e. he had difficulty coming up with the right word) but he did not appear to stutter. He did not have any muscle tightness during these dysfluencies and did not demonstrate any of the physical concomitants of stuttering such as reduced eye contact or limb movement. Mr. Smith's dysfluencies occurred on fewer than 1% of syllables, which is in the normal range.

### **Cognition**

Mr. Smith had already been diagnosed with an attention disorder, and his functional cognitive communication skills were evaluated using the CLQT. Mr. Smith was able to complete a variety of cognitive communication

tasks which demonstrated adequate organization, problem solving, and planning to complete functional verbal and written communication tasks. He understood the complex directions and usually understood the tasks intuitively without need for repetition, reminders, or requests for attention. Mr. Smith discussed these results with the evaluating clinician and thought his cognition was sufficient to complete activities of daily living and vocation.

**RECOMMENDATION/PLAN OF CARE:**

Therapy services were not recommended at this time.

**ADDITIONAL RECOMMENDATIONS:**

- Monitor your cognitive skills closely with the help of family and other people close to you; seek a consultation with a neurologist with any concerns about changes to cognitive skills such as memory, problem solving, organization, and attention/alertness
- Share the results of this evaluation with your healthcare providers
- Determine what circumstances help with alertness and word retrieval to reduce your difficulty with communication as much as possible, such as maintaining a reliable, sufficient sleep schedule and seeking accommodations or extra time as needed

**PATIENT/FAMILY EDUCATION:** Client verbalized understanding of these recommendations.

**PROGNOSIS** for continued communication skills within functional limits is Good with consistent intervention and home follow-through.

**CASE DISPOSITION:** closed

**DIAGNOSIS:** Cognitive Communicate Deficit

A handwritten signature in black ink, appearing to read 'Jonathan Plessner', with a stylized, overlapping loop and a long horizontal stroke extending to the right.

Jonathan Plessner, MA,CCC-SLP

Ohio License # SP-11855

## Diagnostic Clinic—Student Performance Assessment

The Inventory of Diagnostic Skills (Syracuse University, format adapted from the W-PACC/University of Wisconsin) will be completed by the diagnostic team's supervisor (fillable pdf forms are available) for each student for each evaluation in which the student participates. Students and supervisors will also meet weekly to debrief diagnostic clinic. Supervisors will use this assessment information to complete students' performance evaluations on Calipso.

## INVENTORY OF DIAGNOSTIC SKILLS

(Syracuse University: format adapted from the W-PACC/University of Wisconsin-Madison)

Clinician \_\_\_\_\_ Supervisor(s) \_\_\_\_\_

Date \_\_\_\_\_ Age(s) of Client(s) \_\_\_\_\_

### Preparation (score 1-5)

- \_\_\_\_\_ Reads folder thoroughly
- \_\_\_\_\_ Suggests appropriate evaluation procedures based on client information and knowledge of communication problem
- \_\_\_\_\_ Is able to explain rationale for tests and procedures suggested
- \_\_\_\_\_ Contributes equally to diagnostic team effort during pre-staffing
- \_\_\_\_\_ Prepares diagnostic setting to meet client and observer needs

### Diagnostic (score 1-5)

- \_\_\_\_\_ Establishes professional test atmosphere with client
- \_\_\_\_\_ Explains rationale for assessment to client/family
- \_\_\_\_\_ Explains rationale for assessment to client/family in language appropriate to their level of understanding
- \_\_\_\_\_ Administers tests according to standardized procedures
- \_\_\_\_\_ Administers tests in critically important order for client and problem
- \_\_\_\_\_ Adaptability – makes modifications in assessment based on client performance or parent information
- \_\_\_\_\_ Administers appropriate feedback or reinforcement consistent with test procedures
- \_\_\_\_\_ Increases/decreases rate of time for test administration
- \_\_\_\_\_ Removes distracting items during testing
- \_\_\_\_\_ Scores tests/records unobtrusively, accurately, quickly
- \_\_\_\_\_ Handles and manipulates test equipment efficiently
- \_\_\_\_\_ Uses language and intonation appropriate to the age and functioning level of the client
- \_\_\_\_\_ Is able to informally assess (nonstandard measures) skills comparably assessed on formal measures
- \_\_\_\_\_ Demonstrates trial teaching techniques within the diagnostic setting

### Interviewing (score 1-5)

- \_\_\_\_\_ Begins and ends the interview gracefully
- \_\_\_\_\_ Uses interpersonal skills/professional demeanor appropriate for informant
- \_\_\_\_\_ Prepares the clinical setting for the interview
- \_\_\_\_\_ Questions are formed clearly and are productive in terms of the quality/quantity of informant's response
- \_\_\_\_\_ Sequences and switches topics smoothly
- \_\_\_\_\_ Extracts pertinent/accurate information from the interviewer
- \_\_\_\_\_ Demonstrates sensitivity to cultural/linguistic differences

### Post diagnostic (score 1-5)

- \_\_\_\_\_ Is able to interpret test findings
- \_\_\_\_\_ Offers information or comments to team members based on own observations of client performance
- \_\_\_\_\_ Qualifies assumptions with observed behaviors in report
- \_\_\_\_\_ Is able to integrate information observations from team members
- \_\_\_\_\_ Makes appropriate recommendations and suggestions based on diagnostic team findings
- \_\_\_\_\_ Is able to relate interpreted test findings to family/client
- \_\_\_\_\_ Reports information in written form that is accurate and inclusive
- \_\_\_\_\_ Reports information in written form that is pertinent
- \_\_\_\_\_ Incorporates recommended treatment/management suggestions in report
- \_\_\_\_\_ Clinician self-evaluates strengths and weaknesses

### **Personal Qualities (score S [Satisfactory], U [Unsatisfactory], I [Inconsistent], LI [Lack of Information], DNA [Does Not Apply])**

- \_\_\_\_\_ Punctual for prestaffing
- \_\_\_\_\_ Punctual for diagnostic evaluation
- \_\_\_\_\_ Appears to recognize professional limitations
- \_\_\_\_\_ Prepares for diagnostic by setting up materials and equipment
- \_\_\_\_\_ Returns test equipment and materials after diagnostic evaluation
- \_\_\_\_\_ Dress, voice and manner is appropriate for evaluation
- \_\_\_\_\_ Meets deadlines for reports

Rating Code:

NA Not Applicable

- 1 Specific direction from supervisor does not alter unsatisfactory performance/evaluation skills; inability to make change.
- 2 Needs repeated specific direction and/or demonstration from supervisor to perform competently and evaluate self/client accurately.
- 3 Needs general and some specific direction from supervisor to perform competently and evaluate self/client accurately.
- 4 Demonstrates independence but needs general direction from supervisor to perform competently and evaluate self/client accurately.
- 5 Demonstrates independence by taking initiative; displays superior competencies and evaluates self/client accurately.

\*PREPARATION (P) \_\_\_\_\_

\*DIAGNOSTIC (D) \_\_\_\_\_

\*INTERVIEWING (I) \_\_\_\_\_

\*POSTDIAGNOSTIC (PD) \_\_\_\_\_

AVERAGE P + D + I + PD \_\_\_\_\_

---

**PERSONAL QUALITIES SUMMARY**

Number of "SATISFACTORY" items \_\_\_\_\_

Number of "INCONSISTENT" items \_\_\_\_\_

Number of "UNSATISFACTORY" items \_\_\_\_\_

Number of "LACK OF INFORMATION" items \_\_\_\_\_

Number of "DOES NOT APPLY" items \_\_\_\_\_

**\*SCORE = SUM OF SCORED ITEMS / NUMBER OF ITEMS SCORED**

\_\_\_\_\_ / \_\_\_\_\_ =

## Descriptors

### Preparation

**1. Reads client folder thoroughly.**

The clinician can extract and summarize pertinent and accurate information from available background information for supervisor/team members.

The clinician can answer specific questions regarding client information.

**2. Suggests appropriate evaluation procedures based on client information and knowledge of communication problem.**

The clinician can list and enumerate possible evaluation procedures specific to the problem.

**3. Is able to explain rationale for tests and procedures suggested.**

The clinician can explain why one assessment procedure is preferable over another, considering these factors: Evaluation procedure specific to problem(s); validity/reliability of standardized tests; developmental age appropriateness; interest level of materials; formal vs. informal procedures; test is suitable in light of other conditions (e.g. motor, sensory); knows when an alternate form of test should be given.

**4. Contributes equally to diagnostic team effort during pre-staffing**

Clinician's verbal input is comparable to other team members' input. Clinician evaluates and questions other team members' input. Prepares a flexible outline for order of test administration.

**5. Prepares diagnostic setting to meet client and observer needs.**

The environment is pleasant to the eye (clutter free) with distractible objects removed. The informant is made physically comfortable. Prepares diagnostic setting to meet observer needs. Materials/tests are readily available and organized. Audio/video recording equipment set up.

### Diagnostic

**6. Establishes professional test atmosphere with client.**

Clinicians introduce themselves. Clinician engages in social conversation to reduce test anxiety if applicable. Clinician briefly outlines diagnostic format when appropriate. Clinician demonstrates warmth, appropriate eye contact, ease and sensitivity to the client's feelings.

**7. Explains rationale for assessment to client/family**

Clinician initiates an explanation of why a particular test is being given. Clinician is able to answer client/family questions as to why a test is being given.

**8. Explains rationale for assessment to client/family in language appropriate to their level of understanding**

Clinician defines terms, provides examples to facilitate parent/family understanding of diagnostic procedures.

**9. Administers tests according to standardized procedures**

Clinician gives appropriate directions. Clinician uses basal and ceiling levels. Clinician adheres to time limitations.

**10. Administers tests in critically important order for client and problem**

Clinician administers tests most critical to assessing presenting problem when client is fatigued, disinterested, distractible or physically limited. When appropriate, clinician adjusts or changes pre-staffing diagnostic outline.

**11. Adaptability—makes modifications in assessment based on client performance of parent information**

Clinician introduces or modifies type or schedule of reinforcement to increase client on-task behavior. Clinician changes from using formal to using less formal assessment when client's off task behavior increases. Clinician discusses client's hobbies, skills, social interests to informally assess articulation, expressive and receptive language etc. Clinician spontaneously introduces new procedures.

**12. Administers appropriate feedback or reinforcement consistent with test procedures**

Clinician gives social approval, encourages. Clinician reinforces on a variable schedule without patterning or cueing the client.

**13. Increases/decreases rate of time for test administration**

When no time limit is specified for test/subtest administration, clinician modifies rate of test item presentation when appropriate. Clinician allows reasonable time for client to respond after stimulus is presented.

**14. Removes distracting items during testing.**

**15. Scores tests/records responses unobtrusively, accurately, quickly.**

Fills in pertinent identification information on test form. Accurately scores tests according to manual instructions. Scores both correct and incorrect responses to avoid cueing client. Relates information/data obtained to some standardized/developmental age reference norms.

**16. Handles and manipulates test equipment efficiently**

Materials are organized sequentially for facile test administrations. Knows how to operate test equipment. Coordinates test material presentation and scoring.

**17. Uses language and intonation appropriate to age and functioning level of the client.**

**18. Is able to informally assess skills comparably assessed on formal measures.**

Clinician is familiar with source for developmental norms. Records observations of client behaviors which are not being directly assessed.

**19. Demonstrates trial teaching techniques within the diagnostic setting.**

Attempts to recommend management strategies based on observed test performance. Clinician uses several methods/approaches to stimulate sound production. Utilizes dynamic assessment techniques. Presents same concepts through various modalities for suggestions for possible therapy approaches.

## **Interviewing**

**20. Begins and ends the interview gracefully**

A) Beginning the interview—the interviewer establishes a professional/supportive atmosphere during the initial greeting (introduction). The purpose of the interview is stated.

B) Ending the interview—the interviewer expresses appreciation for informant's cooperation. The interviewer asks for further information/questions in relation to the problem.

**21. Uses interpersonal skills/professional demeanor appropriate for informant.**



Interviewer uses adequate eye contact. Listen carefully and talks with the client, not at or down to the client. Reacts appropriately during client expressions of emotion (responds to the emotion expressed rather than to the answer to the question).

**22. Prepares the clinical setting for the interview.**

The environment is pleasant to the eye (clutter free). The informant(s) is made physically comfortable. Recording equipment is prepared. Question guideline is prepared.

**23. Questions are formed clearly and are productive in terms of the quality/quantity of informant's responses**

Double or multiple questions are avoided. Appropriate vocabulary is used; terms are defined when necessary. Questions are not "leading" or "loaded" (using wording that would suggest what an acceptable answer is). An appropriate variety of questions are used, preferably open ended initially, with follow up. The rationale for questions asked is understood by the clinician.

**24. Sequences and switches topics smoothly.**

Follows a reasonable chronology of questioning. Uses transitional statements when changing the topic or area of questioning.

**25. Extracts pertinent/accurate information from the interview.**

Follow up questions used appropriately to obtain more information about a relevant topic. The informant's interpretation of events is obtained. Gets the informant "back on track" without discouraging free expression.

**Post diagnostic**

**26. Is able to interpret test findings.**

Scores test before postdiagnostic meeting. Correctly scores individual tests and procedures according to test standards. Takes into consideration additional factors (e.g. fatigue, attention to task, understanding of directions).

**27. Offers information or comments to team members based on own observations of client performance**

Suggests management approaches, recommendations or referral services based on client behavior (observed and/or reported). Able to make general summary statements about the client/family based on specific examples of client/family behavior. Can suggest if therapy or subsequent services are recommended based on client-demonstrated performance.

**28. Qualifies assumptions with observed behaviors in report. See 27.**

**29. Is able to integrate informational observations from team members.**

Displays skills in integrating the information gathered (informal/formal tests, case history, observations) to determine nature and severity of client's problem.

**30. Makes appropriate recommendations and suggestions based on diagnostic team findings.**

Displays skills in generating appropriate recommendations and possible referrals based on information gathered and on the needs of the client. Knows when to initiate these contacts with appropriate referrals.

**31. Is able to relate interpret test findings to family/client**

Relates information using appropriate vocabulary, clear and concise language. Displays skills in relating relevant and organized facts while counseling parents and/or clients. Clinician displays skills in sequencing positive aspects of client behavior before negative. Clinician is able to

appropriate respond to questions asked by the parent/client in relation to the problem and prognosis.

**32. Reports information in written form that is accurate and inclusive**

First draft includes information that is well organized, chronologically appropriate and grammatically correct, concise and clear. Summarizes all aspects of the diagnostic and integrated information given by additional team members. Researches the problem and reads sample reports before writing and handing in to the supervisor.

**33. Reports information in written form that is pertinent.**

**34. Incorporates recommended treatment/management suggestions in report.**

Clinician includes information concerning the types of tests administered, purpose of the test, results possible therapy plans and recommendations. Exhibits adequate theoretical background in the disorder. Suggests and specifies objective criteria for goal achievement. Suggests appropriate type and variety of materials/programs.

**35. Clinician self-evaluates strengths and weaknesses**

Able to indicate assets of their diagnostic performance. Perceives areas for modification and suggests alternate ways of improving future performance.

## Diagnostic Clinic—Appendix

Forms included in this appendix include those that you may use in diagnostic sessions to help gather information.

- I. CHSC Pediatric Case History Form
- II. CHSC Adult Case History Form
- III. Clinician's Cultural Competence Worksheet
- IV. CHSC Oral Mechanism Exam form
- V. Orofacial Examination Form
- VI. Diadochokinetic Syllable Rates Worksheet
- VII. Hearing Screening Form
- VIII. Assessing Intelligibility Worksheet



Cleveland Hearing & Speech Center  
11635 Euclid Ave  
Cleveland, OH 44106  
Phone: (216) 231-8787  
Fax: (216) 231-7141

## SPEECH-LANGUAGE PATHOLOGY PEDIATRIC CASE HISTORY FORM

### Statement of Problem

1. Describe the concerns you have about the child's communication skills at this time:
2. What do you think may have caused the difficulties the child is experiencing?
3. When was the problem first noticed? Please specify a date if possible.
4. Are there any skills the child had learned previously, but no longer can use?
5. What was your child's first language:
6. Is your child bilingual? And if yes, what other language is spoken in the home?
7. Have the child's communication abilities changed since this appointment was scheduled? If yes, please explain:  
☐ Yes  
☐ No

### Additional Comments:

8. I understand what the child says/communicates:  
☐ Almost always  
☐ Usually  
☐ Infrequently  
☐ Almost never
9. Others understand what the child says/communicates:  
☐ Almost always  
☐ Usually

- ☐ Infrequently
- ☐ Almost never

10. Your child understands directions and sentences used at home as expected for their age:

- ☐ Almost always
- ☐ Usually
- ☐ Infrequently
- ☐ Almost never

11. Did your child have a hearing screening done at the hospital at birth?

- ☐ Yes - Passed
- ☐ Yes -Failed
- ☐ No

12. If your child's hearing has been screen since, was it done:

- ☐ Doctor's Office - Passed
- ☐ Doctor's Office - Failed
- ☐ School - Passed
- ☐ School - Failed

13. Has your child had a history of chronic ear infections or ear surgery?

- ☐ Yes
- ☐ No

14. Has your child had a full hearing evaluation or been seen by an Ear, Nose & Throat doctor? If so, where/when?

- ☐ Yes
- ☐ No

Additional Comments:

Please bring any available hearing screening or evaluation reports to your appointment or repeat testing may be required.

## Family Background

1. Please list name/age/sex/relationship of people living with the child:

2. Please list the name/age/sex/relationship of OTHER people with whom the child spends a lot of time:

3. Please check any in the child's family history. If yes, note the person's relationship to the child (ex: father, sister, cousin, uncle) next to item.

- ☐ Family history of speech therapy (language or speech)
- ☐ Reading difficulties or dyslexia
- ☐ ADHD
- ☐ ASD
- ☐ Stuttering or fluency issues
- ☐ Hearing loss (not age-related)
- ☐ Learning disabilities
- ☐ Mental health concerns

Additional Comments:

## Medical History

1. Describe the mother's health during the pregnancy:

- ☐ Good
- ☐ Fair
- ☐ Poor

Additional Comments:

2. Was the child exposed to any drugs/toxic substances during the pregnancy?

- ☐ Yes
- ☐ No

If yes, please provide additional information:

3. Were there any unusual conditions that may have affected the pregnancy or birth?

4. Was the child full term? ( 38 weeks or more)

- ☐ Yes
- ☐ No

5. Length of the pregnancy in weeks:

6. Birth weight of child:

7. Type of delivery:

- ☐ Head first
- ☐ Feet first
- ☐ Breech position
- ☐ Cesarean-section

8. Please describe any difficulties during the delivery process:

9. Have you or your child ever been referred for genetic testing?

- ☐ Yes
- ☐ No

If yes, please provide more information:

10. Please describe any feeding problems the child experienced as an infant and/or any difficulty with swallowing or chewing as child got older:

11. Please check all items that apply and list age of occurrence:

- ☐ Allergies
- ☐ Asthma
- ☐ Chicken pox
- ☐ Colds
- ☐ Croup
- ☐ Encephalitis
- ☐ High Fever
- ☐ Measles
- ☐ Pneumonia
- ☐ Seizures
- ☐ Sinusitis
- ☐ Meningitis
- ☐ Ear Infections ( how many?):
- ☐ Other (describe) :

Additional Comments:

12. Please list any specialist(s) (ex: Speech, OT, P T, Early Intervention) the child has seen or is currently seeing. This would include Bright Beginnings/Help Me Grow with an IFSP (Individualized Family Service Plan) or school services with an IEP (Individualized Education Plan). Include type of service, reason for service, dates seen, & provider's name:

13. Has the child ever had a head injury such as a fall, car or bike accident, or concussion?

- ☐ Yes

☐ No

If yes, please provide more information:

14. Please list the child's hospitalization/surgical history below. Include hospitalization/surgery & date:

15. Does the child have any vision concerns?

16. Has your child had a blood test that resulted in being positive for high lead levels?

☐ Yes

☐ No

17. Has your child had Covid-19?

☐ No

☐ Yes, with no long term effects.

☐ Yes, with the following long term effects:

Additional Comments:

18. Is the child currently taking any medications? (required)

☐ Yes

☐ No

19. If yes, list all medication you are currently taking:

Drug

Dosage

Frequency

Delivery Method

20. Is there anything else we should know about the child's medical history?

## Developmental History

Provide the approximate age at which the child acquired the following skills. If you can't remember the age, mark the box that best describes when he/she acquired the skill as compared to his/her peers.

1. Babbling (ex: "ba, ba"):

☐ Earlier than Peers

☐ Same Time as Peers (4-6 months)



- ☐ Later than Peers

Additional Comments:

2. First words:

- ☐ Earlier than Peers
- ☐ Same Time as Peers (12-15 months)
- ☐ Later than Peers

Additional Comments:

3. Put two words together/ use short phrases:

- ☐ Earlier than Peers
- ☐ Same Time as Peers (18 months-2 years)
- ☐ Later than Peers

Additional Comments:

4. Use complete 4-6 word sentences:

- ☐ Earlier than Peers
- ☐ Same Time as Peers (3-4 years)
- ☐ Later than Peers

Additional Comments

5. Sit:

- ☐ Earlier than Peers
- ☐ Same Time as Peers (9 months)
- ☐ Later than Peers

Additional Comments:

6. Walk:

- ☐ Earlier than Peers
- ☐ Same Time as Peers (12-15 months)
- ☐ Later than Peers

Additional Comments:

6. Feed Self:

- ☐ Earlier than Peers
- ☐ Same Time as Peers (12-18 months)
- ☐ Later than Peers

Additional Comments:

7. Use toilet in daytime:

- ☐ Earlier than Peers
- ☐ Same Time as Peers (2-3 years)
- ☐ Later than Peers

Additional Comments:

8. Use toilet at night:

- ☐ Earlier than Peers
- ☐ Same Time as Peers
- ☐ Later than Peers

Additional Comments:

9. How would you describe the child's fine motor development (small body movements such as picking up cheerios or grasping crayons) when compared to peers?

- ☐ Typical
- ☐ Delayed

Additional Comments:

10. How would you describe the child's gross motor movements (large body movements such as running and jumping) when compared to peers?

- ☐ Typical
- ☐ Delayed
- ☐ Uses a wheelchair

Additional Comments:

11. The child is:

- ☐ Right Handed
- ☐ Left Handed
- ☐ No hand preference noted yet

## Educational History

1. Is the child in school?
2. If yes, what grade level?
3. Name of School:
4. Does the child have an IEP (Individualized Education Plan) from school or an IFSP (Individualized Family Service Plan) from Bright Beginnings/Help Me Grow? If yes, please bring a copy to your appointment.

5. How does the child interact with his/her peers?

6. Is the child learning as expected?

7. Describe the child's reading and writing skills:

**Do you have any concerns regarding the child's:**

- ☐ Social communication ( following social rules)?
- ☐ Attention ( concentrating and focusing on a task)?
- ☐ Organizing and Planning ( putting details and events in order)?
- ☐ Does the child receive special services ( special education classes, reading, tutoring) ?
- ☐ Insight/Awareness ( recognizing something is wrong in the environment or oneself)?
- ☐ Reasoning( thinking of and applying solutions to problems)?

Additional Comments:

Person Completing this Form:

Relationship to Child:

Date Completed:

## Speech Adult Case History



**Cleveland Hearing & Speech  
Center**  
**29540 Center Ridge Rd.**  
**Suite B**  
**Westlake, OH 44145**

**Phone: (440) 455-9898**

**Fax: (440) 455-1999**

### **SPEECH-LANGUAGE PATHOLOGY ADULT CASE HISTORY FORM**

## Statement of Problem

1. Please tell us what you hope to learn during this appointment at CHSC:

A rectangular box with a thin border, containing a small icon of a document with a checkmark in the bottom right corner.

2. What concern(s) do you have with your communication skills at this time?

A rectangular box with a thin border, containing a small icon of a document with a checkmark in the bottom right corner.

3. When did this problem begin? (please give a specific date if possible)

A rectangular box with a thin border, containing a small icon of a document with a checkmark in the bottom right corner.

4. What do you think caused this problem?

A rectangular box with a thin border, containing a small icon of a document with a checkmark in the bottom right corner.

5. Have any other professionals diagnosed a specific problem? If yes, please describe:

- ☐ Yes  
☐ No

Additional Comments:

A rectangular box with a thin border, containing a small icon of a document with a checkmark in the bottom right corner.

**Please describe how your speech problem has affected your:**

### 1. Daily Activities:

### 2. Occupation:

### 3. Socialization:

### 4. Other:

### 5. If you did not have this speech problem, how would your life be different; what could you do that you cannot now?

## Are you able to:

### 1. Provide all self care? If no, please explain:

- ☐ Yes
- ☐ No

### Additional Comments:

### 2. Complete your own typical daily activities? If no, please explain:

- ☐ Yes
- ☐ No

### 3. Manage your own finances? If no, please explain:

- ☐ Yes
- ☐ No

### Additional Comments:

## Educational History

1. Years of School Completed/Degree:

--

2. School Attended:

--

3. Employer/Occupation:

--

## Family Background

1. Please list name/age/sex of Others Living with Client:

--	--	--

2. Is there a family history of speech, language, and/or hearing difficulties? If yes, note the person's relationship to difficulties they had:

- ☐ Yes
- ☐ No

Additional Comments:

--	--	--

## Medical History

1. My health is currently:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

**Please check all items that apply. Explain all checked items below:**

1. Allergies

- ☐ Yes - Please explain when this occurred & change in abilities:



---

### 6. Chronic Colds

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:

<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
--	--

---

### 7. Head or Neck Trauma

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:

<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
--	--

---

### 8. Hearing Problem

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:

<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
--	--

---

### 9. Heart Problem

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:

<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
--	--

---

### 10. Hormonal Imbalance

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No



Additional Comments:



11. Hypertension (high blood pressure)

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:



12. Laryngitis

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:



13. Psychological Disorder

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:



14. Seizure Disorder

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:



15. Sore Throat



- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:

#### 16. Stroke

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:

#### 17. Tonsillectomy

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:

#### 18. Tuberculosis

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Additional Comments:

#### 19. Other:

- ☐ Yes - Please explain when this occurred & change in abilities:
- ☐ No

Yes

No

Drug	<input type="text"/>		
Dosage	<input type="text"/>		
Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>
Delivery Method	<input type="text"/>		
Comments	<input type="text"/>		

Yes - If yes, where/when was the test completed?

No

## Hearing within normal limits

- ☐ Hearing loss
- ☐ Further testing required

25. Which hand do you use for writing, eating, etc.?

- ☐ Left
- ☐ Right

26. Person Completing this Form :

27. Relationship to Client:

28. Date Completed:

Submit

**Form 2-1****Clinician's Cultural Competence Worksheet**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Native Language: \_\_\_\_\_

Homeland: \_\_\_\_\_

Region: \_\_\_\_\_

Person(s) Providing Information: \_\_\_\_\_

**Instructions:** Research these questions to become more familiar with a client's cultural and linguistic background. Always keep in mind that cultural stereotypes do not apply to all individuals from that culture.

**Family Life**

What is traditional home life like (e.g., extended family living in one home, grandmother is primary caregiver, children work to support the family)?

Do other relatives often live in the same neighborhood?

During familial interactions, who is the traditional family authority? Who will make decisions regarding a client's care?

What are the names and titles that are most appropriate to use when interacting with various members of a family?

*continues*

**Form 2-1.** *continued*

---

**Customs and Beliefs**

What is the predominant religion? What are the religious holidays and customs? How might a person's religion influence his or her attitudes toward speech-language pathology services?

What are the predominant beliefs concerning health care, disabilities, and interventions?

What are the traditional views of a woman's role? How is a female professional likely to be viewed? What might be the social expectations of a female clinician (e.g., is shaking a man's hand inappropriate)?

What are the traditional views of a child's role in learning? In interacting with adults?

**Speech and Language**

What are the typical nonverbal and pragmatic communicative patterns commonly associated with this group?

What are the typical phonologic patterns commonly associated with this group?

What are the typical morphologic and syntactic patterns commonly associated with this group?

What are other language patterns commonly associated with this group?

Is the prevalence of certain medical conditions associated with communicative disorders higher among members of this race or cultural group (e.g., middle ear problems, cleft palate, stroke)?

### Testing Considerations

Will individuals from this cultural group possibly consider certain standard case history and interview questions to be too personal or offensive?

What are some of the potential test administration challenges? Will the testing environment be threatening or unfamiliar? Will the client be reluctant to respond to certain types of tests? Will it be necessary for the client to practice test-taking in advance?

What assessment materials and strategies will be most appropriate? Will an oral case history interview be preferable to a written case history?

*continues*

**Form 2-1.** *continued*

---

What are some basic words and social phrases that can be learned to facilitate a better rapport with the client or the client's caregivers?

Will an interpreter be needed to assist in the assessment process?



## Oral Mechanism Examination

Name: \_\_\_\_\_ Date of exam: \_\_\_\_\_

Age: \_\_\_\_\_ Examiner \_\_\_\_\_

### Face

\_\_\_\_\_ symmetrical  
\_\_\_\_\_ controlled Saliva  
\_\_\_\_\_ closed mouth position

### Teeth

\_\_\_\_\_ occlusion  
\_\_\_\_\_ number  
\_\_\_\_\_ spacing/condition

### Lips

\_\_\_\_\_ labial mobility /u/ & /i/  
\_\_\_\_\_ retain pressure behind lips  
\_\_\_\_\_ purse lips  
\_\_\_\_\_ labial sounds /p/, /b/, /m/  
\_\_\_\_\_ cleft/structure at rest

### Alveolar ridge/hard palate

\_\_\_\_\_ structure: length/width/depth

### Soft palate/velum

\_\_\_\_\_ mobility on /a/  
\_\_\_\_\_ velopharyngeal closure w/ /k/, /s/, /t/  
\_\_\_\_\_ tonsils

### Tongue

\_\_\_\_\_ protrusion/retraction  
\_\_\_\_\_ mobility: side to side  
\_\_\_\_\_ mobility: up and down  
\_\_\_\_\_ mobility: lick lips  
\_\_\_\_\_ lingual frenum  
\_\_\_\_\_ lingual strength: push stick  
\_\_\_\_\_ Lingual sounds: /l/, /t/, /k/

### Mandible

\_\_\_\_\_ mouth breathing  
\_\_\_\_\_ jaw stability: bite stick  
\_\_\_\_\_ open mouth and hold 10-15 sec  
\_\_\_\_\_ close mouth and hold 10-15 sec

### Respiration

\_\_\_\_\_ Sustained exhale  
\_\_\_\_\_ Sustained phonation

### Coordination

\_\_\_\_\_ papapap  
\_\_\_\_\_ "pataka" or "buttercup"

### Additional notes

\_\_\_\_\_  
\_\_\_\_\_

**Form 5-1****Orofacial Examination Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's Name: \_\_\_\_\_

**Instructions:** Check and circle each item noted. Include descriptive comments in the right-hand margin.**Evaluation of Face**

\_\_\_\_\_ Symmetry: normal/droops on right/droops on left \_\_\_\_\_

\_\_\_\_\_ Abnormal movements: none/grimaces/spasms \_\_\_\_\_

\_\_\_\_\_ Mouth breathing: yes/no \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**Evaluation of Jaw and Teeth**

Tell client to open and close mouth.

\_\_\_\_\_ Range of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ Symmetry: normal/deviates to right/deviates to left \_\_\_\_\_

\_\_\_\_\_ Movement: normal/jerky/groping/slow/asymmetrical \_\_\_\_\_

\_\_\_\_\_ TMJ noises: absent/grinding/popping \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Observe dentition.

\_\_\_\_\_ Teeth: all present/dentures/teeth missing (specify) \_\_\_\_\_

\_\_\_\_\_ Arrangement of teeth: normal/jumbled/spaces/misaligned \_\_\_\_\_

\_\_\_\_\_ Hygiene \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**Evaluation of Lips**

Tell client to pucker.

\_\_\_\_\_ Range of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ Symmetry: normal/droops bilaterally/droops right/droops left \_\_\_\_\_

\_\_\_\_\_ Strength (press tongue blade against lips): normal/weak \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

*continues*

**Form 5-1.** *continued*

Tell client to smile.

\_\_\_\_\_ Range of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ Symmetry: normal/droops bilaterally/droops right/droops left \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Tell client to puff cheeks and hold air.

\_\_\_\_\_ Lip strength: normal/reduced \_\_\_\_\_

\_\_\_\_\_ Nasal emission: absent/present \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**Evaluation of Tongue**

\_\_\_\_\_ Surface color: normal/abnormal (specify) \_\_\_\_\_

\_\_\_\_\_ Abnormal movements: absent/jerky/spasms/writhing/fasciculations \_\_\_\_\_

\_\_\_\_\_ Size: normal/small/large \_\_\_\_\_

\_\_\_\_\_ Frenum: normal/short \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Tell client to protrude the tongue.

\_\_\_\_\_ Excursion: normal/deviates to right/deviates to left \_\_\_\_\_

\_\_\_\_\_ Range of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ Speed of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ Strength (apply opposing pressure with tongue blade): normal/reduced \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Tell client to retract the tongue.

\_\_\_\_\_ Excursion: normal/deviates to right/deviates to left \_\_\_\_\_

\_\_\_\_\_ Range of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ Speed of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Tell client to move tongue tip to the right.

\_\_\_\_\_ Excursion: normal/incomplete/groping \_\_\_\_\_

\_\_\_\_\_ Range of motion: normal/reduced \_\_\_\_\_

\_\_\_\_\_ Strength (apply opposing pressure with tongue blade): normal/reduced \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Tell client to move the tongue tip to the left.

\_\_\_\_\_ Excursion: normal/incomplete/groping \_\_\_\_\_  
\_\_\_\_\_ Range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ Strength (apply opposing pressure with tongue blade): normal/reduced \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Tell client to move the tongue tip up.

\_\_\_\_\_ Movement: normal/groping \_\_\_\_\_  
\_\_\_\_\_ Range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Tell client to move the tongue tip down.

\_\_\_\_\_ Movement: normal/groping \_\_\_\_\_  
\_\_\_\_\_ Range of motion: normal/reduced \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Observe rapid side-to-side movements.

\_\_\_\_\_ Rate: normal/reduced/slows down progressively \_\_\_\_\_  
\_\_\_\_\_ Range of motion: normal/reduced on left/reduced on right \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

### Evaluation of Pharynx

\_\_\_\_\_ Color: normal/abnormal \_\_\_\_\_  
\_\_\_\_\_ Tonsils: absent/normal/enlarged \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

### Evaluation of Hard and Soft Palates

\_\_\_\_\_ Color: normal/abnormal \_\_\_\_\_  
\_\_\_\_\_ Rugae: normal/very prominent \_\_\_\_\_  
\_\_\_\_\_ Arch height: normal/high/low \_\_\_\_\_  
\_\_\_\_\_ Arch width: normal/narrow/wide \_\_\_\_\_  
\_\_\_\_\_ Growths: absent/present (describe) \_\_\_\_\_  
\_\_\_\_\_ Fistula: absent/present (describe) \_\_\_\_\_  
\_\_\_\_\_ Clefting: absent/present (describe) \_\_\_\_\_  
\_\_\_\_\_ Symmetry at rest: normal/lower on right/lower on left \_\_\_\_\_  
\_\_\_\_\_ Gag reflex: normal/absent/hyperactive/hypoactive \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

*continues*

**Form 5-1.** *continued*

Tell client to phonate using /a/.

\_\_\_\_\_ Symmetry of movement: normal/deviates right/deviates left \_\_\_\_\_

\_\_\_\_\_ Posterior movement: present/absent/reduced \_\_\_\_\_

\_\_\_\_\_ Lateral movement: present/absent/reduced \_\_\_\_\_

\_\_\_\_\_ Uvula: normal/bifid/deviates right/deviates left \_\_\_\_\_

\_\_\_\_\_ Nasality: absent/hypernasal \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**Summary of Findings**

**Form 5-2****Diadochokinetic Syllable Rates Worksheet**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's Name: \_\_\_\_\_

**Instructions:** Time the number of seconds it takes the client to complete each task the prescribed number of repetitions. Norms in seconds for children from 6 to 13 years of age are provided. The standard deviation interval from the mean is also provided. For example, a 6-year-old who takes 6 seconds to produce /pʌ/ 20 times is one SD below the mean (i.e.,  $4.8 + 1.0 = 5.8$ ; one SD from mean range = 5.8–6.8).

			<i>Norms in seconds for diadochokinetic syllable rates*</i>							
			Age							
Task	Repetitions	Seconds	6	7	8	9	10	11	12	13
pʌ	20	_____	4.8	4.8	4.2	4.0	3.7	3.6	3.4	3.3
tʌ	20	_____	4.9	4.9	4.4	4.1	3.8	3.6	3.5	3.3
kʌ	20	_____	5.5	5.3	4.8	4.6	4.3	4.0	3.9	3.7
		Standard Deviation:	1.0	1.0	0.7	0.7	0.6	0.6	0.6	0.6
pʌtəkʌ	10	_____	10.3	10.0	8.3	7.7	7.1	6.5	6.4	5.7
		Standard Deviation:	2.8	2.8	2.0	2.0	1.5	1.5	1.5	1.5

**Summary:**

\*From Fletcher (1972).

**Form 17-1****Hearing Screening Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's Name: \_\_\_\_\_

**History**

Provide information related to potential hearing loss (e.g., family history of hearing loss, frequent ear infections, earaches, exposure to noise, previous hearing screen or evaluation, etc.).

**Otoscopy/Visual Inspection:**

Circle one: Normal      Abnormal      Could Not View

**Pure-Tone Screening**

X or ✓ = Responded appropriately

O or — = Did not respond

CTN = Could not test (specify reason)

dB level \_\_\_\_\_

	500 Hz	1000 Hz	2000 Hz	4000 Hz	8000 Hz
Right:					
Left:					

Circle one: Passed      Failed      Could Not Screen

**Recommendations**

**Form 5-3****Assessing Intelligibility Worksheet**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's Name: \_\_\_\_\_

**Testing Situation**

Stimuli (conversation, materials used, etc.): \_\_\_\_\_

Client's level of anxiety: \_\_\_\_\_

Talkative/not talkative: \_\_\_\_\_

Prompts used: \_\_\_\_\_

Representativeness of sample: \_\_\_\_\_

**Instructions**

1. Phonetically transcribe each utterance.
2. Use a dash (—) to indicate each unintelligible word.
3. An utterance is considered intelligible only if the entire utterance can be understood.
4. Calculate intelligibility for words and utterances.

Example:

Utterances	# Intelligible Words	Total Words	# Intelligible Utterances	Total Utterances
1. hi went hom	3	3	1	1
2. ar ju— tu go	4	5	0	1
3. — — 0in	1	3	0	1
4. pwiz pwe wif mi	4	4	1	1
5. ai want tu go hom	5	5	1	1
<b>Totals</b>	<b>17</b>	<b>20</b>	<b>3</b>	<b>5</b>

$$\frac{\text{intelligible words}}{\text{total words}} = \frac{17}{20} = 85\%$$

$$\frac{\text{intelligible utterances}}{\text{total utterances}} = \frac{3}{5} = 60\%$$

*continues*



**Form 5-3.** *continued*

Utterances	# Intelligible Words	Total Words	# Intelligible Utterances	Total Utterances
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. _____	_____	_____	_____	_____

Utterances	# Intelligible Words	Total Words	# Intelligible Utterances	Total Utterances
30. _____	_____	_____	_____	_____
31. _____	_____	_____	_____	_____
32. _____	_____	_____	_____	_____
33. _____	_____	_____	_____	_____
34. _____	_____	_____	_____	_____
35. _____	_____	_____	_____	_____
36. _____	_____	_____	_____	_____
37. _____	_____	_____	_____	_____
38. _____	_____	_____	_____	_____
39. _____	_____	_____	_____	_____
40. _____	_____	_____	_____	_____
41. _____	_____	_____	_____	_____
42. _____	_____	_____	_____	_____
43. _____	_____	_____	_____	_____
44. _____	_____	_____	_____	_____
45. _____	_____	_____	_____	_____
46. _____	_____	_____	_____	_____
47. _____	_____	_____	_____	_____
48. _____	_____	_____	_____	_____
49. _____	_____	_____	_____	_____
50. _____	_____	_____	_____	_____

**Totals****Findings**

Average # Words per Utterance: \_\_\_\_\_

% Intelligibility—Words: \_\_\_\_\_

% Intelligibility—Utterances: \_\_\_\_\_

Factors contributing to reduced intelligibility: \_\_\_\_\_

 \_\_\_\_\_  
 \_\_\_\_\_