**SLP Manual of Protocols & Templates**

**Fall 2019**

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Auburn University Speech and Hearing Clinic Child Case History

Name:

Race:

Age:

Primary Language:

Religious preference (optional):

Dialect used at home (dialect is a form of language based on region, social group, etc. Examples include Standard American English, Southern American English, African American English, Asian-Influenced English, Spanish-Influenced English) \_

For academic purposes, do you want your child to use that dialect or do you prefer Standard American English?

 Parent/Guardian Names: Occupations:

Siblings (names, age, gender, and any concerns):

\_

Who lives at home with the child?

Is there any family history of developmental delays, speech and language delays, reading

difficulties, intellectual disabilities, learning disabilities or fluency difficulties? (This may include cousins, parents, grandparents, etc.)

Are there any other professionals involved with your child?

Has your child ever been hospitalized or ever had any serious injuries/major illnesses?

\_

Check the following that apply to your child:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | YES | NO | AGE |  | YES | NO | AGE |
| Tonsillectomy |  |  |  | Sinus problems |  |  |  |
| Allergies |  |  |  | Headaches |  |  |  |
| Asthma |  |  |  | Heart Problems |  |  |  |
| Dental problems |  |  |  | High fevers |  |  |  |
| Croup/Whooping Cough |  |  |  | Convulsions/ Seizures |  |  |  |
| Ear infections |  |  |  | Pneumonia |  |  |  |
| Tubes |  |  |  | Head injury |  |  |  |
| Head injury |  |  |  | Adenoidectomy |  |  |  |

Are you concerned about your child’s hearing?

Has your child had a hearing test and if so, what were the results?

Are you concerned about your child’s vision?

\_ Does your child take any medications?

What school or daycare does your child attend?

Grade:

Teacher’s name:

Has the teacher expressed any concerns to you?

Is your child receiving any extra learning supports?

Does your child have an IEP? If so, what are the speech/language goals for?

What are your child’s average grades?

Favorite Subject:

Most challenging subject:

If you have any concerns about your child’s ability to read, check concerns:

Spelling \_\_\_\_\_\_\_\_\_ Ability to sound out words\_\_\_\_\_\_\_\_\_\_ Speed of Reading \_\_\_\_\_\_\_\_\_\_\_

Ability to read sight words\_\_\_\_\_\_\_\_\_ Ability to understand what is read \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe in Detail the speech, language and/or hearing problem

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

When was the problem first noticed and has it changed since?

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

Has anything been done about it?

\_ Has anything helped?

How does your child communicate) pointing, gestures, words, sentences)?

Check all that apply to your child:

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | Explanation |
| Difficult to manage |  |  |  |
| Short attention span |  |  |  |
| Hyperactive |  |  |  |
| Underactive |  |  |  |
| Easily upset |  |  |  |
| Makes friends easily |  |  |  |
| Prefers to play alone |  |  |  |

What percentage of the time do family and close friends understand the child’s communication?

What percentage of the time do unfamiliar adults understand the child’s communication?

If you or others do not understand your child’s communication, what does your child do?

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

What are you hoping to achieve by coming to the AUSHC for an evaluation?

\_

Is there anything else you would like to tell us about your child?

\_

Form completed by:

Relationship to child:

Extra Notes:

**ADULT CASE HISTORY FORM**

In order to prepare and conduct the most meaningful evaluation, we would like you to provide additional information. Please answer all questions as completely and accurately as possible.

If you have any reports from other professionals (evaluations, medical records, etc.), please provide copies of those documents along with this case history form. If you have any questions, please feel free to contact us.

The Auburn University Speech and Language Clinic maintains confidentiality of all client records, including any documentation which you provide from other facilities.

# GENERAL INFORMATION: (Print Clearly)

Client’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Client’s Preferred Name (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:

\_\_\_currently employed \_\_\_part time \_\_\_full time \_\_\_\_retired \_\_\_disabled \_\_\_student

Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# EDUCATIONAL HISTORY:

Name of Last School Attended:

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

Number of Years You Attended School: \_\_\_\_\_\_\_\_\_\_\_\_Highest Degree Earned: \_\_\_\_\_\_\_\_\_\_

REFERRAL INFORMATION & DESCRIPTION OF THE PROBLEM:

Who referred you to this clinic? (List name):

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

Profession of Person or Relationship to You:

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

Reason for Referral:

Description of Speaking Difficulty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Description of Listening Difficulty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Description of Reading Difficulty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Description of Difficulty with Cognition (e.g memory, attention, problem solving, etc.):

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

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

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

When did your communication problem first begin?

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

Has the problem \_\_\_ remained the same \_\_\_\_ gradually worsened \_\_\_\_ worsened quickly?

How severe is your communication difficulty?

\_\_\_minimally impaired \_\_\_mildly impaired \_\_\_moderately impaired \_\_\_severe \_\_\_very severe

What are your goals for your communication? What would you like to be able to do better?

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

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

# FAMILY HISTORY

Your current marital status: \_\_\_\_married \_\_\_\_single \_\_\_widowed \_\_\_\_other

Number of children you have: \_\_\_\_\_\_\_\_\_ What are their ages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| List the Names of Those Living with You | Relationship to You |
|  | (spouse, child, friend, etc.) |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Is English your native language: \_\_\_\_\_Yes \_\_\_\_\_No (list language) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) are spoken in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a developmental disability, syndrome or learning disability? \_\_\_\_\_No \_\_\_\_\_ Yes (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does anyone in your family have a developmental disability, syndrome, learning disability, or history of speech, language or hearing difficulties? \_\_\_\_\_No \_\_\_\_\_Yes (describe)\_\_\_\_\_\_\_

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

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

**MEDICAL HISTORY**

General Health: \_\_\_\_\_Excellent \_\_\_\_\_Good \_\_\_\_\_Fair \_\_\_\_\_Poor

Is a medical diagnosis associated with your communication difficulty?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of onset\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past & Current Medical History**

Please check the “Yes” or “No” box to indicate whether you have/had any of the following:

|  |  |  |
| --- | --- | --- |
| Yes | No Yes No | |
| [ ] | [ ] Diabetes [ ] [ ] Frequent Colds | |
| [ ] | [ ] High Blood Pressure [ ] [ ] Laryngitis/hoarseness | |
| [ ] | [ ] Thyroid Problems [ ] | [ ] Dental Problems |
| [ ] | [ ] Heart Attack [ ] | [ ] Attention Deficit Disorder |
| [ ] | [ ] Other Heart Disease [ ] | [ ] Mental Illness |
| [ ] | [ ] Respiratory Problems [ ] | [ ] Schizophrenia |
|  | (asthma, emphysema, other) [ ] | [ ] Bipolar |
| [ ] | [ ] Gastrointestinal [ ] | [ ] Depression |
|  | (digestive problems) [ ] | [ ] Fatigue |
| [ ] | [ ] Reflux (GERD) [ ] | [ ] Stress |
| [ ] | [ ] Allergies [ ] | [ ] Anxiety Disorder |
| [ ] | [ ] Kidney Problems [ ] | [ ] Obsessive Compulsive |
| [ ] | [ ] Arthritis [ ] | [ ] Asperger’s/Social Language |
| [ ] | [ ] Lupus [ ] | [ ] Congenital Disorder (List): |
| [ ] | [ ] Stroke [ ] | [ ] Dyslexia |
| [ ] | [ ] Traumatic Brain Injury (including concussion) [ ] | [ ] Viruses (HIV, Herpes, Hepatitis) |
| [ ] | [ ] Epilepsy/Seizures [ ] | [ ] Stuttering |
| [ ] | [ ] Parkinson’s Disease [ ] | [ ] Hearing Problems |
| [ ] | [ ] Tremors [ ] | [ ] Surgeries |
| [ ] | [ ] Headaches (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| [ ] | [ ] Meningitis [ ] [ ] Other Medical Diagnoses | |
| [ ] | [ ] Other Neurological Disorders (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| [ ] | [ ] Bleeding Disorders (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| [ ] | [ ] Cancer (List part of the body affected):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| [ ] | [ ] Swallowing Difficulty (if yes, please describe the difficulty that you have/had swallowing) | |

If you answered yes to any of the above, please explain and comment below.

Describe any special techniques, equipment, and compensations you use.

Do you eat a modified diet for the purposes of safety/ease of swallowing/eating? \_\_\_Yes \_\_\_No

If yes, list the type of modifications, including altered consistencies (soft, pureed, thickened liquids)?

List all medications dose and reason:

Name, Dosage and Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Dosage, and Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Dosage and Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Dosage, and Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all previous hospitalizations, surgeries, reason and dates (add a piece of paper if needed)

Reason and Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason and Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason and Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been seen by any of the following specialists? Check all that apply:

|  |  |
| --- | --- |
| \_\_\_\_\_ Neurologist | \_\_\_\_\_ Behavior Specialist \_\_\_\_\_ Orthodontist |
| \_\_\_\_\_ Psychiatrist | \_\_\_\_\_ Physical Therapist \_\_\_\_\_ Dietitian |
| \_\_\_\_\_ Audiologist | \_\_\_\_\_ Occupational Therapist \_\_\_\_\_Psychologist |

\_\_\_\_\_Ear Nose Throat Physician \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you under the care of a doctor or medical specialist now? If so, list name and reason:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# COMMUNICATION HISTORY AND CURRENT STATUS

Please check all statements that apply to your communication disorder and elaborate:

\_\_\_\_\_ My communication problem interferes with my social activities.

\_\_\_\_\_ My communication problem interferes with my performance at work.

\_\_\_\_\_ My communication problem interferes with my performance at school.

\_\_\_\_\_ My communication problem interferes with my home life.

\_\_\_\_\_ I am able to express myself so other can understand me.

\_\_\_\_\_ At times, my speech improves, but it gets worse again.

\_\_\_\_\_ I have difficulty recalling the names of common objects, people or places.

\_\_\_\_\_ My communication is not easily understood by people I know.

\_\_\_\_\_ My communication is not easily understood by strangers.

\_\_\_\_\_ I frequently say the wrong sounds in words.

\_\_\_\_\_ I am concerned about how well people understand my speech.

\_\_\_\_\_ My speech contains many word repetitions or prolonged sounds.

\_\_\_\_\_ I often run out of breath while talking.

\_\_\_\_\_ It takes a great amount of effort to talk.

\_\_\_\_\_ I have difficulty reading.

\_\_\_\_\_ I have difficulty learning and remembering new information.

\_\_\_\_\_ I have difficulty remembering things that I need to do (appointments or tasks for work).

\_\_\_\_\_ I have difficulty paying attention while having a conversation or completing a task.

.

\_\_\_\_\_ I have difficulty thinking through problems to find solutions.

Have you ever been seen by a Speech/Language Pathologist (SLP)? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please provide reports if available. Please explain:

Do you have a hearing loss? \_\_\_\_\_ No \_\_\_\_\_ Yes Elaborate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you wear a hearing aid? \_\_\_\_\_ No \_\_\_\_\_ Yes

Do you have any vision problems? \_\_\_\_\_ No \_\_\_\_\_ Yes

Do you wear eyeglasses or contact lenses? \_\_\_\_\_ No \_\_\_\_\_ Yes

What are your interests and activities that you enjoy?

Overall, I would rate my communication as:

\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Do you have any other comments that may be helpful to us in planning your evaluation?

**Please include any additional reports or information that might be helpful in the evaluation and/or remediation of the speech/language problem**.

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Legal Guardian (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD FEEDING CASE HISTORY**

Our evaluation of your child’s oral-motor feeding issues will depend on information about the child’s past history. Please fill out this form as completely as possible and return in the enclosed envelope. If there are any items you do not fully understand, put a check mark in the left margin and we will discuss them when you come for the appointment.

Person completing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person or agency responsible for payment of services received

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

Name Telephone Number

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

Address

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City, State, Zip

Referred by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Telephone Number

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Address City, State, Zip

I. IDENTIFICATION

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_

D.O.B.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Grade Completed in School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Grade Completed in School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. FAMILY INFORMATION

Brothers and sisters

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | AGE | SEX | SPEECH, HEARING OR MEDICAL PROBLEM |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Are there any other languages spoken in the home? NO YES If yes, what language, by whom and how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. STATEMENT OF THE PROBLEM

Describe as completely as possible the oral-motor/feeding problem\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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When was the problem first noticed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How has the problem changed since you first noticed? Yes NO If Yes, explain:

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

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What has been done about it? Has this helped?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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What do you think caused the problem?

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

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Is there a family history of oral motor/feeding problems?

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

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IV. GENERAL DEVELOPMENT

A. Pregnancy & Birth History

1. a. Age of Mother at child’s birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Age of Father at child’s birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Length of Labor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Weight of child at birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For the following questions, circle yes or no. If yes, explain)

4. Any illnesses during the pregnancy? Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a. Any diseases during the pregnancy? Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Any accidents during the pregnancy? Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Was there Rh incompatibility between mother & father? Yes/No\_\_\_\_\_\_\_\_

6. Was delivery normal? Yes/No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Were forceps used? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 Any bruises, scars, or abnormalities on child’s head? Yes/No \_\_\_\_\_\_\_\_\_\_

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

9. Were drugs used? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Did infant require oxygen? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Was child blue or jaundiced? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Was a blood transfusion required? Yes/No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Were there any problems immediately following or during birth? The first two weeks of infants life (health, swallowing, sucking, feeding, sleeping)

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

B. Developmental Milestones

|  |  |  |  |
| --- | --- | --- | --- |
|  | Month/Year | Don’t Know | Can’t Accomplish |
| Held Head Up while lying on stomach |  |  |  |
| Sat unsupported |  |  |  |
| Followed simple directions |  |  |  |
| Stood alone |  |  |  |
| Walked with assistance |  |  |  |
| Toilet trained (bowel, bladder, or both) |  |  |  |

How would you describe your child’s current physical development? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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C. Oral-motor feeding development

.

Give approximate ages when your child did the following:

First given pureed solids with a spoon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First given junior chopped foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First given soft solids (i.e., noodles, rice) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First given crunchy foods (cracker, cookies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First given meats (ground meet, chicken, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exposed to un-lidded cup \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drinks from un-lidded cup independently \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What foods does child tolerate best? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What foods does child tolerate least? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe child’s tolerance to above foods:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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List food all food allergies

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

V. MEDICAL HISTORY

Check these as they apply to your child and indicate the age of occurrence

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | YES | NO | AGE |  | YES | NO | AGE |
| Tonsillectomy |  |  |  | Head injury |  |  |  |
| Allergies |  |  |  | Encephalitis/Meningitis |  |  |  |
| Asthma |  |  |  | Headaches |  |  |  |
| Sinus problems |  |  |  | Heart problems |  |  |  |
| Chickenpox |  |  |  | High fever |  |  |  |
| Convulsions/seizures |  |  |  | Influenza |  |  |  |
| Croup/whooping cough |  |  |  | Measles/Mumps |  |  |  |
| Chronic colds |  |  |  | Rheumatic fever |  |  |  |
| Neuromuscular disorders |  |  |  | Pneumonia |  |  |  |
| Runny ears |  |  |  | Dental problems |  |  |  |
| Ear infections treated with tubes |  |  |  |  |  |  |  |
| Ear infections |  |  |  | reflux |  |  |  |
| Blood disease |  |  |  | constipation |  |  |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe any other serious illness, injuries, operations, or physical problems not mentioned above.

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

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Explain any significant changes in child’s eating habits accompanying any of the above diseases, injuries or surgeries.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List any medications your child is currently taking and for what purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was child’s last examination by a .G.I. specialists?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results of examiniation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

When and where did your child last receive a modified barium swallow study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Adult Accent Modification History Form**

1 Briefly describe the speech and/or language concerns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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2. Describe any previous speech or language therapy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. How has the speech and/or language difficulty affected you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What is your native language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What is the highest level of education you have completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What other languages (if any) do you speak fluently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. What is the preferred language in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. At what age did you learn English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Approximately how many hours do you speak English daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. When using English, what percentage of the time do family and close friends understand you? \_\_\_\_\_

11. When using English , what percentage of the time do unfamiliar adults understand you? \_\_\_\_\_\_\_\_\_\_

12. What is your occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Describe expectations for using English \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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14. List any medical diagnoses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

15. List current medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

16. Do you have hearing problems? Do you wear hearing aids? Do you have visual problems? Yes No Yes No Yes No

17. What are your expectations for the evaluation and/or treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Auburn University Speech and Hearing Clinic Voice Evaluation Case History**

**Name: Date:**

**Address:**

**Birthdate: Age:**

**Occupation(s):**

**Primary Phone:**

**Referred by:**

**Primary Care Physician:**

**Person completing this application:**

**1. Describe your voice concern:**

1. **When did your voice problem start?**
2. **Did it start suddenly or gradually?**
3. **It is getting worse, staying the same, or getting better?**
4. **Does anything help your voice improve?**
5. **Does anything make your voice worse?**
6. **Describe any treatment or care you have received for your voice problem.**
7. **Does your voice require more effort than it used to? Yes No**

**Use the scale below to indicate how much effort it takes to use your voice.**

**Adapted Borg CR10 for Vocal Effort Ratings**

Maximum vocal effort (Like trying to talk through the worst laryngitis)……………………10

Very very severe vocal effort (Almost maximum).…………………………………………...9

8

Very severe vocal effort…………………………………………………………………………7

6

Severe vocal effort……………………………………………………………………………….5

Somewhat severe vocal effort…………………………………………………………………..4

Moderate vocal effort…………………………………………………………………………….3

Slight vocal effort…………………………………………………………………………………2

Very slight vocal effort………………………………………………………………………...…1

Very very slight vocal effort (Just noticeable)…………………………………………………½

0

**9. Does your voice keep you from doing anything?**

**10. List all your medical conditions (we can copy a list if you have it):**

**11. Do you have any problem with breathing, e.g., asthma or COPD?**

**12. Do you use a CPAP for breathing help at night? Yes \_\_\_\_\_ No \_\_\_\_\_**

**a. If yes, does it have a humidifier? Yes \_\_\_\_\_ No**

**b. If not, do you often snore while sleeping? Yes No**

**13. Do you have any problem with swallowing or choking when eating? Yes No \_\_\_\_\_**

**If yes, describe below:**

**14. Do you have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please list them:**

1. **Do you have frequent sinus problems? Yes No**

**16. Please check the line if you have experienced any of the following symptoms of acid reflux: \_\_\_ frequent coughing \_\_\_ heartburn**

**frequent belching regurgitation of food**

**frequent bad breath acidy or burning throat**

**waking at night coughing \_\_\_ frequent throat clearing**

**lump in throat \_\_\_ frequent vomiting**

**17. List all of your surgeries (we can copy a list if you have it):**

**18. Confirm medications from intake form and/or physician referral (we can copy a list if you have it):**

**19. Do you currently smoke? Yes No**

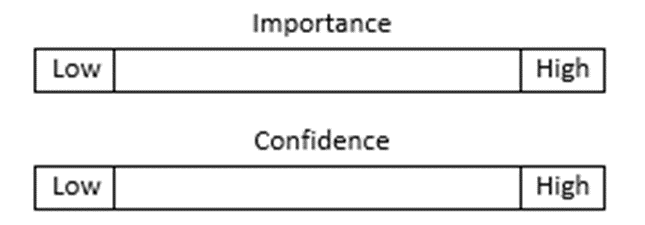
**a. If yes, how much per day? How many years?**

**20. How much water do you drink each day?**

**21. How much caffeine do you drink each day?**

**22. How much alcohol do you drink each week?**

**23. Place a mark in the boxes below to indicate how important it is for you to improve your voice and how confident you are that you can improve your voice.**

****

**Protocol for Early Child Language Evaluation**

**All assessments should include the following procedures:**

**I Case history** (Background questionnaire and/or interview)

a Family information f. Medical history

b Description of the problem g. Speech and language development c Pregnancy and birth history h. History of services received

d General development i. Impact of the problem on child/family

e. Referral Source

1. **Behavioral observation of client’s temperament and level of cooperation**
2. **Standardized Language Test**
   * May use the following measures, as appropriate:
     + PLS-4
     + CELF-P
     + TOLD-P
     + Additional comprehensive assessments, as appropriate
   * For the hard to test child, select from the following:
     + Rossetti Infant-Toddler Language Scale
     + Receptive-Expressive Emergent Language Scale
3. **Expressive Vocabulary Measure**
   * May select from the following:
     + Macarthur Bates Communication Development Inventory
     + Language Development Survey
4. **Measure of Developmental Level**
   * May use any of the following, as appropriate:
     + Westby’s Symbolic Play Scale o Mullen Scales of Early Learning o CSBS DP
5. **Language sample.**
   * For verbal children, enough to elicit 50 spoken utterances for purposes of semantic and syntactic analysis
   * For nonverbal and verbal children, use to measure communicative intent
6. **Pragmatics**
   * Select from the following, as appropriate o Communicative Intent worksheet o Peanut Butter Protocol
     + Prutting and Kirchner’s Pragmatic Protocol
     + Parent Rating Scale (Girolametto, 1997)
     + Clinic Developed Protocol
7. **Phonetic Inventory and/or standardized articulation assessment as appropriate**
8. **Oral mechanism exam**
   * May use the following measures, as appropriate:
     + OSMSE
     + Informal assessment, as appropriate
9. **Hearing Screening**
10. **Other parameters**
    * Informal assessment of voice and fluency
    * Supplemental assessment measures may be used as appropriate

**Protocol for School-Age Language Evaluation**

**All assessments should include the following procedures: I Case history** (Background questionnaire and/or interview)

a Family information f. Medical history

b Description of the problem g. Speech and language development c Pregnancy and birth history h. History of services received

d General development i. Impact of the problem on child/family

e. Referral Source

**II Standardized Language Test**

* May use the following measures, as appropriate:
  + CELF
  + TOLD-P; TOLD-I
  + OWLS (Oral Expression and Listening Comprehension Scales)
  + CASL
  + Additional comprehensive assessments, as appropriate
  + TONI

1. **Pragmatic Analysis**
   * May use the following measures, as appropriate
     + Test of Pragmatic Language
     + Informal Measures
2. Clinical Discourse Analysis
3. Topic Manipulation Analysis
4. Prutting and Kirchner’s Pragmatic Protocol

**IV Language sample** (a minimum of 50 utterances)

* MLU per T-Unit
* Error Analysis
* Type Token Ratio

1. **Narrative Analysis**
   * Story grammar analysis
   * Cohesion Analysis
2. **Phonology**
   * Articulation screener or formal evaluation as appropriate
3. **Oral mechanism exam**
   * May use the following measures, as appropriate:
     + OSMSE
     + Informal assessment, as appropriate
4. **Hearing Screening**
5. **Other Areas**
   * Informal assessment of voice and fluency
   * Supplemental assessment measures may be used as appropriate

**Protocol for Adolescent Language Evaluation**

**All assessments should include the following procedures:**

1. **Case history** (Background questionnaire and/or interview) a Family information f. Medical history

b Description of the problem g. Speech and language development c Pregnancy and birth history h. History of services received

d General development i. Impact of the problem on child/family

e. Referral Source j. Impact of the problem on academic performance

1. **Standardized Language Test**
   * May use the following measures, as appropriate:
     + CELF-4
     + TOAL
     + TOLD-I-4
     + OWLS (Oral Expression and Listening Comprehension Scales)
     + CASL
     + Additional comprehensive assessments, as appropriate
2. **Pragmatic Analysis**
   * May use the following measures, as appropriate
     + Test of Pragmatic Language-2
     + Pragmatic Checklist from the CELF-4
     + Informal Measures, including:
3. Adolescent Conversational Analysis
4. Pragmatic Rating Scale
5. **Language sample** (a minimum of 50 utterances)
   * MLR per T-Unit
   * Error Analysis
   * Subordination Index (Ratio of Clauses to T-Units)
6. **Narrative Analysis**
   * Story Grammar Analysis (pay particular attention to internal response and internal plan at this stage)
   * Cohesion Analysis
7. **Phonology**
   * Articulation screener or formal evaluation, as appropriate (see artic protocol)
8. **Oral mechanism exam**
   * May use the following measures, as appropriate:
     + OSMSE
     + Informal assessment, as appropriate
9. **Hearing Screening**
10. **Other Areas**
    * Informal assessment of voice and fluency
    * Supplemental assessment measures may be used as appropriate

**For clients with language and literacy concerns, include the following measures:**

1. **Reading Comprehension**
   * May use the following measures, as appropriate:
     + Grey Diagnostic Reading Test
     + Test of Reading Comprehension
2. **Written Product Analysis**

May use the following measures, as appropriate

* + - TOWL-4
    - OWLS: Written Language Scale
    - May also assess through any of the following measures by analyzing either a 3 to 5 minute timed sample or conducting an artifact analysis;

1. Holistic Evaluation (provide a numerical score based on overall impression of the writing)
2. Primary Trait (measures writing against a rubric based on a 5 point scale)
3. Analytic (evaluate aspects of the writing separately, such as DSS and TTR)

**Protocol for Literacy Evaluation (Ages 7 and older)**

**All assessments should include the following procedures:**

**I. Case history** (Background questionnaire and/or interview)

a. Family information f. Medical history

b. Description of the problem g. Speech and language development

c. Pregnancy and birth history h. History of services received

d. General development i. Impact of the problem on child/family

e. Referral Source j. Impact of the problem on academic performance

**II. Reading Comprehension, Fluency, Accuracy, Rate, and Overall Ability, Writing, and Language**

Administer all of the following:

* Kauffman Test of Educational Achievement (with the exception of the math sections); KTEA is kept in Mrs. Willis’s office

**III. Auditory Memory**

* Test of Auditory Processing Skills (TAPS-3)—only the word and sentence memory sections

**IV. Hearing Screening**

**Based on the individual client, the following should be considered:**

**V. Articulation and Phonology**

* Articulation screener or formal evaluation, as appropriate (see articulation protocol)

**VI. Oral mechanism exam**

* May use the following measures, as appropriate:
  + OSMSE
  + Informal assessment, as appropriate

**VII. Narrative Analysis**

* Story grammar analysis (see Paul text)

**VIII. Story Retelling Analysis**

* Analysis based on Culatta, Page, & Ellis, 1983
* Test of Narrative Language

**IX. Metalinguistic Skills**

* Test of Language Competence Expanded

**Other Areas**

* Informal assessment of voice and fluency
* Supplemental assessment measures may be used as appropriate if time allows

**Protocol for Pre-Literacy Evaluation (Ages 6 and below)**

**All assessments should include the following procedures:**

**I Case history** (Background questionnaire and/or interview)

a. Family information f. Medical history

b. Description of the problem g. Speech and language development

c. Pregnancy and birth history h. History of services received

d. General development i. Impact of the problem on child/family

e. Referral Source j. Impact of the problem on academic performance

**II. Reading Comprehension, Fluency, Accuracy, Rate, and Overall Ability**

* + Grey Diagnostic Reading Test

**III. Writing**

Administer 1 of the following:

* Test of Early Written Language
* Oral and Written Language Scales (OWLS) written expression subtest

**IV. Standardized Language Test**

* Select a standardized assessment from the appropriate protocol (may choose OWLS if using written subtest)

**V. Phonology**

* Articulation screener or formal evaluation, as appropriate (see artic protocol)

**VI. Phonological Awareness**

Administer 1 of the following:

* Test of Phonological Awareness (TOPAS)
* The Phonological Awareness Test-2
* Comprehensive Test of Phonological Processing

**VII. Oral mechanism exam**

* May use the following measures, as appropriate:
  + OSMSE
  + Informal assessment, as appropriate

**VIII. Hearing Screening**

**Based on the individual client, the following should be considered:**

**VIV. Narrative Analysis**

* Story grammar analysis (see Paul text)

**VV. Story Retelling Analysis**

* Analysis based on Culatta, Page, & Ellis, 1983
* Test of Narrative Language

**VI. Metalinguistic Skills**

* Test of Language Competence Expanded

**Other Areas**

* Informal assessment of voice and fluency
* Supplemental assessment measures may be used as appropriate

**Fluency Diagnostic Protocol: Child**

1. **Case history** (Background questionnaire and/or interview)
   * Family information - Medical history
   * Description of the problem - Speech and language development
   * Pregnancy and birth history - History of services received
   * General development - Impact of the problem on child/family
     + - Referral Source - Impact of the problem on academic performance

1. **Informal language/fluency assessment** – obtain via language sample with clinician/parent (assess severity and type of disfluencies)
2. **Formal language assessment**

Ages 2-6 (PLS-4, CELF-P)

Ages 6-13 (TOLD:P, TOLD-I:3, CELF-4, CASL, OWLS)

1. **Formal articulation assessment**
2. **Formal Fluency Assessment**

May use Stuttering *Severity Instrument* (SSI-4) or *Stuttering Prediction*

*Instrument* (SPI)

Attitudinal measures when appropriate (Kiddy Cat)

1. **Oral mechanism exam**

* May use the following measures, as appropriate:
  + OSMSE
  + Informal assessment, as appropriate

1. **Hearing Screening**
2. **Other:**

Home speaking sample (if possible)

**Fluency Diagnostic Protocol: Adolescents & Adults**

1. **Case history** (Background questionnaire and/or interview for adolescents)
   * Family information - Medical history

-. Description of the problem - Speech and language development

* + Pregnancy and birth history - History of services received
  + General development - Impact of the problem on child/family
    - Referral Source - Impact of the problem on academic performance

For adults, you would include:

1. Vocational history
2. Therapy history (if any)
3. **Language Sample/reading sample**

* 5-10 minute conversational sample
* Reading passages from SSI-4

1. **Formal Language Assessment**: Adolescents: CASL, TOAL, CREVT
2. **Attitudinal Measures**

* *Overall Assessment of Speaker’s Experience of Stuttering* (OASES)
* Erickson Scale
* Perceptions of Stuttering inventory
* Locus of Control
* Self-Efficacy Scale

1. **Formal Assessment of Stuttering**

*Stuttering Severity Instrument – 4th Edition* (SSI-4)

1. **Hearing Screening**
2. **Oral Mechanism Exam (if necessary)**

**Protocol for Phonological Evaluation Procedure**

**All phonological evaluations must be audio recorded for post-session analysis All phonological assessments should include the following procedures:**

1. **Case history** (Background questionnaire and/or interview)
   * Identifying & family information - Medical history
   * Description of the problem - Speech and language development
   * Pregnancy and birth history - Educational history
   * General development
2. **Standardized articulation or phonology test(s)**

Speech sound inventory (SSI) :

* *Goldman-Fristoe Test of Articulation- 2nd Edition* (GFTA-3)
* *Diagonostic Evaluation of Articulation and Phonology ( DEAP)*

When the SSI reveals multiple errors or errors which suggest an underlying pattern, use a pattern analysis (such as a phonological process analysis)

1. **Independent analyses** (Especially when phonology appears limited) Phonetic inventory (manner x place x voice )

Syllable and word shapes

1. **Connected speech and language sample.** (Enough to elicit 80-100 different words; usually at least 250 words total)
2. **Non-standardized phonological probe** (Additional words are elicited to further define or clarify patterns that might be suggested in other testing.)
3. **Stimulability testing**
4. **Standardized language test** (*PLS-4, CELF-4, TOLD*, etc.)
5. **Oral mechanism exam**
6. **Hearing Screening**
7. **Other as needed**

Vowels

Speech perception (Suggest Locke’s SPPT) Phonological awareness (e.g., TOPAS)

**Protocol for the Assessment of Accent/Dialect**

**Assumptions**

1. This protocol refers to persons learning English as a second language (L2),

as well as English speakers with regional dialects.

1. The procedures described here are to be used when the problem is clearly understood to be one of dialect and accent. It is not intended that these procedures should be used in assessments for the purpose of distinguishing language/phonological differences and disorders.

**Rationale**

Accent and dialect differences present two primary problems for effective communication. The first is the overall intelligibility of the spoken message. The spoken English of some dialectal/accented speakers is so far from Standard English that the message cannot be easily decoded by the listener. However, many heavily accented speakers are highly intelligible but their speech sound production, supra-segmental aspects, syntax, and vocabulary may be so different from Standard English that is calls attention to itself and interferes with communication. In the latter situation the speech pattern may suggest geographic influences which, for various reasons, the speaker finds undesirable.

**Assessment Procedures**

Assessment of dialect and accent must take into account both intelligibility and

accent. Although a standard reading passage such as the rainbow passage has some value in assessing specific differences in speech patterns, an assessment must also include spontaneous speech samples for which the listener is unaware of the intended content.

**Every Dialect/Accent Assessment should include the following:**

1. Administer the *Proficiency in Oral English Communication (POEC)*
2. Elicit a sample of reading from a standard reading passage. Based on this sample:
   1. Determine phonemic errors- substitution or omission of phonemes
   2. Determine phonetic differences in the production of phonemes
   3. Determine intonation differences- within word and within sentence
3. Elicit a spontaneous speech sample

* Write out, word for word, what is heard to determine a degree of

intelligibility

* Judge the sample for comprehensibility (easy to understand difficult to understand)
  + Rate the degree of accent
  + Note syntactic difference from Standard English
  + Note semantic differences from Standard English

**Protocol for Aphasia Evaluation**

**All assessments should include the following procedures:**

1. **Case history** (Background questionnaire and/or interview)

The Adult AUSHC case history will be completed including the following:

* Personal information - Occupational history & needs
* Description of the problem - Previous services received
* Social history - Expectations from evaluation/tx
* Medical history including current medications

1. **Standardized Language Test** (at least one complete test of the following)

*Western Aphasia Battery* (WAB)

*Boston Diagnostic Aphasia Examination* (BDAE)

*BDAE Naming Test*

1. **Language sample** (Comment on the following) Effectiveness

Efficiency

Modalities used to communicate

1. **Oral mechanism exam** (including screening for Apraxia of Speech)
2. **Hearing Screening** (if appropriate)
3. **Analysis of assessment data**
4. **Diagnosis and Prognosis**
5. **Recommendations**
6. **Goals and treatment plan**

**Protocol for Central Auditory Processing Evaluation**

**All assessments should include the following procedures:**

1. **Case history** (Background questionnaire and/or interview)
   * Family information - Medical history
   * Description of the problem - Speech and language development
   * Pregnancy and birth history - History of services received
   * General development - Impact of the problem on child/family
   * Referral Source - Impact of the problem on academic performance

(Ability to remain on task and follow directions, any accommodations)

* + Sensitivity to specific sounds - Any audiological testing obtained
  + Psychological testing

1. **Standardized Language Test**

May use the following measures, as appropriate for children 7 years and older:

* CELF -5
* TOAL-4
* TOLD-I -4
* CASL

\*Additional comprehensive assessments, as appropriate.

\*If the client scores one standard deviation below the mean or greater, a language sample should be obtained and analyzed including the following: MLR per T-Unit, Error Analysis, Subordination Index (Ratio of Clauses to T-Units).

1. **Auditory Processing Test (recommend both of the following)**

*Test of Auditory Processing* (TAPS-3)

*TTFC-2*

1. **Problem Solving**

*Test of Problem Solving* (TOPS-3)

1. **Oral Mechanism Exam**

May use the following measures, as appropriate:

*OSMSE*

Informal assessment, as appropriate

1. **Hearing Screening**
2. **Other Areas**

Articulation screener or formal evaluation, as appropriate

Informal assessment of voice and fluency

Supplemental assessment measures may be used as appropriate

**Protocol for Pediatric Dysphagia Evaluation**

All patients/clients with pediatric dysphagia disorders should be examined by a physician, preferably in a discipline appropriate to the presenting complaint. Usually this will be a pediatric gastroenterologist or pediatrician.

A modified barium swallow study and a medical release may be required for some cases. Pending physician recommendations, some portions of the assessment protocol may need to be omitted for client safety.

Assessment information obtained from Suzanne Morris, *Oral-Motor Development Assessment,* normed for children aged birth to three years.

A pediatric dysphagia evaluation may include the following:

1. **Relevant case history information:**

Whether gathered through a written case history form, interview, or both the examiner should obtain the following information:

Birth and developmental history Medical history & current medical status Medical procedures

Medications

Oral-Motor development

When and under what circumstances was the problem first noted? How has the problem changed since onset?

Cultural and linguistic backgrounds

1. **Reported Information**
   1. Typical diet
   2. Amount and types of foods accepted
   3. Foods accepted – typical response
   4. Foods not accepted – typical response
2. **Oral Motor reflexes**
   1. Rooting response
   2. Phasic bite
   3. Suck -swallowing reflex
   4. Palmomental reflex
   5. Gag reflex
3. **Assessment of sucking/suckling skills**
   1. Bottle drinking
      1. Quality of suck (rapid, rhythmical)
      2. Suck versus suckle
      3. Level of active lip movement
      4. Amount of fluids taken by cup
   2. Cup drinking
      1. Age cup was introduced
      2. Amount of fluids taken by cup
      3. Graded jaw movement on un-lidded cup
      4. Suck-swallow breathe sequence
   3. Spoon
      1. Acceptance of spoon
      2. Lip movement on spoon
   4. Tongue Configuration (i.e., thin cupped with central grooving or thick and bunched

**Medical Clearance for Dysphagia (Swallowing) Assessment & Treatment: Child**

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A modified Barium Swallow Study was conducted on this patient: yes no

Based on medical history and recent medical examinations (including swallow studies), the patient has medical clearance to receive the following foods orally:

Thin liquids: yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thickened liquids: yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Puree consistency: yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mechanical soft: yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Solids: yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Solids may include:

Junior chopped fruits and vegetables: yes\_\_\_\_\_\_\_\_ no:\_\_\_\_\_\_\_\_\_

Noodles/rice: yes\_\_\_\_\_\_\_\_ no:\_\_\_\_\_\_\_\_\_

Meat (ground chicken, ground beef): yes\_\_\_\_\_\_\_ no:\_\_\_\_\_\_\_\_\_

Crackers/cookies: yes\_\_\_\_\_\_\_\_ no:\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Physician’s Signature Date

Return to:

Department of Communication Disorders

1199 Haley Center

Auburn University, AL 36849 Fax: (334-844-9684) Phone: (334 – 844-9688)

**Protocol for Dysphagia Evaluation**

All assessments should include the following procedures:

I Case history (Background questionnaire / interview) Swallowing Questionnaire (See Appendix A)

II Clinical Swallow Assessment (See Appendix C): Clinical assessment will depend on information from history and oral-motor assessment

Food consistency protocol:

* ¼ teaspoon of thin or thickened liquids progress as patient can safely tolerate
* Larger amounts and various consistencies Attempt compensatory strategies as needed
* Changes in patient (posture), Feeding activity (dry swallows, straw-no straw), Food – Liquid (consistency, amount)

III Speech-Language Screening: Ability to understand and follow instructions

IV Oral mechanism exam (See Appendix B)

V Hearing screening if appropriate

VI Analysis of assessment data

VII Impressions – Dysphagia diagnosis

Impressions – Type of problem, severity, positives, challenges, prognosis

VIII Recommendations

* Treatment/No treatment
* Referrals
* Patient, feeding activity, food
* Further assessment (FEES, MBS) or referral to other discipline (Neurologist, ENT, etc)

IX Goals and treatment plan

**Fees Protocol**

|  |
| --- |
| Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Examiner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I.  Anatomic-physiologic assessment |
| A. Velopharyngeal closure |
| Task: Ask patient to say "ee," "ss," other oral sounds; alternate oral and nasal sounds ("hamper hamper hamper") |
| If the patient reports nasal regurgitation, instruct patient to dry swallow and have patient swallow liquids. Look for nasal leakage. |
|  |
| B. Appearance of hypopharynx and larynx at rest: |
| Scan entire [HP](https://www.nature.com/gimo/contents/pt1/abbreviations/gimo28_abbreviations.html#df5). Note suspicious lesions or anatomic abnormalities requiring referral to specialist, such as laryngeal tremor, obstruction, etc. Inspect subglottal area for stenosis or edema and posterior pharyngeal wall. Note position of vocal folds at rest. |
| Also ask patient to hold breath and blow out cheeks forcefully (opens pyriform sinuses), and assess for pyriform asymmetry and speed of movement. |
|  |
| C. Secretions and swallow frequency |
| Observe amount and location of secretions or bolus residue in valleculae, in pyriform sinuses, on vocal folds, or in airway. |
| Does the patient spontaneously swallow? If no spontaneous swallowing noted, cue the patient to swallow. |
| Go to ice chip protocol if secretions in laryngeal vestibule or if no ability to swallow saliva. |
|  |
| D. Pharyngeal muscles and laryngeal elevation |
| Task: Ask patient to screech/squeal; hold a high pitched, strained "ee" |
|  |
| E. Laryngeal function |
| Observe larynx during rest breathing (respiratory rate; (adduction/abduction) |
| Task: Ask patient alternate sniff and production of "ee" with light inhalation (abduction) |
| Task: Ask patient to hold "ee" (glottic closure) |
| Task: Ask patient to repeat "hee-hee-hee" five to seven times (symmetry, precision) |
|  |
| F. Airway protection |
| Task: Cough, clear throat |
|  |
| II.  Swallowing of food and liquid: All foods/liquids dyed green or blue with food coloring if needed to visualize. |
| Consistencies to try will vary depending on patient needs and problems observed. Suggested consistencies to try: |
| https://www.nature.com/__chars/circle/special/bull/black/med/base/glyph.gif Ice chips: usually one-third to one-half teaspoon, dyed green |
| https://www.nature.com/__chars/circle/special/bull/black/med/base/glyph.gif Thin liquids: milk, juice, formula. Milk or other light-colored thin liquid is recommended for visibility. Barium liquid is excellent to detect aspiration, but retract the scope to prevent gunking during the swallow. |
| https://www.nature.com/__chars/circle/special/bull/black/med/base/glyph.gif Thick liquids: nectar or honey consistency; milkshakes |
| https://www.nature.com/__chars/circle/special/bull/black/med/base/glyph.gif Puree |
| https://www.nature.com/__chars/circle/special/bull/black/med/base/glyph.gif Semisolid food: mashed potato, banana, pasta |
| https://www.nature.com/__chars/circle/special/bull/black/med/base/glyph.gif Soft solid food (requires some chewing): bread, soft cookie, casserole, meat loaf, cooked vegetables |
| https://www.nature.com/__chars/circle/special/bull/black/med/base/glyph.gif Hard, chewy, crunchy food: meat, raw fruit, green salad |
| https://www.nature.com/__chars/circle/special/bull/black/med/base/glyph.gif Mixed consistencies: soup with food bits, cereal with milk, apple |
|  |
| Amounts/bolus sizes |
| If measured bolus sizes are given, a rule of thumb that applies to many patients is to increase the bolus size with each presentation until penetration or aspiration is seen. When that occurs, repeat the same bolus size to determine if this pattern is consistent. If penetration/aspiration occurs again, do not continue with that bolus amount. The following progression of bolus volumes are suggested: |
| <5 cc if pt is medically fragile and/or pulmonary clearance is poor |
| 5 cc (1 teaspoon) |
| 10 cc |
| 15 cc (1 tablespoon) |
| 20 cc (heaping tablespoon, delivered) |
| Single swallow from cup or straw: monitored |
| Single swallow from cup or straw: self-presented |
| Free consecutive swallows: self-presented |
| Feed self food at own rate |
|  |
|  |
| The FEESR ice chip protocol |
| Part I: Emphasize anatomy, secretions, laryngeal competence, sensation |
| Note spontaneous swallows, cued swallow |
| Part II: Deliver ice chips |
| Note effect on swallowing, effect on secretions, presence of cough if aspirated. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Dysphagia Questionnaire**

* + Depression □ Thyroid disease □ Bleeding Problems
  + Endocrine Disorder □ GI Disorders (hernia, ulcers, colitis, etc.) □ Sinus Disease
  + Peripheral neuropathy □ Deep Brain Stimulation implants □ Pacemaker
  + Internal cardiac defibrillator

Other:

Current Medications including over-the-counter:

Do you have allergies to foods? drugs? environmental?

Dentition/Teeth: □ Natural □ Dentures □ Edentulous/No teeth

□ Partial/Bridges □ Missing teeth

Current weight: lbs. □ Recent Weight Loss: lbs.

**Hydration:**

How much of the following do you drink per day? 1 cup/glass = 8 ounces How many ounces of water do you drink per day?

How many ounces of the following caffeinated beverages do you consume per day?

Coffee Tea Soda Energy drinks Chocolate

How often do you drink alcoholic beverages (daily, weekly, monthly, rarely, never, etc.)? Amount in ounces: Beer Wine Liquor

How many ounces of the following beverages do you drink per day?

Milk Juice Sports drinks Other (please specify)

Are you currently taking antihistamines? If yes, list type and dosage.

Are you currently using tobacco products? If yes, list type How much (packs/cans/etc.) per day? For how long?

Have you used tobacco products in the past? If yes, list type \_ How much (packs/cans/etc.) per day? For how long? Date of cessation

Are you exposed to secondhand smoke? Explain:

Do you use products containing menthol? If yes, please explain

Do you take Vitamin C supplements? If yes, please list amount (mg) per day

Do you use recreational drugs? If yes, please list type/amount/frequency

**Dysphagia Questionnaire**

**Social History:**

Marital Status: □ Married □ Single □ Widowed □ Divorced

Education Level: Occupation:

Living Arrangements:

* + - House □ Apartment
    - Independent Living Facility □ Assisted Living Facility
    - Skilled Nursing Facility

Assistance needed: □ Caregiver □ No caregiver

**Goals regarding swallowing**:

Would you like this report sent to someone other than the referring physician? Please provide name and contact information.

Do you have a follow-up appointment scheduled with your referring physician? If so, please list date and time.

**Protocol for Motor Speech Evaluation**

**All assessments should include the following procedures:**

1. **Case history** (Background questionnaire and/or interview)

a Personal information d. Occupational history & needs b Description of the problem e. Previous services received

c Medical history f. Social history

1. **Speech Assessment Tests**

**A**.Motor Speech Protocol, including screening for Apraxia of Speech (Appendix A)

**B** Intelligibility Test (e.g., the Assessment of Intelligibility of Dysarthric Speech)

1. **Language screening**
2. **Oral structure/function exam (**Appendix B)
3. **Hearing screening (if appropriate)**
4. **Analysis of assessment data**

**A** Form for Perceptual Rating of MSDs (Appendix C)

1. **Impressions and Speech-Language Diagnosis**
2. **Recommendations**
3. **Goals and treatment plan**

**Appendix A Motor Speech Protocol**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTOMATIC:

1. Tell me your: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Count to 20: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
2. Count as fast as you can on 1 breath (2x): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Count from 15-30 as fast as you can: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. NAME THE DAYS OF THE WEEK:
   1. Monday Tuesday Wednesday Thursday Friday Saturday Sunday

SPONTANEOUS:

1. Why are you in the hospital? Or “Tell me about something you did in the last week.”

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

1. What do you or have you done for a living? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Tell me about your speech. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

READING (omit as needed for aphasia or dyslexia):

Read “My Grandfather”

SINGING:

|  |
| --- |
| **IX**. “Now I’d like you to sing a song. Really try to make sure I can hear each word. Could you please sing ‘Happy Birthday?’ ” |
| 1. How well is the tune carried? \_\_\_   *0 = no pitch differentiation; 1 = melodic, but doesn’t resemble the song; 2 = melody resembles the song, but with major or frequent pitch errors; 3 = minor, few, or no pitch errors* |
| 2. How adequate is articulation? *(briefly comment on intelligibility, variability, and general severity of articulation difficulty)* |

IMITATION:

1. Monosyllables (Scheull, 1965)

pie \_\_ two\_\_\_\_ see \_\_\_\_ key \_\_\_\_ crow \_\_\_\_spry \_\_\_\_\_\_ boy \_\_\_\_\_\_day \_\_\_\_\_\_

free \_\_\_\_ street \_\_\_\_ four \_\_\_\_ lie \_\_\_\_ they \_\_\_\_ chew \_\_\_ play \_\_\_ school \_\_\_\_\_\_

vote \_\_\_ row \_\_\_ you \_\_\_ clay \_\_\_ pray \_\_\_ screw \_\_\_\_\_\_ three \_\_\_\_\_\_ try \_\_\_\_\_\_

Words of increasing length (Duffy, 2013)

|  |
| --- |
| 1. Cat |
| Catnip |
| Catapult |
| Catastrophe |
| 2. Thick |
| Thicken |
| Thickening |

Triple Repetitions:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. animal |  |  |  |
| 2. snowman |  |  |  |
| 3. artillery |  |  |  |
| 4. stethoscope |  |  |  |
| 5. rhinoceros |  |  |  |
| 6. volcano |  |  |  |
| 7. harmonica |  |  |  |
| 8. specific |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 9. statistics |  |  |  |
| 10. aluminum |  |  |  |

1. Phrases (Scheull, 1965)

man and woman \_\_\_\_\_\_\_\_\_\_\_\_\_ easy does it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

paper and pencil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ thirty three \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

baseball and bat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ father and mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

knife and fork \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a year yesterday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

two times two \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bake a cake \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

door and window \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ guess again \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

light the lamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sing a song \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

drive a car \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a kitchen chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

sell the house \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ orange juice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sentence repetition:

|  |  |
| --- | --- |
| 1. We saw several wild animals. |  |
| 2. My physician wrote out a prescription. |  |
| 3. The municipal judge sentenced the criminal. |  |

RAPID ALTERNATING MOVEMENTS:

Say: ma ma ma ma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

la la la la \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ka ka ka ka \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ta ta ta ta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pa pa pa pa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pa ta ka, pa ta ka, pa ta ka…

IMPRESSIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Appendix B. Oral structure/function exam**

1. Observe face at rest.
   1. Upper face symmetric?

Yes

No

* 1. Angles of mouth symmetric?

Yes

No

* 1. Flattening of nasolabial fold?

Yes

No

* 1. Upper lip stiffness?

Yes

No

* 1. Involuntary movements of lips, eyelids, jaw, or chin?

Yes (can they be inhibited?: Y / N)

Describe the movements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No involuntary movements

1. Observe face during speech.
   1. Upper face symmetric during speech?

Yes

No

* 1. Angles of mouth symmetric during speech?

Yes

No

* 1. Flattening of nasolabial fold during speech?

Yes

No

* 1. Upper lip stiffness during speech?

Yes

No

* 1. Involuntary movements of lips, eyelids, jaw, or chin during speech?

Yes (can they be inhibited?: Y / N)

Describe the movements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No involuntary movements

1. Observe face during smiling
   1. Expression?

Typical

Masked (expressionless)

Fixed atypical expression

* 1. Blinking?

Typical

Atypical (less or more than normal)

* 1. With resistance?

Strong/typical

Weak

None

* 1. Any spontaneous smiling?

Yes

No

1. Observe face during lip rounding
   1. Lip rounding symmetrical?

Yes

No

* 1. With resistance?

Strong/typical

Weak

Unable to round with resistance

1. Observe puffing the cheeks
   1. Adequate?

Yes

No

* 1. Resistance to soft pushing?

Strong/typical

Weak

Unable to puff cheeks with resistance

1. Observe jaw at rest.
   1. Hangs open?

Tightly clenched closed

Slightly to none (typical)

Wide open at rest

* 1. Any spontaneous movements?

Note:\_\_\_\_\_\_\_\_\_

* 1. Occlusion?

Typical

Malocclusion

Class 1 (slight overbite)

Class 2 (severe overbite)

Class 3 (severe underbite)

1. Observe jaw when mouth open as widely as possible.
   1. Deviation to one side?

Yes

No

* 1. Closing of jaw okay?

Yes

No

* 1. Teeth

Fully edentulous

Some missing

Dentures

Typical

Other observations:\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Observe jaw closing against resistance (finger on chin or tongue blade on lower teeth)

Strong/typical

Weak

Unable to close jaw with resistance

* 1. Palpate masseter?

Typical activity/bulging felt?

Slight activity/bulging felt?

No activity?

1. Observe jaw opening against resistance

Strong/typical

Weak

Unable to open jaw with resistance

1. Observe tongue at rest
   1. Size

Typical

Large

Small

* 1. Symmetry?

Yes

No

* 1. Fasciculations?

Yes

No

* 1. Saliva control

Yes

No

1. Observe tongue protrusion.

Able

Unable

* 1. If able, symmetrical?

Yes

No

1. Observe tongue protrusion with resistance.

Strong/typical

Weak

Unable to protrude tongue with resistance

1. Observe tongue put into cheeks
   1. Left

Visible

Not visible

* 1. Right

Visible

Not visible

1. Observe tongue into cheeks with resistance to pressure
   1. Left

Strong/typical

Weak

Unable with resistance

* 1. Right

Strong/typical

Weak

Unable with resistance

1. Observe tongue wags as fast as possible (tongue protrusion, move from side to side) Demonstrate first.

Typical

Slow

Unable

1. Observe velum, depressing tongue, shining flashlight
   1. Low palate (touching the tongue)?

Yes

No

* 1. Symmetrical palatal arches?

Yes

No

* 1. Sudden or regular movements at rest?

Yes

No

1. Observe velum while they say “ah”.
   1. Symmetrical?

Yes

No

* 1. Nasal airflow on mirror? Or same quality of “ah” even with nares occluded?

Yes

No

* 1. Can protrude tongue while puffing out cheeks (demonstrate first)?

Yes

No

1. Observe voluntary cough.
   1. Attempted

Yes

No

* 1. Sharpness

Crisp and sharp

Wet and mushy

N/A

1. Observe glottal coup (grunt).
   1. Attempted

Yes

No

* 1. Quality

Fast and crisp

Effortful, slow, prolonged

N/A

1. Observe quiet breathing.
   1. Posture?
      1. Consistent?

Yes

No

* + 1. Slouched back?

Yes

No

* + 1. Hunched over

Yes

No

* + 1. Torso to the side

L

R

None

* + 1. Head and neck position
       1. Relatively straight
       2. To the side

L

R

Inconsistent

* + 1. If sub-optimal posture, able to correct?
       1. On command
       2. With physical help
  1. Breath rate.

Typical

Fast

Slow

* 1. Shoulder or chest movements?

None

Noticeable elevation with inhalation

Symmetrical or asymmetrical?

* 1. Flaring of nares?

None

Noticeable

* 1. Neck or head movements?

None

Noticeable

* 1. Hiccups?

Yes

No

1. Observe a maximum inspiration.
   1. Shoulder or chest movements?

None

Noticeable elevation with inhalation

Symmetrical or asymmetrical?

* 1. Flaring of nares?

None

Noticeable

* 1. Neck or head movements?

None

Noticeable

1. Subjective observations of respiration
   1. Complains of shortness of breath at rest? Y or N
   2. Complains of shortness of breath during physical exertion? Y or N
   3. Complains of shortness of breath during speech? Y or N
2. Observe subglottal pressure for speech (with water glass manometer)
   1. 5 cm for at least 5 seconds?

Yes

No

1. Gag reflex (Check with tongue depressor on faucial pillars)

Yes

No

1. Sucking reflex (lateral movement with tongue depresson on upper lip from corner to midline)

Yes

No

1. Nonverbal oral apraxia (NVOA)
   1. Clear throat on command

Independently

Only with demonstration

Unable

* 1. Lick lips

Independently

Only with demonstration

Unable

* 1. Blow

Independently

Only with demonstration

Unable

1. Vowel prolongation (“take a deep breath and say ah for as long and as steadily as you can, until you run out of air.”)—demonstrate first
   1. Voice quality

Harsh?

Hoarse (wet)?

Breathy—continuous?

Breathy—transient?

Strained-strangled?

Voice stoppages?

Flutter?

* 1. Length: \_\_\_\_ seconds

Reference:

Duffy, J. R. (2013). Motor Speech Disorders: substrates, differential diagnosis, and management. Mosby : St. Louis, MO.

**Protocol for Resonance Disorders**

**Qualifying statement**

Resonance problems, especially hypernasality, often indicate velopharyngeal inadequacy. The best methods for verifying the presence and extent of VPI are endoscopy and radiography. Therefore all clients presenting with consistent unstimulable hypernasality and nasal emission should be referred for nasendoscopy and/or radiographic studies. In the case of children, this referral may best be made to a cleft palate or craniofacial clinic.

Resonance disorders frequently overlap with articulation disorders. For example hypernasality may also be accompanied by nasal emission and/or the presence of compensatory articulation errors. Therefore all resonance evaluations should also include an articulation assessment.

1. **Oral mechanism exam**

Pay particular attention to:

-Craniofacial anomalies that might suggest a syndrome

-Ability to develop intraoral pressure with nares occluded and un-occluded

-The presence of any fistulae in the nasolabial area or the palate

-Scarring or abnormalities of the hard palate

-Signs of a sub-mucous cleft

-Mobility of velum

1. **Speech sound production**

Standard articulation test such as the Goldman-Fristoe Test of Articulation or Photo Articulation Test (PAT)

Connected speech sample

Specialized reading passages and sentences to assess hyper, hypo nasality and nasal emission

Following the evaluation of speech sound production the examiner must determine whether errors are:

1. Related to structural problems: nasal emission; fogging mirror or insufficient See-Scape pressure; weak pressure consonants; or sibilant distortion (due to possible cross bite)
2. Represent compensatory errors
3. Represent velopharyngeal mislearning
4. Are developmental in nature
5. **Resonance**

Perceptual ratings based on short phrases and connected speech. Speech samples

should include words with and without nasal consonants.

* May use a rating scale such as Buffalo resonance
* Objective assessment of nasalance using the Nasometer

1. **Phonation**

* Listen for hoarseness
* Soft voice

1. **Hearing**

Due to the high incidence of middle ear problems in the cleft population at the minimum a threshold test be conducted by audiology.

1. **Language**

For children with craniofacial anomalies, a language screening is required

**Letter to parent of child client for evaluation**

*Leave room here for letterhead stationery*

August 28, 2016

Jane Smith

2345 Avery Lane

Opelika, AL 36804

Dear Mrs. Smith:

Enclosed, please find a copy of the diagnostic report for John’s speech and language evaluation on August 24, 2014.

Thank you for choosing the Auburn University Speech and Hearing Clinic. We look forward to serving you in the future, should the need arise. If you have any questions regarding this report, please do not hesitate to contact me.

Sincerely,

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

Elissa Zylla-Jones M.S CCC/SLP Clinical Professor

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emma Swinson, B.S.

Graduate Clinician

**Letter to adult client for diagnostic evaluation**

*Leave room here for letterhead stationary*

August 2, 2016

Mary Johnson Address

Dear Ms. Johnson:

Thank you for choosing the Auburn University Speech and Hearing Clinic. Enclosed is a copy of the report from your evaluation on May 31, 2016. We enjoyed meeting you and look forward to working with you OR we look forward to speaking with you in the future, should the need arise.

If you have any questions regarding this report, please do not hesitate to contact us.

Sincerely,

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

Elissa Zylla-Jones, M.S. CCC/SLP

Clinical Professor

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

Jennifer Johnson B.S.

Graduate Clinician

Objective and Procedure Template

Clinician Date:

Supervisor: Disorder:

LTG: Complete behavioral goal ( SMART Goals)

Specific, Measurable, Actionable/Attainable, Relevant (functional), Time bound

STGs: The steps taken to meet the LTG ( SMART Goals)

List all STGs

Procedure: Material use: read stimuli: develop sentences; name pictures

Cues: verbal; tactile; gestural

Praise and Reinforcement: verbal praise; board games; color activity

Objective and Procedure Template

Clinician: Jenny Jones Date: 8/13/16

Supervisor: WIllis Disorder: Articulation

**LTG 1**: The client will reduce the occurrence of initial consonant deletion by imitatively producing initial consonants in phrases with 90% accuracy within the semester to improve intelligibility in connected speech.

**STG A**: The client will imitatively produce initial consonants in words with no cues with 90% accuracy for 3 consecutive sessions.

**Procedure:** The clinician will present picture cards and prompt the client to respond. After 10 correct productions, the client will receive a token

**Material use:** a variety of picture cards with target phonemes

**Cues:** 1. Verbal – remember your ending sound

2. visual – the word will be segmented with client touching the squares as a reminder to use all the sounds

3. Full model - repeat after clinician

**Praise and Reinforcement:** verbal praise; tokens to play board games

**STG B:** The client will spontaneously produce initial consonants in words with no cues with 90% accuracy for 3 consecutive sessions

**STG C**: The client will imitatively produce initial consonants in phrases with no cues with 90% accuracy for 3 consecutive sessions.

**Auburn University Speech & Hearing Clinic**

**Progress Note**

|  |  |
| --- | --- |
| Subjective | 1. On time or late. Length of session. 2. Subjective information describing the client’s physical and/or emotional state, including affect, mood, level of motivation, and attention.   Observed or Reported   1. May include medical, academic, social updates, etc. |
| Objective | 1. LTG: SMART Goal (Specific, Measurable, Actionable, Attainable, Relevant (functional), Time bound 2. STG: 3. Data |
| Assessment | Assessment of data and factors that may have affected performance.  Analyze the outcome in terms of:   1. Performance - **compare with previous sessions**   A. Increase, decrease or consistent.  B. Increased or decreased use of cues from previous sessions   1. What worked? What did not 2. Stimuli used 3. Cues |
| Plan | Plan for next session:   1. When is next visit? 2. Discuss modifications needed (e.g. in terms of cues, stimuli, advance or decrease to next level, etc.) 3. If goals remain the same indicate why (e.g., Target STG 1 until goal mastered ) 4. Include suggestions for home program/ follow through suggestions   5. List specific Reinforcement |

**Semester Progress Report**

**Background Information**

Medical History: Any medical diagnosis and when given, developmental issues (prematurity, low birth weight, developmental delay, etc.), or report if unremarkable

Medications: List all medications with dosage and purpose

Educational Status:

Grade Completed: If adult client, complete this part

School: Name of school

Grade:

Academic Accommodations: List any special education services the child is receiving as well as therapies (ST, OT, PT)

Additional Services: List any additional therapies the child is receiving outside of this clinic (ST, OT, PT, tutoring, ABA, psychological services)

Vocation: If adult client, complete this part if applicable

**Number of Sessions Attended**: Number of sessions attended out of number of total sessions

**Frequency/Duration of sessions:** time and length of sessions

**Current Evaluation Results**

**Semester Progress**

**LTG 1:** write out goal

**Baseline:** just include data for criteria of initial STG

**Current performance:** just include data for criteria for current STG

**Summary of Performance:** The summary should include progress, materials, cues used, evidence of self-corrections, cues if the same goal is recommended in the future

**NOMS**: (only write once for each main area)

**Behavior Modification Plan/Reinforcement:** include direction for how behavior was managed (visual schedule, trip trap chair, position of table and chairs, reward system)

**Treatment Format:** child directed, clinician directed, drill/play

**STG Recommendations for future therapy**

**Letter to adult client**

*Leave room here for letterhead stationary*

August 2, 2016

Mary Johnson Address

Dear Ms. Johnson:

Enclosed is a copy of your treatment report from this past semester. We have enjoyed working with you at the Auburn University Speech & Hearing Clinic and look forward to working with you again next semester. If you have any questions regarding this report, please do not hesitate to contact us.

Sincerely,

Your Supervisor’s Name and credentials

Your name, B.S., B.A. etc… Undergraduate/Graduate Clinician

**Letter to parent of child client**

*Leave room here for letterhead stationery*

August 20, 2016

John and Nancy Smith Address

Dear Mr. & Mrs. Smith:

Enclosed is a copy of the treatment report for Robert this past semester. We have enjoyed working with Robert at the Auburn University Speech & Hearing Clinic and look forward to working with him again next semester. If you have any questions regarding this report, please do not hesitate to contact us.

Sincerely,

Your Supervisor’s Name and credentials

Your name, B.S., B.A. etc… Undergraduate/Graduate Clinician

**Letter to referral source**

*Leave room here for letterhead stationary*

August 2, 2016

David Jones, M.D. Address

Dear Dr. Jones:

Thank you for your referral of Jane Doe to the Auburn University Speech & Hearing Clinic. Enclosed is a copy of his/her treatment report from this past semester. If you have any questions regarding this report, please do not hesitate to contact us.

Sincerely,

Your Supervisor’s Name and credentials

Your name, B.S., B.A. etc… Undergraduate/Graduate Clinician

Date:

**Discharge letter**

*Leave room here for letterhead stationary*

Date

Dear Mr. or Ms.:

Enclosed is a copy the treatment report for *client’s name* from this past semester. We have enjoyed working with *client’s name* at the Auburn University Speech & Hearing clinic and hope that he/she continues to do well in the future. If you have any questions regarding this report, please do not hesitate to contact us.

Sincerely,

Your Supervisor’s Name and credentials

Your name, B.S., B.A. etc… Undergraduate/Graduate Clinician

Visualizing/Verbalizing Outline (supplement to the manual)

You will need to thoroughly read the manual to understand specific steps of each level. This outline is designed to provide supplemental guidance to the manual based on Lindamood-Bell training. This program is designed for age 5 children and up.

Important things to keep in mind when it comes to the philosophy of Visualizing and Verbalizing:

* Processing language is a cognitive act which requires interplay between verbal (language) and nonverbal systems (imagery connected with language).
* *Dual coding theory*: Allen Paivio; Ex: no imagery for French-no thinking/processing
* have to do something with words
* memory induced by mental images; imagery supports memory
* reading fluency is supported by visual and language systems
* amount of sensory processing available-primary factor in learning to read

3 sensory/cognitive functions

1. *Phonemic awareness*-ability to auditorily perceive the identification, number, and sequence of sounds within words
2. *Symbol imagery*-auditorily perceive and visually image sounds and letters within words
3. *Concept imagery*-create an imaged gestalt (whole) from oral or written language;

Ex: make movie in your head based on what you are reading

To read successfully there are four interconnected components that require consideration. Each component relies on the acquisition specific skills.

1. Auditory: Phonemic awareness; word attack (sounding it out); symbol imagery

-all of the above are required for decoding

*Characteristics of weak phonological awareness*

-Weak word attack, word recognition, sight words, spelling, reading fluently, monitoring and self-correcting reading and spelling errors, slow and laborious decoding

2. Visual: Symbol imagery (sensory ability to create mental rep for sounds and words);

Word recognition (see it and know it/sight words)

-no decoding is involved

3. Language: oral vocabulary developed from exposure

-contextual reading-predicting words through context

A fluent reader can have all of the above intact but not comprehend the material due to poor concept imagery. Imagery is sensory info that prevents language from going in one ear and out the other.

4. Concept imagery: ability to image what is being read or heard

*Characteristics of weak concept imagery*: propensity to grasp “parts” not the “whole”

-weak written language comp, oral language comp, critical, logical, abstract thinking/problem solving, following directions, expressive language orally, expressive language in writing, humor, interpreting social situations, cause/effect, attn./focus, mental mapping (keep track of where you are), responding to a communicating world

-Concept imagery is when you can picture the story (background, setting)-not just picturing a single word (dog) at a time

\*Paivio suggested that linguistic competence and performance are based on a substrate of imagery:

“Imagery includes not only static representations but also dynamic representations of action sequences and relationships between objects and events.”

“Individuals differ in the extent, manner, and efficiency of employment of each of the systems according to their verbal and nonverbal habits and skills.”

-See Chapter 2 in the manual for relationship between cognition and imagery.

“If I can’t picture it, I can’t understand it.” Albert Einstein

-Dyslexia: discrepancy between decoding and auditory comprehension. Auditory comprehension is intact.

-Symbol imagery: sensory ability to create mental representation for sounds and words

-static form of imagery

-symbols, numerals, facts, details

-Imaged Gestalt: Higher order thinking-main idea, conclusion, inference, evaluation, prediction and extension (Chapter 11)

-can’t do critical thinking (main idea) if you are only getting parts

Concept imagery is a form of dynamic imagery.

2 sided coin of imagery: parts/wholes

-Concept: dynamic type of imagery for processing wholes

-Symbol: static type of imagery for processing parts; (names, numbers)

* Weak Concept Imagery: characteristics in chapter 4
* Many students are diagnosed with ADD/ADHD and the attention problem may be a symptom of poor language processing as a result of weak concept imagery.

Language to drive the “sensory bus”: (see chapter 5)

* Use language to directly stimulate the sensory input of imagery-the nonverbal code. Your language is vital to help them picture.
* The questions you are asking should be based on the premise of the Socratic method which is a questioning approach to stimulate thinking and learning.
* Language of “What are you picturing…” directly stimulates imagery. The language of “What are you thinking…” does not.
* Say “What do you picture will happen if…” rather than “What do you think will happen if…”
* Say “What do you picture for the word…” rather than “What is the meaning of the word…”
* Goal: sensory input---monitor---self-correct---independence

Error handling:

1. Note the student’s response.
2. Find a spot in the response to positively engage them.
3. Question to help the student analyze their response.
4. Question to help the student compare their response to the stimulus.

Imagery for Oral Vocabulary

-necessary for comprehension, but it is not sufficient—many VV students have adequate vocabulary, yet language goes in one ear and out the other

-weakness in imagery is a contributing factor in weak oral vocabulary

-Visualize first, then teach vocabulary

-VV instruction develops the underlying and necessary imagery to garner oral vocabulary

Speed of Imagery in processing language

-students need to quickly and accurately assess the meanings of words

-speed of processing is more important for oral language than written language

-V instruction develops vivid and fast concept imagery

* Encourage gesturing
* Structure words: created to develop conceptual pegs of color and movement, and other details; help them verbalize

Overview of steps:

-move through 1-4 as quickly as possible

-step 5=gestalt

-steps 6 and 7-heart of the program that will be done repeatedly

-steps 8-10 are application

*Step 1: The Climate*

* Keep it really short and simple!
* Should only be done during the initial session or when the client questions the purpose of the process
* Draw and talk at the same time.
* Brief explanation of what you are doing and why.
* Express that you are going to help make taking tests, etc. easier. (whatever their concern is)
* May need more specific climate for each step if necessary

**Structure words**:

* Structure words numbered by their relative ease and importance for imaging details and the gestalt. They may be on the table at any time.
* Explain structure words: “They will help make sure we are picturing everything we need to.”
* The process is not about memorizing the structure words but using them naturally.
* For kids that cannot read, you may use visual representations of the structure words on the cards instead. If you can only introduce steps 1-4, that is okay. Gradually introduce additional structure words.

*Step 2: Picture to Picture*

* “Your words make me picture \_\_\_\_\_\_\_\_\_\_\_\_\_.”
* You need to be familiar with the pictures to be prepared to ask questions.
* Use choice and contrast questions.
* You can pair gestures with choice and contrast questions.
* Don’t trust their words! Make them describe things.
* Ensure they have addressed about 85-90% accuracy with the structure words before you bring the structure cards out for the student to review.
* Should only take about 30 seconds for you to describe what their words made you picture.
* Purposefully leave something out or describe an incorrect detail to see if they are paying attention.
* For lack of detail or incorrect description: “I was picturing \_\_\_\_\_\_\_” or “I didn’t picture.”
* 80% of session is the student describing a picture and the teacher using choice/contrast questions.
* The student needs to “own” the cards. They should be in front of the student.
* At the beginning, you may be doing a lot of the talking. Should be around 10 minutes of picture description.
* Student can look at picture while they review the structure words. They turn the cards over when they have addressed it.
* Can prompt with “what else do you see?”
* You do not want them to making inferences or doing critical thinking-just describing what is in the picture.
* Don’t make assumptions about their image-make them verbalize the details.
* When discussing perspective, turn yourself around in your chair and gesture right/left.
* After about 8 years old, only use several pictures to give the student the idea of the gestalt and then move to the next step.
* You cannot take notes-you must visualize also
* It is ok to discuss how some cards may not be pertinent (such as mood for animal or sound)

\*only do Imagery Practice after picture description, Word to picture to imagery (use picture to help generate image for young kids, Personal imaging, and Object imaging if you have a severe student (1/2 steps)

*Step 3: Word Imaging-Known Noun*

* Make sure word is not too simple
* Animals, clown, Santa, Christmas tree, airplane, cowboy, fireman
* Do not spend a lot of time on this step
* “Your words made me picture”-summarize in about 30 seconds (fluid)
* If they need direction, you can tell them to start from their head
* Can give a point or a magic stone for each structure word
* Noun needs to be “anchored” --- not floating (background needs be to verbalized)
* Back off with your questions when you notice their detail really takes off
* Don’t focus too much on lesser details
* Make sure the student is “looking at a movie” –they are not in the movie

*Step 4: Single Sentence Imaging (optional; may just do once)*

* Take known noun and make a sentence
* ~5 minutes

Lesson Plan #1

-Set Climate

1. Picture to Picture~10 minutes
2. Word imaging~10 minutes
3. Single Sentence ~5 minutes
4. Sentence by Sentence

*Step 5: Sentence by Sentence Imaging*

* All previous stimulation was in preparation for this step—to develop an imaged gestalt, which is need for HOT (higher order thinking).
* Imaged parts are the sentences that form an imaged whole of a paragraph
* Need to be familiar with the paragraph
* Each colored square is equal to a sentence
* Only ask questions relevant to the whole
* Squares overlapped and moving toward the student
* Only do structure words on first sentence
* Go through squares quickly
* Encourage them to say “Here, I saw\_\_\_\_\_\_\_” while they touch each square
* Start on level that will not be challenging (2nd grade level reading-choose 1st grade material)
* Can re-read the sentence multiple times but need to focus the student’s attention on specific detail each time.
* First sentence will take significantly longer than others.
* Give verbal cue if the student forgets what matches the square.
* Goal: gestalt imaging not HOT (yet)
* Word summary: only state what paragraph said, not all of what they visualized. Make sure it is not the main idea. Need to tell everything that happened.
* Read important elements in chapter 10
* Move from subject to verb to object when questioning/guide them to describe in this order
* Do not ask “why” questions

Lesson Plan #2

1. Word Imaging-Known Noun (10 minutes)

-teacher says word, student describes

-teacher questions with choice/contrast

-student checks structure words

-teacher summarizes (Your words made me picture)

1. Single Sentence (5 minutes)

-Use previous noun

-teacher makes up sentence, student describes

-student checks structure words

-teacher summarizes (Your words made me picture)

1. Sentence by Sentence (15 minutes)

-teacher reads first sentence, student describes, student checks structure words

-teacher reads next sentence, student describes (repeat)

-student does picture summary (Here I saw\_\_\_\_\_\_\_)

-student does word summary (This was about\_\_\_\_\_\_\_\_)

*Step 6: Sentence by Sentence with HOT*

* Pull away from using structure cards when student is using them naturally
* Once gestalt is complete, now can ask to interpret
* Do not pull a paragraph from a larger passage (not a gestalt)
* Read Important elements to note in chapter 11
* Word summary-not too little/too much, did they get the gestalt from the story? Not main idea but facts from the story

*Example HOT questions*:

* Main idea: think about your pictures-what is consistent?

-What do you see that is the same and important in all the pictures?

* What do you picture the ­­­\_\_\_\_\_ doing next?
* From all your images, what was the main idea?
* From your pictures, why do you think\_\_\_\_\_\_?
* From what you pictured, what do you think will happen next?
* From all your imagery, can we conclude\_\_\_\_\_\_?
* From all your images, if….then, what can we predict about ….?

-Ask 2-3 questions for each story

-Can model some answers to save time-main thing you pictured

*Step 7: Multiple Sentence Imaging with HOT*

* Have increased grade levels throughout the S by S level. You do not have to go back to an easier level when you increase the language.
* Stay at the same level and add more sentences to be imaged at one time.
* Once you have started to ask HOT, you do not stop.
* Always use the imaged gestalt to help the student think and comprehend.
* Not important that they recall every single detail

*Step 8: Whole Paragraph with HOT*

* Start to focus on expressive language
* Take away text before word summary
* Unfamiliar words: what did you picture for \_\_\_\_\_\_\_\_?
* Testing imagery at this stage-not developing
* ~5 minutes after the student has read the paragraph
* if re-reading, need to focus attention on certain aspect

1. Whole Paragraph

-student does word summary

-teacher checks images

-HOTS

1. Paragraph by paragraph

-student reads/listens to first paragraph

-student does word summary

-teacher checks pictures

-student reads/listens to 2nd paragraph

-word summary

-teacher checks pictures

-picture summary using colored cards

-page summary without cards

-HOTS

After they are doing well with last step, bring in school books that are not high in imagery.

Vocabulary Development:

\*\*goal: to help your student develop the ability to image the meaning of a word, to store that imaged meaning, and to access and retrieve the meaning more rapidly

-check images for key words in stories or from a vocab list

-student creates picture for unknown word

-look for signs of imagery as you wait for her to visualize and then ask a few questions to be sure she was imaging

-may show a picture from a picture dictionary or Google images, if needed.

-use sensory language: What do you picture for a skyscraper?

-put word in a high imagery sentence for student to image

-student uses word to create sentences that demonstrate meaning and imagery

SxS Imaging and Writing:

-use picture-cue on 3x5 card and place it next to the felt, numbering each card

-may reference structure cards

-after WS, place picture-cues in order and use to write a summary

-student edits and compares what she wrote to her images

Final Thoughts:

Alternate between you reading and student reading-focus on what they need most.

Generate positive, passionate energy in each session!!

Overlap steps.

Give small rewards immediately and constantly, for positive responses or behaviors. Use magic stones at your discretion (need auditory feedback) and let them put them in a cup during the session. If undesired behaviors persist, you may remove a stone without any verbal feedback. You may choose to use the stones in the form of conditioned generalized reinforcement and they may trade these in for a prize or privilege after meeting criteria.

Relevant Questioning—Read this entire chapter!!

* Think about the goal of your questioning.
* Monitor to be certain you stay on task.
* Over-questioning: Takes the imagery away from the gestalt.
* Don’t ask them to think but picture!
* Don’t say remember or memorize

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Spontaneous | Choice/Contrast | Self-correct (with structure cards) | Choice/Contrast  (with structure cards) |
| What |  |  |  |  |
| Size |  |  |  |  |
| Color |  |  |  |  |
| Number |  |  |  |  |
| Shape |  |  |  |  |
| Where |  |  |  |  |
| Movement |  |  |  |  |
| Mood |  |  |  |  |
| Background |  |  |  |  |
| Perspective |  |  |  |  |
| When |  |  |  |  |
| Sound |  |  |  |  |

Only provide cues for structure words appropriate for each image. It is okay if they miss 1-2 structure words during the spontaneous portion. This will hopefully facilitate self-correction when they check the cards. Make a note in the “A” part of the SOAP as to whether structure cards on displayed on the table or not. Also, include subjective note as to signs the student is visualizing. Be sure to move from the what to the verb to the object in terms of your questioning.

\*Appropriate for Picture to Picture, Word, Single Sentence or Sentence by Sentence imaging (first summary).

\*For sentence by sentence:

1st sentence: student should address most if not all 12 words

Additional sentences: student should address all relevant words to image the gestalt.

\*Use colored pens/pencils or different symbols to correspond to the sentence they address the word.

Picture summary: for each colored square note if the student recalls the most vital information spontaneously or with a verbal cue. For the word summary, note details recalled without colored squares. The picture summary is more detailed and elaborate in imagery, whereas the word summary is closer to the written text. O=teacher reads, R=student reads

S=single sentence; M=2 sentences P=paragraph

Picture summary Word Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S M P | Spontaneous | Verbal Cue | Spontaneous | Verbal Cue |
| 1 O R |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

LTG: The client will develop their higher order thinking skills from an imaged gestalt.

STO: The client will state the main idea from a 4-5 sentence paragraph read by the clinician with 100% accuracy.

This may be altered to reflect the student reading or a change in text length.

STO: The client will answer 4 higher order thinking skills questions from a 4-5 sentence paragraph read aloud by the client with 100% accuracy.

If the client does not spontaneously answer, a choice cue may be provided for higher order thinking questions. Ex: What did you see for \_\_\_\_\_\_\_\_\_\_\_\_\_\_?

LTG: The client will visualize and verbalize language from a variety of stimuli to increase auditory and reading comprehension.

Picture to Picture goal:

STO: The client will visualize and verbalize using structure cards as guide to form an image from a picture with 90% accuracy for three consecutive pictures.

(90% accuracy includes self-correction and spontaneous)

Word Imaging

STO: The client will visualize and verbalize using structure cards as guide to form an image from a known noun with 90% accuracy for three consecutive trials.

(90% accuracy includes self-correction and spontaneous)

Single Sentence (optional, bridge step):

STO: The client will visualize and verbalize using structure cards as guide to form an image from a sentence with 90% accuracy for two consecutive trials.

(90% accuracy includes self-correction and spontaneous)

Sentence by Sentence

STO: The client will visualize and verbalize using structure cards as guide to form an image from a paragraph, sentence by sentence with 90% accuracy.

(90% accuracy includes self-correction and spontaneous)

Multiple Sentence Imaging

STO: The client will visualize and verbalize using structure cards as a guide to form an image from a paragraph, in 2-3 sentence chunks with 90% accuracy.

(90% accuracy includes self-correction and spontaneous)

Whole Paragraph

STO: The client will visualize and verbalize the gestalt of a paragraph from auditory or written stimulus and provide a word summary with 90% accuracy.

(90% accuracy includes self-correction and spontaneous)

Paragraph by Paragraph

STO: The client will visualize and verbalize the gestalt of a paragraph from auditory or written stimulus and provide a picture and page summary with 90% accuracy.

(90% accuracy includes self-correction and spontaneous)

Writing

The client will write notes at the word/phrase/sentence level corresponding to the colored squares with 100% accuracy.

Note-taking

The client will write the main idea and supporting images during several pages of lecture material read by the clinician with 90% accuracy.

Seeing Stars outline (supplement to the manual)

*Important things to keep in mind when it comes to the philosophy of Seeing Stars*:

* Processing language is a cognitive act which requires an interplay between verbal (language) and nonverbal systems (imagery connected with language)
* **Dual coding theory**: (Allen Paivio); Ex: no imagery for French-no thinking/processing
* have to do something with words
* memory induced by mental images; imagery supports memory
* reading fluency is supported by visual and language systems
* amount of sensory processing available is a primary factor in learning to read

**3 sensory/cognitive functions**

1. Phonemic awareness (PA)- ability to auditorily perceive the identification, number, and sequence of sounds

within words

1. Symbol imagery (SI)-auditorily perceive and visually image sounds and letters within  words
2. Concept imagery (CI)-create an imaged gestalt (whole) from oral or written language;

Ex: make movie in your head based on what you have read

\*\*PA and SI are for the mechanics of reading, CI is for comprehension.

To read successfully there are four interconnected components that require consideration. Each component relies on the acquisition specific skills.

1. Auditory:

-Phonemic awareness; word attack (sounding it out); symbol imagery

-all of the above are required for decoding

*Characteristics of weak phonological awareness* -Weak word attack, word recognition, sight words, spelling, reading fluently, monitoring and self-correcting reading and spelling errors, slow and laborious decoding

1. Visual:

-Symbol imagery (sensory ability to create mental representation for sounds and words);

-Word recognition (see it and know it/sight words)-no decoding is involved

1. Language:

-oral vocabulary developed from exposure

-contextual reading-predicting words through context

A fluent reader can have all of the above intact but not comprehend the material due to poor concept imagery. Imagery is sensory info that prevents language from going in one ear and out the other.

1. Concept imagery:

-ability to image what is being read or heard

*Characteristics of weak concept imagery*: propensity to grasp “parts” not the “whole” -weak written language comp, oral language comp, critical, logical, abstract thinking/ problem solving, following directions, expressive language orally, expressive language in writing, humor, interpreting social situations, cause/effect, attn./focus, mental mapping (keep track of where you are), responding to a communicating world

SS uses the Socratic Method to encourage SI. You will use questions to help the student discover and correct their own errors. Mistakes are moments to learn! A basis of SS is symbol imagery and your language is vital. Therefore, you will use terms such as **see, picture, image, visualize, or imagine** NOT hear.

Example questions you might use are as follows:

* What are you picturing?
* What is the last letter that you see?
* What letters do you picture for the word? (not spell)
* What does the vowel say?
* Did you picture all the letters?
* Can you see it?

**Air-writing** is also used to establish SI.

Guidelines are as follows:

* should be done above the horizon and to the right or left (not looking at you)
* student must vocalize while writing
* writing should not take up more space than an average size of white paper
* all lowercase letters
* may ask the student to write in a certain color

**Symbol Imagery Exercises**

* *Decoding*-student reads syllable from imaged pattern (part of expectation of each trial)  The following may be used to enhance SI. You will not use each one with each trial.
* *Identify*-identify specific letter from imaged pattern (what letter or sound do you see  last?)
* *Manipulate*-read syllable from imagery after letters are manipulated (what do you see  if you change t to d?)
* *Backwards*-ask student to say imaged letters backwards but don’t write them  backwards

\*\*Only use backwards sparingly when some degree of mastery has been achieved

**Step 1: The Climate**

--Briefly explain to the student what and why

1. I’m going to teach you to see letters in your imagination.

2. It will help you read and spell words better.

3. Here’s how you can picture that.

4. Diagram a head with imagery for letters. (Use their first name as an example or a single phoneme)

\*should take less than 5 minutes and should only be done during the initial session or when the client questions the purpose of the process

**Step 2: Letter Imagery** (using letter cards)

* This is done until sound/symbol (visual and auditory) is mastered. After initial session, only target weak areas (vowels not consonants).
* You may use phoneme categories as referenced on chart.
* ~5 minutes with minimum of 10 trials of auditory and 10 visual stimuli
* skills are considered “mastered” after 3 consecutive sessions with 100% accuracy
* has auditory (no visual stimulus; you provide sound or letter) and visual (with card) components
* for auditory, alternate between providing the sound and the symbol as the stimulus -present each card for 1 second
* student responds with letter name, letter sound and air-writes after you remove the card
* student must air-write while saying corresponding letter name

**Error Handling**:

\*\*Always praise for some aspect of the response prior to asking your follow-up question

-If student responds incorrectly for the letter name, you state the correct name

* Target is m, student says n-you say “If that said n, what sound would that be?”
* Target is oo, student says o –“If that said /ah/, what sound do you picture for /oo/?”

**Step 3: Syllable Imagery** (syllable books)

* has visual component only
* ~5 minutes with minimum of 15 trials of visual stimuli
* present card for one second per phoneme
* student responds with letter names, letter sounds and air-writes after you remove the card
* student must air-write while saying corresponding letter names
* may be using more than one book at a time (remember to introduce/review rules or skip words for rules you have not addressed)
* If creating your own words, make sure they include the phonemes within the levels that have been addressed. You can use letter tiles or i-Pad app-use symbol imagery exercises

**Error handling**:

1. Cover the syllable/word to help the student access SI. Student reads the word “spoif” as “spoil.” Teacher covers the word.

2. Errors are handled in a positive, specific manner: “Great job with the vowel sound.”

3. Question to help him analyze his response. “If it said spoil (error word), what letter do you see last?”

4. Uncover the word and help him compare response to stimulus. Teacher shows the card again and says “Let’s see if that matched.”

**Step 4: Syllable Board with Chaining**

* Begin with yellow side-single syllable stimuli
* Must be used in conjunction with syllable chains
* See manual for chain examples
* Chaining is an intermediate half-step to facilitate air-writing after auditory stimulus
* Use SI exercises  Example: ip; change ip to it; change it to at; change at to lat; change lat to la

1. Substitution

2. Omission (Can’t omit vowel)

3. Addition

4. Repeat (ba to bab)

5. Switch (pi to ip; have to be next to each other)

\*\*Goal: --Have student “hold and compare”---“change \_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_” (ALWAYS say both words).

Creating chains:

* What level? (CV/VC)
* What sounds do they know? (short vowels)
* Alter according to the client’s need
* Changing sound at the beginning is harder; final sound is easiest-focus on internal sounds
* CV: Ot---og---ag---gag---gig---ig CVC: pit---pite—pile---ile—ide—id—mid—did
* write vertically in your notes to make it easier to take notes on performance

**Step 5/6: Air-writing with or without a chain**

1. Teacher says syllable (encoding) or letters (decoding/reading)
2. Student writes letters or decodes or decodes then writes
3. Stimulation moves from simple to complex syllables
4. Begin with whole and move to parts (words to letters) with teacher saying word and  student imaging letters
5. Miscalling-find mistake of teacher  Ex: student spells “mit” teacher says if I said “mat” what was my mistake?

\*In summary, air-writing involves having the student read and spell from an auditory stimulus.

* Spell: whole apart-you say dog and they say d-o-g
* Read: parts to whole-you say d-o-g and they say dog
* they must repeat the letters back to you
* at this point, you are not using visual stimuli or visual cue (syllable board)

Lesson Plan for early session (5 minutes for #2-5)

1. Set climate
2. Letter imagery-always do it at the beginning of therapy-sound/symbol check
3. \*Syllable cards (CV/VC); Box 1, 1  -Review or introduce rules (10 min if so)
4. \*Syllable board (CV, VC)  -teacher says word-student writes
5. Air-writing (CV/VC)  -student will spell some words (you give word and then say letters) -student reads words (you say p-l-i-p) and then say “plip”

* General Guidelines for Structuring Sessions:

-80% of time with steps 2-5;

-Imaging and decoding (2-5 sounds) CV-CCVCC

-wait a little for sight words

-steps 6-11 is application

Decoding

1. Decode word lists
2. Student may touch, underline with pencil, and say vowel sound first, then decode the  word.
3. Give the student a plus for touching, saying, and decoding. Have them verbalize what  they are doing.
4. Miscall a few words to explicitly develop monitoring/self-correction.
5. Do symbol imagery exercises (no backwards) with some words, especially missed  words or words with orthographic patterns that have been difficult for the student to remember.

---Have them air-write the error words, last letter, first letter, spell

\*can use decoding workbooks as guide but do not make copies or write in original book

**Error handling with Decoding**

1. Cover the word to help the student access symbol imagery. Student reads the word, “slap,” as “stap.” Teacher covers the word.
2. Errors are handled in a positive, specific manner. Teacher says “Great job with the vowel sound.”
3. Question to help him analyze his response. Teacher says, “If it said ‘stap,’ what is the second letter you see?” They say “t” and you say that’s right, now let’s compare that to the word I showed you.”
4. Uncover word and help him compare response to stimulus. Teacher uncovers the word and says “Let’s see if that matched.”

**Step 7: Imaging Sight words**

* Categorized by frequency on Star Words chart
* ~5 minutes
* 1 second presentation followed by student only saying the word
* do not let them decode
* divide into 4 categories

o Slow: mistakes

o Medium: correct with slight hesitation

o Fast: know without hesitation

o Graduate: fast on 5 consecutive sessions

* Use sentence for context for words in slow and medium piles
* Air-writing is not required but use with difficult words
* Review all slow and medium words with rapid drill with several repetitions
* As words graduate, introduce new words

**Error handling: - there are no cues for this step; you say “That says \_\_\_\_\_\_\_\_ ”**

**Step 8: Imaging Spelling**

* way of assessment
* use words from sight word lists
* ~5 minutes
* application of imagery
* can say out loud, air-write, then on paper
* for trouble words, use visual spelling chart (blue)

*How to use the spelling chart*:

o Analyze (first column)-you write word, for ex. “answer”

o Visualize (2nd column)-student re-writes with visual cue; darken/bold letter

o Fold so you can’t see word, then air-write-say the word as it looks

o What’s the tricky part of the word? Discuss together.

1. You say word as it looks-show word

2. Student says word

3. Student air-writes

4. Student writes on paper

\*May use school spelling lists if appropriate

**Lesson Plan #2**

1. Syllable Cards (5 minutes)

-CCV/VCC (Box 3)

2. Syllable Board (5 minutes)—half step

-CCV/VCC, chain, spell only

3. Air-writing (5 minutes)

-CCV/VCC -spell 5 words -read 5 words -can be chaining or not

4. Decoding practice (5 minutes)

\*Repeat above steps

-modify according to syllable/word structure

-take syllable board out

-increase number of words for #3

-air-writing more important than syllable board

**Lesson Plan #3**

1. Syllable cards

2. Air-writing (above and to side)

3. Decoding

4. Sight words

5. Contextual reading

--15 min for 1 and 2; 10 min for 3 and 4

**Step 9: Imaging, Reading, Spelling for 2 syllables**

* first, need to establish that the student understands/can distinguish the number of syllables in a word
* ask the student to feel the beat or chunk in the word -use fist to feel the beats—many need HOH
* find the vowel sound in “cat” versus “funny” -decoding workbook #5
* draw \_\_\_le flower with 10 petals (zle, kle, tle, sle, ple, gle, fle, dle, cle, ble)
* use sectioned syllable board
* can change chunk for chaining (oply to option or iply)
* have the student identify where the syllables are by where it breaks, open/closed, then what the vowel says

1. Introduction

-counting syllables

-vowel sounds/one per syllable

-teach suffixes

1. Syllable cards (box 5)
2. Syllable board
3. Air-writing

-spell

-read

When do you move into 2 syllables? Processing at CVC-asap

Syllable cards

CVCC/CCVC (box 4) 2 syllable words (box 5)

Syllable board-with chain

CVCC/CCVC 2 syllable words

Air-write (spell and read)

CVCC/CCVC (random) 2 syllable words

Decoding

Workbook #4, single syllable Workbook #5, multi-syllable

Sight words

categorize

\*Never go for longer than 10 minutes per task

\*can move vertically or horizontally

\*learn prefixes and suffixes like sight words-not sounding them out

\*can combine prefix and suffix cards to make additional words

**Symbol Imagery and Reading in Context**

-If sight words are not well established; if the student is needing to phonetically pronounce many words, if self- correction requires checking articulatory feedback for sensory input---- then the student may revert to guessing-causing interference in fluency, accuracy, and comprehension. (p. 216)

Comprehension Questions:

* Did that imagery/what you read make sense?
* Visual: I’ll read it just like you did, see if you can catch any words that don’t match. (minor error, is for if)
* Auditory/Visual: When you say \_\_\_\_\_\_, what do you picture for \_\_\_\_\_\_\_\_\_\_? (coral)
* Language: Is that a word you’ve heard? (vocabulary)
  + Does that imagery make sense compared to what you have read? (comprehension/syntax/semantic)
* Don’t focus on single word/sound
* Let them finish their sentence
* Are they reading fluently?
* Don’t re-read paragraphs

*Final thoughts*:

* Generate positive, passionate energy in each session!!
* Give small rewards immediately and constantly, for positive responses or behaviors. Use magic stones at your discretion (need auditory feedback) and let them put them in a cup during the session. If undesired behaviors persist, remove a stone without any verbal feedback. You may choose to use the stones in the form of conditioned generalized reinforcement and they may trade these in for a prize or privilege after meeting criteria

Seeing Stars Sequence of Treatment

**Simple syllable CV: Rules Simple Syllable VC: Rules**

Short vowels\_\_\_\_\_\_\_\_ Short vowels\_\_\_\_\_\_\_\_

oo \_\_\_\_\_\_\_ Final e \_\_\_\_\_\_\_

ee \_\_\_\_\_\_\_ Two vowels \_\_\_\_\_\_

Open syllable \_\_\_\_\_\_\_ Diphthongs \_\_\_\_\_\_\_

Two vowels \_\_\_\_\_\_\_\_ Vowel + r \_\_\_\_\_\_\_\_

ay \_\_\_\_\_\_\_ C-rule \_\_\_\_\_\_\_\_

Diphthongs \_\_\_\_\_\_\_ G-rule \_\_\_\_\_\_\_\_

y (as “ie” sound) \_\_\_\_\_\_ tch \_\_\_\_\_\_\_

C-rule \_\_\_\_\_\_ dge \_\_\_\_\_\_\_

G-rule \_\_\_\_\_\_ ck \_\_\_\_\_\_\_\_

**Simple Syllable CVC: Rules Complex Syllable CCV: Rules**

Short vowels \_\_\_\_\_\_ Short vowels \_\_\_\_\_\_

Final e \_\_\_\_\_\_\_ Two vowels \_\_\_\_\_\_\_

Two vowels \_\_\_\_\_\_ Vowel + r \_\_\_\_\_\_\_

Diphthongs \_\_\_\_\_\_ Diphthongs \_\_\_\_\_\_

Vowel + r \_\_\_\_\_\_ y (ie sound) \_\_\_\_\_\_

ck \_\_\_\_\_\_\_ **Complex Syllable VCC: Rules**

ke \_\_\_\_\_\_\_ Common final blends \_\_\_\_\_\_

C-rule \_\_\_\_\_\_\_ Plurals \_\_\_\_\_\_\_

G-rule \_\_\_\_\_\_\_ Past tense \_\_\_\_\_\_\_

ight \_\_\_\_\_\_ ce \_\_\_\_\_\_\_

tch \_\_\_\_\_\_\_ se \_\_\_\_\_\_\_

dge \_\_\_\_\_\_\_

**Complex Syllables CCVC: Rules Two Syllables**

Short vowels \_\_\_\_\_\_ ly \_\_\_\_\_\_, le \_\_\_\_\_\_

Final e \_\_\_\_\_\_\_ open/closed rule \_\_\_\_\_

Two vowels \_\_\_\_\_\_ tion \_\_\_\_\_\_\_, ture \_\_\_\_\_

ck \_\_\_\_\_\_\_ ment \_\_\_\_\_\_\_, ous \_\_\_\_\_

Diphthongs \_\_\_\_\_\_\_ ic \_\_\_\_\_\_\_, al \_\_\_\_\_\_\_

Vowel + r \_\_\_\_\_\_\_ pre \_\_\_\_\_\_, pro \_\_\_\_\_\_

per \_\_\_\_\_\_, por \_\_\_\_\_\_

**Complex Syllables CVCC: Rules** re \_\_\_\_\_\_\_, tiv \_\_\_\_\_\_\_

Common final blends \_\_\_\_\_\_\_ sive \_\_\_\_\_\_, sion \_\_\_\_\_\_

Plurals \_\_\_\_\_\_ ent \_\_\_\_\_\_\_, cious \_\_\_\_\_\_

ce \_\_\_\_\_\_\_ ence \_\_\_\_\_\_, ance \_\_\_\_\_\_

ck/ke \_\_\_\_\_\_ cial \_\_\_\_\_\_, tial \_\_\_\_\_\_

C-rule \_\_\_\_\_\_ an \_\_\_\_\_\_, on \_\_\_\_\_\_\_

G-rule \_\_\_\_\_\_

Past tense \_\_\_\_\_\_

se \_\_\_\_\_\_

**Complex Syllables CCVCC: Rules**

Common initial/final blends \_\_\_\_\_\_

Plurals \_\_\_\_\_\_

Past tense \_\_\_\_\_\_

**Prefixes:**  **Suffixes:**

pre \_\_\_\_\_ ly \_\_\_\_\_

pro \_\_\_\_\_ ple \_\_\_\_

in \_\_\_\_\_ tle \_\_\_\_\_

ex \_\_\_\_\_ ble \_\_\_\_\_

re \_\_\_\_\_ dle \_\_\_\_\_

de \_\_\_\_\_ kle \_\_\_\_\_

un \_\_\_\_\_ cle \_\_\_\_\_

dis \_\_\_\_\_ gle \_\_\_\_\_

con \_\_\_\_\_ fle \_\_\_\_\_

mis \_\_\_\_\_ sle \_\_\_\_\_

per \_\_\_\_\_ zle \_\_\_\_\_

non \_\_\_\_\_ ing \_\_\_\_\_

sub \_\_\_\_\_ ful \_\_\_\_\_

trans \_\_\_\_\_ tion \_\_\_\_\_

tele \_\_\_\_\_ ment \_\_\_\_\_

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**Suffixes (continued)**

sive \_\_\_\_\_

ous \_\_\_\_\_

cious \_\_\_\_\_

sion \_\_\_\_\_

cial \_\_\_\_\_

ious \_\_\_\_\_

ial \_\_\_\_\_

ary \_\_\_\_\_

tial \_\_\_\_\_

ism \_\_\_\_\_

ian \_\_\_\_\_

Visually- short vowel Visually- final /e/ Visually- 2 vowels go walking

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Symbol Imagery

Symbol Imagery

Guidelines for Seeing Stars Data Collection:

* You will be asking the clients to say, air-write, and decode.
* You should have different data charts for:

1. Imaging (verbalize the individual letters with regard to each rule (may have more than one).

2. Air-Writing (optional)

3. Decoding (also divided by each rule)

* Separate auditory and visual data.
* Record sessions in case you are not able to capture data during the session.
* Document the date each rule is introduced.

Sight words:

* Separate words into suggested categories by Seeing Stars.
* No cues are provided for this task.

Sight word goal:

The client will identify the first 25 sight words (modify accordingly) without hesitation with 100% accuracy given 5 opportunities.

* When tracking symbol imagery exercises, separate by what you have asked them to do (omit, manipulate, etc.). No cues are provided for this task.
* The client will say and air-write given phonemes/digraphs/affixes with 100% accuracy (when using the consonant, vowel, or affix cards in isolation).