

SPEECH/LANGUAGE

Name: _____ Date: _____

PRESENT LEVEL OF PERFORMANCE: Assessment Data

Oral-Facial Examination Date: _____ Lips: _____ Teeth: _____ Tongue: _____ Velum: _____	Peabody Picture Vocabulary Test (Revised) Date: _____ Form: _____ Percentile: _____%	Test for Auditory Comprehension of Language Date: _____ Language-Age-Equivalent: _____																																													
_____ Test of Articulation Date: _____ Substitutions: _____ Omissions: _____ Distortions: _____ Additions: _____	Receptive One-Word Picture Vocabulary Date: _____ Results: _____	Test of Auditory Perceptual Skills (TAPS) Date: _____ Results: _____																																													
Phonological Processing Date: _____ Test: _____ Results : _____	Expressive One-Word Picture Vocabulary Date: _____ Results: _____	Test of Language Development (Primary) Date: _____ Results: _____																																													
Voice: Date: _____ Abusive Uses: Yes No <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td>Yelling</td><td style="width: 50px;"></td><td style="width: 50px;"></td></tr> <tr><td>Singing</td><td></td><td></td></tr> <tr><td>Coughing</td><td></td><td></td></tr> <tr><td>Throat Clearing</td><td></td><td></td></tr> <tr><td>Inappro. Loudness</td><td></td><td></td></tr> <tr><td>Other:</td><td></td><td></td></tr> </table> Laryngeal Functioning: Yes No <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td>Tension</td><td style="width: 50px;"></td><td style="width: 50px;"></td></tr> <tr><td>Breathiness</td><td></td><td></td></tr> <tr><td>Aphonia</td><td></td><td></td></tr> </table> Pitch: Yes No <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td>High</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> <tr><td>Low</td><td></td><td></td></tr> </table> Velopharyngeal Functioning: Yes No <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><td>Denasal</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> <tr><td>Hypernasal</td><td></td><td></td></tr> </table> Rate: Yes No <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Slow</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> <tr><td>Rapid</td><td></td><td></td></tr> </table>	Yelling			Singing			Coughing			Throat Clearing			Inappro. Loudness			Other:			Tension			Breathiness			Aphonia			High			Low			Denasal			Hypernasal			Slow			Rapid			_____ Test of Auditory Discrimination Date: _____ Results: _____ Phonemic Awareness Date: _____ Test: _____ Results: _____ Mean Length of Utterance: _____ Other: _____ Date: _____ Results: _____	Test of Language Development (Intermediate) Date: _____ Results: _____ CASL Date: _____ Results: _____ Fluency: Date: _____ Stuttered Words/Minute _____ Reading _____ Monologue _____ Conversation _____ Characteristics: _____
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