EVALUATION REPORT TEMPLATE
SPEECH-LANGUAGE PATHOLOGY

Client's Name: (state client's full name, including middle
name) Date(s) Seen:
Date of Birth: (Day/Month/Year)
Chronological Age:
Parent(s)/Caregiver(s):
Address:
Phone Number:
Chart #:
Date of Report:

Background Information:
Statement of source of referral. Include summary of reasons for referral and description of the problem. If the referral source is not the caregiver, note any caregiver concerns or lack thereof.

History – Include only pertinent information; do not include history information in evaluation portion of report.

Medical – Include case history information related to pregnancy, birth, neonatal complications, feeding history, childhood health, medical diagnoses, illnesses, operations, prosthetic devices, examinations, medication, investigations re: assessment and treatment of otitis media (if medical information is non-contributing to problem it would be sufficient to say that "pregnancy and birth were reportedly normal").

Developmental – Gross/fine motor development not including speech and language; if normal, state this; if atypical, make a statement to this effect and cite examples to elaborate and/or clarify your statement.

Speech and Language – Statement re: acquisition/development, unusual occurrences in development of communication skills, when problem was first noticed, occasions when speech is better or worse, history of previous treatment, progress noted, reason for dismissal; how informant describes problem; how the family handles problem at home.

Educational – Include the patient's school history, day care, nursery school, elementary, years in school, present grade placement, name of school, grades repeated or accelerated, subject failures or difficulty, interactions with peers/teachers. Include only pertinent information.

Social – Who lives in the home, children, occupation of client.

Service from Other Professional – Results of non-medical professional testing, treatment; note professional title, agency, progress in treatment, length and frequency of treatment.

Evaluation:

Hearing – Include audiometric test results related to frequencies tested and loudness level. Include impedance results if appropriate. Include results of hearing screening questionnaire as appropriate.

Oral Peripheral Speech Mechanism – Report observations of oral examination including structural as well as mobility (functional adequacy) for speech purposes.

Articulation/Phonology – Include name and results of articulation test used, types of errors, stimulability, intelligibility of conversational speech. (Examples – "Completely intelligible", "Intelligible within a known context", "Completely unintelligible.")

Language: Receptive – Include name and type of test as well as results of formal tests and subjective assessment (give example of item) and interpretation; relate results to chronological age; describe and give examples of errors and types of errors if possible.

Language: Expressive – Include name and type of test, results of formal tests and informal observations. Report length of utterance, observations re: pragmatics, syntax and semantics/content; relate to normative data, comment on current mode of communication and effectiveness.

Voice – Describe vocal characteristics relating to pitch, loudness, and quality.

Resonance – presence of hypo – and/or hypernasality, degree (i.e., mild, moderate, severe).

Fluency – Include rate abnormalities; note type and frequency of dysfluency; note awareness and presence of secondary features.

Other – Note other observations of patient's behavior in the session including significant deviancy from the testing situation, inattentiveness, crying, non-compliance with tasks, etc., attempts to modify behavior and consequent response, comment regarding social interaction, play skills, reading, writing, cognition, factors which may have influenced reliability of testing results.

Impressions:

Impressions – Make a statement including age of child, type of problem (s), degree of severity, characteristics (example – John, aged five years, four months, exhibited a mild articulation delay characterized by substitution of /s/ in all positions in words). If possible, state concomitant factors related to the cause and/or maintenance of the problem.

Include statement regarding impressions of patient as treatment candidate including factors which may promote or adversely affect process. Include impression of guardian including capability and desire to participate in the treatment program, specific suggestions made to parents. Although this section of the report is subjective, your impressions should be documented through examples of your observations.

Recommendations:

Recommendations – make a statement regarding the need for intervention, frequency, home-program provided, information given to parents. Additional testing required or referral to other agencies. Goals may also be included.

Speech-Language Pathology Student

Speech-Language Pathologist/Clinical Educator

cc: (Specify who should receive a copy)

EVALUATION REPORT – SAMPLE
SPEECH-LANGUAGE PATHOLOGY

Name: JT
DOB: March 21, 1996
Parent(s)/Caregiver(s): MT
Address: New Town, NS
Phone: 555-1234

Date(s) seen: January 27, 2005
Chronological Age: 8 years, 10 months

Chart Number: 00-012345

Date of Report: February 25, 2005

Background Information

JT, aged 8 years, 10 months, was seen for assessment of articulation and resonance on January 27, 2005 in conjunction with the Cleft Palate Clinic. JT was born with a left-sided cleft lip, notching into the alveolus, and a cleft of the soft palate. His lip was repaired on May 17, 1996, followed by a palate repair on September 18, 1996. JT is the second of three children, and other than issues related to his cleft lip and palate, his development has been unremarkable.

JT was accompanied to the current assessment by his mother, who did not report any concerns about his speech. Currently, he is in Grade 3 at _____ School, where he receives speech therapy once per month. JT's mother indicated that his reading and writing are improving, and that he receives additional speech therapy and literacy support from Mariposa Learning Centre three times per week.

Evaluation

Oral Mechanism Exam

An oral mechanism examination was performed in order to assess the structure and function of the oral mechanism. Some scarring was present on the left lip. JT was missing a left maxillary tooth, and wore a retainer. Maxillary and mandibular structures were unremarkable, as was tongue structure and function. Both the hard and soft palate showed evidence of the repaired cleft. The soft palate was seen to elevate during phonation. JT was noted to be a nose breather, with both the left and right nares patent.

Language

Receptive and expressive languages were not assessed during this session. Previous assessment revealed abilities within normal limits and subjective impressions on this occasion suggested no areas of concern.

Articulation/Phonology

The Goldman-Fristoe Test of Articulation (GFTA-2) was administered to assess articulation and phonology. Results indicated a mild developmental phonological delay. Errors were noted in production of the dental fricatives [θ] and [ð] (e.g., [bæf] for 'bath' and [feder] for 'feather'), and the liquids [ɹ] and [l] (e.g., [wIn] for 'ring' and [jewo] for 'yellow'). In addition, [l] was occasionally backed. Stimulability for each of these sounds was found to be excellent in all word positions. Intelligibility of conversational speech was good.

Resonance

Informally, resonance was judged to be within normal limits. Tests of visible nasal air emission were conducted to better assess velopharyngeal closure. Nasal air escape was appropriate bilaterally.

Voice

Vocal quality and pitch were unremarkable.

Fluency

Fluency was judged to be within normal limits at the conversational level.

Hearing

Hearing was tested by the audiologist at the Cleft Palate Clinic on the date of the assessment, and was found to be within normal limits.

Impressions

JT demonstrated significant improvement in articulation abilities and now presents with a mild articulation delay. He was stimulable for all sounds in error. Perceptually, he was consistently intelligible, his voice quality and fluency were unremarkable, and his resonance was judged as normal.

Recommendations

It was recommended that JT continue with speech therapy at Mariposa, and return to the Cleft Palate Clinic for re-evaluation in one year.

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Speech-Language Pathology Student | Speech-Language Pathologist/Clinical Educator

cc: Parents
Family Physician