### Understanding Test Results: Recording Form

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
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After your child’s evaluation, IDEA requires that you be given a written copy of the evaluation results. This form will help you understand the results of speech and language tests administered to your child.

List each test on a separate recording form. Ask the SLP to answer the following questions about each test:

- **Test Used:**
- **Date of Testing:**

What does this test measure?

What is the format of the test?

How many sections and different types of questions are asked?

Can you show or tell me examples of each type of question asked?

What does my child’s score mean?

What problems do the test results highlight?

What therapy, supports, modifications follow from the results?
Name: ___________________________ Date of Birth: ___________________________

This evaluation form can be used by the SLP. The parent survey following this form can be included as part of the speech intelligibility evaluation.

I. Anatomical Factors
   A. Lips
   B. Tongue
   C. Teeth/Occlusion
   D. Hard Palate
   E. Soft Palate
   F. Upper Jaw (maxilla)
   G. Lower Jaw (mandible)
   H. Oropharynx
   I. Nasopharynx
   J. Tonsils/Adenoids
   K. Larynx
   L. Ears

II. Physiological Factors
   A. Lip Posture/Movement
   B. Tongue Posture/Movement
   C. Palatal Movement
   D. Intra-Oral Air Pressure
   E. Velopharyngeal Closure
   F. Jaw Movement/Stability
   G. Trunk Stability
   H. Vocal Vibration
   I. Breath Control/Support
   J. Other
      1. Involuntary Movements
      2. Drooling
      3. Tooth grinding (Bruxism)

III. Neurofunctional Level
   A. Neuromotor Component (Oral Motor)
   B. Childhood Verbal Apraxia (Motor Planning)
   C. Swallowing Pattern/Feeding Pattern
   D. Hearing

IV. Perceptual/Speech Symptoms
   A. Sound errors
      1. Articulation
      2. Phonological Processes
   B. Voice
      1. Volume
      2. Pitch
      3. Voice Quality
   C. Resonance (Oral/Nasal Balance)
      1. Hyponasal
      2. Hypernasal

(continued on next page)
D. Rate
E. Fluency Pattern
   1. Repetitions
   2. Blocks
   3. Other characteristics
F. Prosody (rhythm)

V. Pragmatic Language Factors
   A. Social Language Skills
   B. Conversational Skills
   C. Narrative Discourse Skills
   D. Other Language Factors

VI. Nonverbal Factors
   A. Eye contact
   B. Gestures
   C. Facial expressions
   D. Proxemics (distance)

VII. Language Message Factors
   A. Greetings
   B. Routine/Automatic Verbalizations
   C. Longer Verbalizations
   D. Complex Messages
   E. Other

VIII. External/Environmental Factors
   A. Visual
   B. Auditory
   C. Listener Variables
   D. Other
DOWN SYNDROME SPEECH INTELLIGIBILITY PARENT SURVEY

Today’s Date: ____________________________

Name: ____________________________________ Date of Birth: ____________________________

My child communicates by using (check all that apply):
- Speech ☐
- Pictures/Photos ☐
- High Tech Communication System ☐
- Sign Language ☐
- Communication Board ☐
- Other ☐ ________________

My child began to speak at about (age) ____________

On a scale of 1 to 10, where 1 is completely unintelligible and 10 is completely intelligible, how would you rate your child’s speech? ____________

Have you been told that your child has oral motor difficulties?  Yes ☐ No ☐

Have you been told that your child has apraxia or dyspraxia?  Yes ☐ No ☐

For each question, please check only ONE answer

<table>
<thead>
<tr>
<th>Question</th>
<th>always</th>
<th>frequently</th>
<th>sometimes</th>
<th>never</th>
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<tbody>
<tr>
<td>1. People who know my child well have difficulty understanding his/her speech</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. People who first meet my child have difficulty understanding his/her speech</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. My child communicates primarily by using speech</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. When someone can’t understand my child’s speech, family members interpret for him or her</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. In infancy, my child made cooing sounds (single sounds)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. In infancy, my child babbled strings of sounds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. My child had difficulty sucking and swallowing liquids in infancy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>8. My child had feeding difficulties when s/he started eating solid foods</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. My child currently has difficulties with swallowing liquids</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>10. My child currently has difficulties with feeding/eating</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>11. My child had low tone in the muscles of the face (lips, tongue, cheeks) in infancy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>12. My child currently has low tone in the muscles of the face (lips, tongue, cheeks)</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>13. My child was late (delayed) in beginning to speak</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>14. My child makes the same speech errors consistently</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>15. Sometimes, my child can say a word but at other times, my child has difficulty saying the same word</td>
<td>☐</td>
<td>☐</td>
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<td>16. My child is understandable when s/he says single words, but has greater difficulty in conversation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>17. My child uses a few sounds, but does not make many different sounds</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>18. My child can sing the words in songs more clearly than s/he can say them when speaking</td>
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| 19. My child shows very slow improvement in speech therapy |   |   |   |   |
| 20. My child seems to be struggling so hard to say words and sounds |   |   |   |   |
| 21. My child speaks rapidly |   |   |   |   |
| 22. My child has fluency (stuttering-like) difficulties when speaking |   |   |   |   |
| 23. My child has difficulty hearing |   |   |   |   |
| 24. My child has more difficulty saying longer words than shorter words |   |   |   |   |
| 25. My child has more difficulty speaking when s/he is using longer phrases or sentences |   |   |   |   |
| 26. My child has difficulty saying some consonant sounds |   |   |   |   |
| 27. My child has difficulty saying some vowel sounds |   |   |   |   |
| 28. My child often reverses sounds in words (e.g., aminal for animal) |   |   |   |   |
| 29. My child has difficulty with the rhythm of speech (speech sounds choppy, or sometimes slow and sometimes fast) |   |   |   |   |
| 30. My child prolongs vowel sounds |   |   |   |   |
| 31. My child leaves out sounds in words |   |   |   |   |
| 32. My child leaves out syllables in words |   |   |   |   |
| 33. My child’s speech sounds hypernasal (as if it’s coming through his/ her nose) |   |   |   |   |
| 34. My child talks less with people outside of the circle of friends and family |   |   |   |   |
| 35. It is hard for my child to imitate a word that I say |   |   |   |   |
| 36. My child’s speech is easier to understand when s/he is saying familiar words |   |   |   |   |
| 37. My child understands more than s/he can say |   |   |   |   |
| 38. My child may unexpectedly say a word or phrase perfectly, but then s/he can’t repeat it |   |   |   |   |
| 39. My child has difficulty with grammar |   |   |   |   |
| 40. My child is frustrated when people don’t understand what s/he is saying |   |   |   |   |

41. My child’s voice sounds: breathy [ ] hoarse [ ] other [ ]

42. My child has difficulty saying his name. Yes [ ] No [ ]

43. The sounds that are hard for my child to say are: (check all that apply)

Consonants:

- p
- b
- t
- d
- k
- g
- s
- z
- f
- v
- z
- sh (Asia)
- ch
- j (judge)
- sh
- r
- l
- y
- unvoiced th (thin, thick)
- voiced th (this, that)

Vowels:

- a (aim)
- e (meet)
- e (met)
- i (fit)
- o (open)
- u (soup)
- u (book)
I. Oral Mechanism at Rest
   A. oral/jaw posture
   B. labial (lip) posture
   C. tongue posture
   D. drooling
   E. bruxism (grinding teeth)
   F. breathing (mouth or nose)

II. Eating
   A. chewing
      1. soft foods
      2. crunchy foods
   B. clearing and evacuation of food
      1. Does food come out of the mouth?
      2. Is the child aware that food remains in the mouth, teeth, and cheeks?
   C. swallowing
      1. Does the tongue come out of the mouth when the child is swallowing?

III. Oral Motor Skills
   A. lips
      1. mobility
      2. strength
      3. puckering
      4. retraction (pulling lips back over teeth as for a smile)
   B. tongue
      1. strength
      2. accuracy
      3. protrusion
      4. elevation (lifting tongue up inside and outside the mouth)
      5. depression (pushing down inside and outside the mouth)
      6. lateralization (moving from side to side)
      7. If SLP touches a spot on the cheek, can the child move tongue to that same spot on the inside of the cheeks?
   C. muscle coordination
      1. stimulability (sound imitation)
      2. diadochokinesis (rapid repetition of syllables)

IV. Comments and Observations
E-4 CHILDHOOD APRAXIA EVALUATION

Today’s Date: 

Name: ___________________________ Date of Birth: ___________________________

Child’s Gender:  □ Male  □ Female

My child communicates by using (check all that apply):

□ Speech  □ Pictures/Photos  □ High Tech
□ Sign Language  □ Communication Board  □ Communication System
□ Other: ___________________________

My child began to speak at about age: ______

On a scale of 1 to 10, where “1” is completely unintelligible and “10” is completely intelligible, how would you rate your child’s speech? ______

Have you been told that your child has oral motor difficulties?  □ Yes  □ No

Have you been told that your child has apraxia or dyspraxia?  □ Yes  □ No

What is your child’s hearing status? (check all that apply)

□ hearing within normal limits  □ conductive hearing loss
□ sensorineural hearing loss  □ mild hearing loss
□ moderate hearing loss  □ severe hearing loss

Comments: ___________________________

(continued on next page)
11. My child currently has difficulties with feeding/eating:  Yes □  No □
    Explain: __________________________________________________________
    __________________________________________________________

12. My child had low tone in the muscles of the face (lips, tongue, checks) in infancy:  Yes □  No □

13. My child currently has low tone in the muscles of the face (lips, tongue, cheeks):  Yes □  No □

14. My child has difficulty with movements and coordination of the muscles in the facial area:  Yes □  No □

15. My child was late (delayed) in beginning to speak:  Yes □  No □

16. My child uses a limited number of speech sounds to communicate:  Yes □  No □

17. My child makes the same speech sound errors consistently:  Yes □  No □

18. It is hard for my child to imitate a word that I say:  Yes □  No □

19. My child’s speech is easier to understand when s/he is saying familiar words:  Yes □  No □

20. My child understands more than s/he can say:  Yes □  No □

21. My child may unexpectedly say a word or phrase perfectly, but then s/he can’t repeat it:  Yes □  No □

22. Sometimes, my child can say a word but at other times, my child has difficulty saying the same word:  Yes □  No □

23. My child is understandable when s/he says single words, but has greater difficulty in conversation:  Yes □  No □

24. My child uses a few sounds, but does not make many different sounds:  Yes □  No □

25. My child can sing the words in songs more clearly than s/he can say them when speaking:  Yes □  No □

26. My child seems to be struggling so hard to say words and sounds:  Yes □  No □

27. My child speaks rapidly:  Yes □  No □

28. My child has difficulty with the rhythm of speech (speech sounds choppy, or sometimes slow and sometimes fast):  Yes □  No □

29. My child has fluency (stuttering-like) difficulties when speaking:  Yes □  No □

30. My child has more difficulty saying longer words than shorter words:  Yes □  No □

31. My child has more difficulty speaking when s/he is using longer phrases or sentences:  Yes □  No □

32. My child has difficulty saying some consonant sounds:  Yes □  No □

33. My child has difficulty saying some vowel sounds:  Yes □  No □

34. My child often reverses sounds in words (e.g., aminal for animal):  Yes □  No □

35. My child has difficulty sequencing sounds:  Yes □  No □

(continued on next page)
36. My child prolongs vowel sounds:   Yes ☐  No ☐

37. My child leaves out sounds in words:   Yes ☐  No ☐

38. My child leaves out syllables in words:   Yes ☐  No ☐

39. My child shows very slow improvement in speech therapy:   Yes ☐  No ☐

40. My child talks less with people outside of the circle of friends and family:   Yes ☐  No ☐

41. My child has difficulty with grammar:   Yes ☐  No ☐

42. My child is frustrated when people don’t understand what s/he is saying:   Yes ☐  No ☐
E-5  SPEECH INTELLIGIBILITY EVALUATION SUMMARY FORM

Name: ___________________________  Date of Birth: ________________
Age of Child: _______

1. Anatomical/structural factors (from oral peripheral examination) __________________________

2. Physiological/functional factors (from oral peripheral examination) __________________________

3. Neuromotor component (describe nature of impairment) __________________________

Referral to a neurologist, ENT or other specialist needed?  Yes ☐  No ☐

4. Childhood apraxia of speech (list characteristics and symptoms from the parent questionnaire) __________________________

5. Swallowing pattern/Feeding pattern (describe) __________________________

6. Hearing test results (from ENT and audiology reports)
   Current test results: __________________________

Referral to an otolaryngologist (ENT) or audiologist needed?  Yes ☐  No ☐

7. Articulation
   number of sounds in error: ________________
   list sounds in error: __________________________

   Common features of errors:
   Place __________________________
   Manner __________________________
   Voicing __________________________

8. Phonological Processes (list processes used) __________________________

9. Voice
   Volume
   Too soft ☐  Too loud ☐  Inconsistent ☐  Inappropriate ☐
   Pitch
   Voice Quality (describe) __________________________

(continued on next page)
10. Resonance (Oral/Nasal balance)
   - Hyponasal □
   - Hypernasal □
   - Other □ ______________

11. Rate
   - Too slow □
   - Too fast □
   - Combination □
   - Uncontrolled □

12. Fluency Pattern (describe) __________________________________________________________

13. Prosody (describe) _________________________________________________________________

14. Pragmatics factors
   - topic introduction □
   - topic maintenance □
   - uses changing topic markers □
   - social language skills □
   - conversational skills □
   - narrative discourse skills □
   - other pragmatics factors □ ______________

15. Nonverbal factors
   - eye contact: appropriate □
   - looks away □
   - other □ ______________
   - gestures: appropriate □
   - inappropriate □
   - facial expressions: match message—appropriate □
   - do not match message—inappropriate □
   - proxemics: too close □
   - too far □
   - other □ ______________

16. Language message factors (describe)
   - Greetings ________________________________________________________
   - Routine/automatic verbalizations ______________________________________
   - Longer verbalizations ________________________________________________
   - Complex messages _________________________________________________

17. External/environmental factors
   - visual ________________________________________________________________
   - auditory _____________________________________________________________
   - listener variables ____________________________________________________

18. Other factors
   - Is there a need for classroom accommodations based on sensory processing difficulties? Specify:
   - Is speech intelligibility affecting social interactions? Explain:
   - Is speech intelligibility affecting behavior? Explain:

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Evaluation is the beginning of the treatment cycle. Based on the results of the evaluation, a comprehensive individualized language and speech treatment plan can be developed. Following is a guide to evaluations typically needed at each stage of speech, language, and communication development for children with Down syndrome.

**NEONATAL:**
**BIRTH—1 MONTH**

Laying the framework for communication in the neonatal period involves ensuring that the baby has a hearing screening and a feeding evaluation. The audiologist and otolaryngologist will be involved in the hearing screening and further testing as needed. A feeding evaluation may be done by a feeding team, or by a speech-language pathologist who has completed advanced training in feeding.

1. **Newborn Hearing screening (from AAP Health Care Guidelines)**
   - Auditory Brain Stem Response (ABR) or
   - Evoked Otoacoustic Emissions Testing (OAE)

2. **Feeding/Oral Motor evaluation**
   - feeding evaluation in first month if difficulty is noted
   - coordination of suck-swallow-breathing synchrony

**INFANCY:**
**1—12 MONTHS**

1. **Newborn hearing screening follow-up and assessment by 3 months (from AAP Health Care Guidelines)**
   - Audiology evaluation at 6 months and every 6 months until “ear specific testing is accomplished and normal” (AAP Health Care Guidelines).

2. **Feeding/Oral Motor evaluation**
   - feeding evaluation
   - oral facial muscle strength, muscle tone, range of motion, and coordination evaluation
   - pre-speech evaluation—evaluate respiration, phonation, and babbling at about 8-10 months

3. **Pre-language evaluation**
   - evaluate pragmatics, language, and cognitive precursors
   - determine need for Total Communication and/or augmentative communication system (evaluate at 8-12 months of age). Develop a customized system for the child and family based on the evaluation.

The following evaluations should occur once yearly. If the child is in ongoing treatment, annual evaluation can be part of treatment sessions:

1. **Oral motor and oral sensory evaluation**
   - to develop pre-speech treatment plan: consider muscle strength, range of motion, oral sensory sensitivities, tactile defensiveness

2. **Feeding evaluation**
   - food texture progression

3. **Language evaluation**
   - evaluate progress on pragmatics, language, and cognitive precursors
   - develop treatment plan to stimulate early vocabulary
   - involve family in treatment plan

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4. Communication evaluation
   - evaluate whether child has an effective communication system
   - evaluate current use of Total Communication or other AAC system as transition to speech, and change system as needed.

5. Development of IFSP to include speech, language, oral motor, and feeding therapies as appropriate

6. Hearing evaluation every 6 months until child has normal bilateral ear specific test results (normal hearing in both ears). At that point, hearing tests should be done annually (from AAP Health Care Guidelines).

The following evaluations should occur once yearly unless the child is in ongoing treatment:

**CHILDHOOD: 3–5 YEARS**

1. Oral motor evaluation
   - speech evaluation
   - oral motor skills evaluation
   - childhood apraxia of speech evaluation

2. Language evaluation
   - receptive and expressive language
   - preschool language concepts
   - consider beginning reading training

3. Communication evaluation
   - Does the child have an effective communication system to use?

**CHILDHOOD: 5–12 YEARS**

4. Hearing evaluation every 6 months until normal bilateral ear specific test results. At that point, hearing tests should be done annually (from AAP Health Care Guidelines).

5. Development of IEP to include speech, language, oral motor and apraxia treatment as appropriate, plus evaluation of need for augmentative communication, with ongoing follow-up as needed.

The following evaluations should occur once yearly unless the child is in ongoing treatment:

1. Speech evaluation
   - oral motor
   - intelligibility
   - childhood apraxia of speech
   - dysarthria (oral motor function)
   - tongue thrust

2. Language evaluation
   - school language
   - narrative language
   - conversational language
   - social interactive language
   - modality specific language abilities (e.g., auditory memory, comprehension)
   - reading
   - writing/word processing language
   - impact of communication difficulties on behavior

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3. Hearing evaluation (at least once yearly) (from AAP Health Care Guidelines)
   - evaluate impact of OME and hearing loss on language
   - consider supports and modifications in the IEP (e.g., hearing aids, preferential classroom seating)
4. Development of IEP to include speech, language, and oral motor therapies as appropriate, plus evaluate need for augmentative communication. Consider communication difficulties when conducting a functional behavior assessment and when writing a positive behavior support plan.
The comprehensive speech and language evaluation is sensitive to differences in growth and development, and communication needs at different periods during infancy, early and later childhood, and adolescence. Following is a longitudinal plan for speech and language evaluation for infants, toddlers, and children through the elementary school years.

I. Before the First Spoken Word

Hearing status and sensory integration status should be determined through reports from specialists. Feeding evaluation may be conducted separately or as part of the oral motor evaluation. These evaluations will document the child’s sensory, motor, and hearing skills, which are skills that contribute to the ability to learn language from the environment around you. Usually, children with Down syndrome entering kindergarten will be speaking, but if they are not, there is a need to investigate how the child is communicating and whether he is using a language system such as sign language. Examples of a skill in each area are in parentheses.

I. Pre-language Period

A. Pragmatics Skills for Communication (shaking head for no)
B. Pre-Language Skills (turns head to find the source of a sound he hears)
C. Use of/Need for a Transitional Communication System
   1. Total Communication (sign language)
   2. Communication Boards (picture boards)
   3. PECS (picture exchange communication system—enables child to communicate by showing a picture of what he wants to say)
   4. Electronic Communication Systems (dedicated communication devices or multi-use systems such as smartphones or tablet computers)

II. One-Word to Three-Word Period

Hearing status, sensory processing status, play skills, and attending skills should be determined through reports from specialists. Impact on communication status should be confirmed through observation.

A. Pragmatics Communication Skills (turn taking and short mini-conversations)
B. Receptive Language Skills (follows instructions to go get his coat)
C. Expressive Language Skills (can say his name, and label items—e.g., my bear)
D. Semantic Skills (vocabulary)
E. Morphosyntax Skills (grammar and word endings)
F. Mean Length of Utterance (one word, then combines 2 words, progresses to 3 words)
F. Emerging and Early Literacy Skills (likes to look at books with parent, progresses to reading)

III. Three-Word Phrases to Sentences

A. Pragmatics Communication Skills (Hi, I’m Daniel!!)
B. Receptive Language Skills (understands “who” questions and plot of story in a children’s book)
C. Expressive Language Skills (usually through speaking, can answer simple questions)
D. Semantics (increasing vocabulary)
E. Syntax (grammar and word endings)
F. Mean Length of Utterance (beginning with 3 words, progresses to sentences)
G. Conversational and Discourse Skills (can have a back-and-forth conversation with 2 or more turns)

IV. Elementary School Years

A. Receptive Language Skills
   1. Comprehension (understands simple progressing to complex directions; comprehends a story)
   2. Semantics (understands vocabulary for school subjects and for daily activities)
   3. Morphosyntax (understands possessives, plurals, verb tenses)

B. Expressive Language Skills
   1. Semantics (uses more and more vocabulary words for school subjects and in daily living)
   2. Morphosyntax (uses appropriate word endings for possessives, plurals and uses correct word order in sentences)
   3. Mean Length of Utterance (uses longer sentences)

C. Pragmatics Skills
   1. Social Interactive Skills (greets teachers and peers appropriately)
   2. Communication Activities of Daily Living (can comprehend and speak in school and in the community)
   3. Discourse Skills (can retell what happened at school or retell a story)
   4. Requests (can make requests appropriately)
   5. Clarification Strategies/Repairs (can provide more information when someone doesn’t understand him and can ask for help when he doesn’t understand)

D. Language and Literacy Skills
   1. Phonological Awareness Skills (can identify initial sounds, can rhyme)
   2. Whole Language Skills (can understand and talk about topics of interest in school learned through reading and other experiences)
   3. Reading Comprehension (understands and can answer questions about what he reads)

E. Curriculum-Based Language Skills
   1. Subject Based (understands new vocabulary in school subjects)
   2. Language of Instruction (can follow instructions such as: “Underline the correct answer.”)
   3. Other Classroom Based Language skills (includes behavior, test taking and other areas)
These guidelines summarize important issues in a child’s medical and developmental history, as well as findings in physical examinations that may affect speech and language development at different ages. They note consults that may be needed and recommendations for referrals to be shared with the family.

**NEONATAL: BIRTH—1 MONTH**

1. **History**
   - Was hearing tested using Auditory Brain Stem Response (ABR) or Evoked Otoacoustic Emissions Testing?
   - Any difficulties with feeding?

2. **Exam**
   - Weakness in lips?
   - Difficulty with coordination of suck-swallow-breathing synchrony?

3. **Consults**
   - ENT
   - audiology
   - hearing evaluation
   - feeding evaluation

4. **Recommendations**
   - Feeding therapy as needed
   - Information for family about early pre-speech vocalizations, and pre-language skills
   - Information on how to encourage sound making and language development at home
   - Refer to local parent support group

**INFANCY: 1—12 MONTHS**

1. **History**
   - Parental concerns regarding hearing, vision, tactile skills, and feeding.
   - Parental report of sound making and responses to sound and words. Does the child respond to his name, environmental sounds? Does he appear to understand relationship between a word and its referent object? Will he look at the ball when you say “ball”?

2. **Exam**
   - Informal evaluation of pre-language skills such as reciprocal gaze, referential gaze, visual exploration, auditory attending, auditory localization, tactile sensitivities, tactile exploration including mouthing, cognitive skills such as object permanence, cause and effect, and means-end.
   - Informal evaluation of pragmatics skills such as turn-taking, appropriate facial expressions, use of gestures and body language, and social interaction.
   - Informal evaluation of respiration, voice, and strength and range of motion of oral muscles, and oral structures for speech.

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3. Consults
- Hearing testing every 6 months until normal bilateral ear specific test results. At that point, hearing tests should be done annually (from AAP Health Care Guidelines).
- Speech-language pathology evaluation at 6-12 months to:
  - evaluate oral motor skills
  - evaluate pragmatics, language, and cognitive precursors for speech and language
  - design and implement Total Communication program

4. Recommendations
- Refer for early intervention program
- Provide resources and information on early speech and language developmental milestones
- Ongoing family involvement in speech-language pathology program
- Begin to facilitate Total Communication beginning at 8-12 months as appropriate

1. History
- According to parental report, is the child using speech? How many single words? Is the child using multi-word combinations? What length phrases?
- Does the child appear to have difficulty hearing? Understanding language? Following simple directions?
- If the child is not using speech, how is he communicating? Gestures? Grunts? Does he have a usable communication system? Is he frustrated?

2. Exam
- Interact with the child. Is he child socializing using gestures, facial expressions, and smiles?
- Check respiration, voice, oral-motor strength, and range of motion.
- On observation, is the child using speech? How many single words? Is the child using multi-word combinations? What length phrases? Does the child appear to have difficulty hearing? Understanding language? Following simple directions? If he is not using speech, how is he communicating? Does he have a usable communication system? Does he appear frustrated? (Children with Down syndrome may begin to use speech to communicate between ages 2 and 4 years, but there is a wide range. They will usually understand far more than they can verbalize. Child’s intent to communicate and production of a variety of sounds should be noted.)

3. Consults
(The following evaluations should occur once yearly unless the child is in ongoing treatment. If the child is in treatment, data on progress can be ongoing.)
- Hearing evaluation every 6 months until normal bilateral ear specific test results. At that point, hearing tests should be done annually (from AAP Health Care Guidelines). Follow up referral to ENT for any difficulties and audiologist for assistive listening support.
1. History

- According to parental report, what is the size of the child’s vocabulary? How is the child communicating? With speech, signs, other communication system, or a combination of systems? Is he using multi-word combinations? Ask for an example of how the child would ask for a cookie, or would ask to go out to play. Can he effectively make his needs known?
- Does the child appear to have difficulty hearing? Understanding language? Following directions? Ask for an example of an instruction that he can follow at home. Is he frustrated?
- Is he in pre-school? How does he communicate in preschool?

2. Exam

- Interact with the child. Is he socializing using gestures, facial expressions, and smiles? Is he speaking? Are respiration, voice, oral motor strength, and range of motion adequate to support speech? What does he say to you? To family member present? If he is not using speech, how is he communicating? Is the child using multi-word combinations? What length phrases?
- Does the child appear to have difficulty hearing? Understanding language? Following directions? Can he respond to yes/no or “wh-” questions? (“What is your name? How old are you?”)

3. Consults

(The following evaluations should occur once yearly unless the child is in ongoing treatment. If the child is in treatment, data on progress can be ongoing.)

- Hearing evaluation (at least once yearly)
• Oral motor evaluation
  • speech evaluation
  • muscle strength and coordination
  • difficulties in ease and clarity of speech production

• Language evaluation
  • receptive and expressive language
  • preschool language concepts
  • communication evaluation
  • referral to an augmentative communication team when present communication system is not meeting the child’s needs
  • reading training

4. Recommendations:
• Development of Individualized Education Program (IEP) to include speech, language, and oral motor therapies as appropriate
• Provide resources for information on speech and language development, preschool concept development (e.g., colors, shapes), and literacy development
• Evaluate need for augmentative communication. Services outside of school should be considered if school therapy is not provided, or is not meeting all communication needs

CHILDHOOD:
5–12 YEARS

1. History
• Discuss parental concerns regarding speech, language, and hearing. Has there been steady progress? Sudden regressions? How is the child communicating? At home? At school with teachers and peers? Are there communication needs that are not being met? How would the parent rate comprehension skills? Expressive language skills? Speech sounds and articulation? Can child’s speech be understood by family? By teachers, peers, and strangers?

2. Exam
• Talk with the child; ask about a favorite television program or video. Note whether child is able to answer questions and have more complex and longer conversations. Does he use greetings and closings? Observe whether speech is intelligible. Note if he can identify objects, retell a story, and read a story or a sign. By the end of this period, some children are using advanced language skills, and can talk about academic subject material, as well as family trips, while others are using single words or short phrases.

3. Consults
(The following evaluations should occur once yearly unless the child is in ongoing treatment. If the child is in treatment, data on progress can be ongoing.)
• Hearing evaluation (at least once yearly)
  • Evaluate impact of OME and hearing loss on language development and performance.
  • Consider supports and modifications in the IEP (e.g., hearing aids, preferential seating)
Speech evaluation: determine skills and the need for therapy in each of the following areas:
- oral motor
- intelligibility
- motor planning abilities (childhood apraxia of speech)
- oral motor abilities (dysarthria)
- tongue thrust/deviate swallow

Language evaluation
- school language
- narrative language/discourse skills (telling a story, telling about an event)
- conversational language
- social interactive language
- modality specific language abilities (e.g., auditory memory, comprehension, expressive skills)
- reading/literacy skills
- writing/word processing language
- impact of communication difficulties on behavior
- communication evaluation: determine whether there is ongoing need for assistive communication to supplement or provide an alternative to speech

4. Recommendations
- Development of IEP to include speech, language, and oral motor therapies as appropriate
- Major emphasis on speech and language skills needed for success in school and in community activities
- Evaluate need for augmentative communication
- Referral to ENT and audiologist for any difficulties with hearing and auditory processing
- Services outside of school should be considered as needed to supplement speech-language pathology services in school