

SPEECH, LANGUAGE AND HEARING EXAMINATION SPEECH PRODUCTION

2. NAME OF CHILD

3. DATE OF BIRTH			4. AGE	5. SEX	6. RACE
MO.	DAY	YEAR		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PR
				1 2	1 2 3 4
					<input type="checkbox"/> OTHER
					8

7. EXAMINED BY	8. DATE OF EXAM
	MO. DAY YEAR

9. VOICE

1. PITCH

- ADEQUATE
1
- UNUSUAL FLUCTUATIONS
2
- TOO HIGH
3
- TOO LOW
4
- MONOTONE
5
- OTHER (*Describe*)
8

2. LOUDNESS

- ADEQUATE
1
- TOO SOFT
2
- TOO LOUD
3
- UNUSUAL FLUCTUATIONS
4
- OTHER (*Describe*)
8

3. QUALITY

- ADEQUATE
1
- HYPERNASAL
2
- HYPONASAL
3
- HOARSENESS
4
- OTHER (*Describe*)
8

SUMMARY SCORE

NORMAL	SUSPECT	ABNORMAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2

1. PATIENT IDENTIFICATION

10. COMMENTS

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12. EXAMINED BY	13. DATE OF EXAM.		
	MO.	DAY	YEAR

14. ARTICULATION

CODE —

- + = CORRECT ARTICULATION
- = INCORRECT ARTICULATION
- O = OMISSION
- NR = NO RESPONSE

Test Word	Initial	Final	Consonants Vowels & Diphthongs	Test Word	Initial	Final	Consonants Vowels & Diphthongs
1. MOUTH	m	ə		18. HOUSE	h		au
2. NOSE	n		ov	19. WET	w		ε
3. PEACH	p	tʃ		20. YARN	j		
4. TOYS	t		ʝi	21. WHITE	M	t	
5. CAR	k	r		22. CHEESE	tʃ	z	
6. BIRD	b		ʒ	23. JUMP	dʒ		
7. DISH	d	ʃ		24. PIN		n	i
8. GAME	g	m		25. SING		ŋ	
9. FEET	f		i	26. BOOK		k	ʊ
10. THUMB	θ		ʌ	27. TUB		b	
11. SOCK	s		a	28. KNIFE		f	ɹ
12. SHIP	ʃ	p		29. MOVE		v	
13. VAN	v		ɛ	30. BATHE		θ	
14. THIS	θ	s		31. ROUGE		ʒ	
15. ZOO	z		u	32. BALL		l	ɔ
16. RED	r	d		33. CAGE		dʒ	eɪ
17. LEG	l	g		34. YOU			ju

15. SUMMARY EVALUATION

	Normal	Suspect	Abnormal
VOWELS AND DIPHTHONGS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
INITIAL CONSONANTS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
FINAL CONSONANTS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
SUMMARY SCORE: ALL TESTED SOUNDS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

INSTRUCTIONS FOR SCORING CATEGORIES:

- VOWELS AND DIPHTHONGS: NORMAL = 14 OR ABOVE; SUSPECT = 10-13; ABNORMAL = 9 OR LESS
- INITIAL CONSONANTS: NORMAL = 15 OR ABOVE; SUSPECT = 11-14; ABNORMAL = 10 OR LESS
- FINAL CONSONANTS: NORMAL = 11 OR ABOVE; SUSPECT = 6-10; ABNORMAL = 5 OR LESS
- ALL TESTED SOUNDS: NORMAL = ALL 3 CATEGORIES NORMAL OR, 2 NORMAL AND 1 SUSPECT CATEGORY;
SUSPECT = SUSPECT OR ABNORMAL ON ANY 1 CATEGORY AND SUSPECT ON AT LEAST 1 OF THE REMAINING CATEGORIES
ABNORMAL = ABNORMAL ON 2 OR MORE CATEGORIES

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17. EXAMINED BY	18. DATE OF EXAM		
	MO.	DAY	YEAR

19. INTELLIGIBILITY OF SPEECH

HOW WELL CAN YOU UNDERSTAND THIS CHILD? (Check only one of the following)

Description

- 1 NO DIFFICULTY IN UNDERSTANDING WHAT HE SAYS REGARDLESS OF ANY DEVIATIONS WHICH MAY BE PRESENT IN ARTICULATION, VOICE QUALITY, PITCH, RHYTHM, ETC.
- 2 SOME DIFFICULTY IN UNDERSTANDING WHAT THE CHILD SAYS.
- 3 CONSIDERABLE DIFFICULTY IN UNDERSTANDING WHAT THE CHILD SAYS.
- 4 THE CHILD HAS VERBALIZED, BUT IS UNINTELLIGIBLE.
- 5 NO SPEECH
- 8 OTHER

20. SUMMARY EVALUATION

INSERT CHECKS IN THE FOLLOWING LIST ONLY IF SCALE VALUES 2, 3, 4 OR 5 ARE MARKED.

RHYTHM	<input type="checkbox"/>	0	QUALITY	<input type="checkbox"/>	0
RATE	<input type="checkbox"/>	1	STRESS	<input type="checkbox"/>	1
LOUDNESS	<input type="checkbox"/>	2	ARTICULATION	<input type="checkbox"/>	2
PITCH	<input type="checkbox"/>	3	OTHER	<input type="checkbox"/>	3

SUMMARY SCORE	Normal	Suspect	Abnormal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2

SUMMARY SCORING:
IF EITHER BOXES 3, 4 OR 5 OF ITEM 19 ARE CHECKED, CHILD IS CONSIDERED TO HAVE AN IMPAIRMENT IN INTELLIGIBILITY AND SHOULD BE RATED AS ABNORMAL. IF BOX 2 IS CHECKED, RATE CHILD AS SUSPECT. IF BOX 1 IS CHECKED, RATE CHILD AS NORMAL.

21. COMMENTS

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23. EXAMINED BY

24. DATE OF EXAM
MO. DAY YEAR

25. FLUENCY

1. CLONUS

SOUNDS OF SYLLABLES: NONE OCCASIONALLY FREQUENT
0 1 2

WORDS : NONE OCCASIONALLY FREQUENT
0 1 2

PHRASES : NONE OCCASIONALLY FREQUENT
0 1 2

SENTENCES : NONE OCCASIONALLY FREQUENT
0 1 2

2. TONUS

SOUNDS OF SYLLABLES: NONE OCCASIONALLY FREQUENT
0 1 2

WORDS : NONE OCCASIONALLY FREQUENT
0 1 2

PHRASES : NONE OCCASIONALLY FREQUENT
0 1 2

SENTENCES : NONE OCCASIONALLY FREQUENT
0 1 2

SUMMARY SCORE

	Normal	Suspect	Abnormal
CLONUS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
TONUS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

26. COMMENTS