COLR-3151-16
1-63

SPEECH, LANGUAGE AND HEARING EXAMINATION ADDITIONAL OBSERVATIONS

1. PATIENT IDENTIFICATION

2. NAME OF CHILD

3. DATE OF BIRTH (MO. / DAY / YEAR)	4. AGE	5. SEX	6. RACE
		☐ MALE (1) ☐ FEMALE (2)	☐ W (1) ☐ N (2) ☐ OR (3) ☐ PR (4) ☐ OTHER (8)

7. EXAMINED BY

8. DATE OF EXAM (MO. / DAY / YEAR)

9. STATE OF HEALTH ON DAY OF EXAMINATION. MAKE NOTE OF ANY CONDITION WHICH MAY AFFECT THE CHILD'S TEST PERFORMANCE, E.G., HEARING AID, GLASSES OR OTHER PROSTHESES, RESPIRATORY CONDITION, RUNNING EARS, ETC.

11. COMMENTS

10. OBSERVABLE PHYSICAL ANOMALIES

1. HEAD – NONE ☐ 0
   - EXTREMELY SMALL ☐ 1
   - EXTREMELY LARGE ☐ 2
   - PECULIAR SHAPE ☐ 3
   - OTHER *(Describe)* ☐ 8

2. FACE – NONE ☐ 0
   - ASYMMETRY ☐ 1
   - MASK-LIKE ☐ 2
   - GRIMACES ☐ 3
   - TICS ☐ 4
   - OTHER *(Describe)* ☐ 8

3. EARS – NONE ☐ 0
   - ATRESIA ☐ 1
   - OTHER *(Describe)* ☐ 8

4. EYES – NONE ☐ 0
   - STRABISMUS ☐ 1
   - NYSTAGMUS ☐ 2
   - OTHER *(Describe)* ☐ 8

5. MOUTH – NONE ☐ 0
   - CLEFT LIP ☐ 1
   - DROOLING ☐ 2
   - MOUTH BREATHER ☐ 3
   - OTHER *(Describe)* ☐ 8

SPEECH, LANGUAGE AND HEARING EXAMINATION
ADDITIONAL OBSERVATIONS

12. PATIENT IDENTIFICATION

13. EXAMINED BY

14. DATE OF BIRTH
MO. | DAY | YEAR

10. OBSERVABLE PHYSICAL ANOMALIES (continued)

6. HANDS AND ARMS – NONE ☐ 0
IMPAIRED FUNCTION *(Describe)* ☐ 1
OTHER *(Describe)* ☐ 8

7. LEGS
NONE ☐ 0
IMPAIRED FUNCTION *(Describe)* ☐ 1
OTHER *(Describe)* ☐ 8

15. UNUSUAL BEHAVIOR OBSERVED DURING TEST PERIOD

NONE ☐ 00
PURPOSELESS HAND MOTIONS ☐ 01
UNUSUAL POSTURING ☐ 02
EXCESSIVE CRYING ☐ 03
EXCESSIVE LAUGHING ☐ 04
HYPERACTIVITY ☐ 05
HYPOACTIVITY ☐ 06
WITHDRAWN ☐ 07
PERSEVERATION ☐ 08
ECHOLALIA ☐ 09
SPONTANEOUS COMMUNICATION, LIMITED OR LACKING ☐ 10
OTHER *(Describe)* ☐ 11

16. COMMENTS *(Please describe in further detail any behavior category that is checked.)*