SPEECH SOUND ASSESSMENT COMPONENTS

REFERRAL QUESTIONS

BACKGROUND

Parent/Client Interview/Relevant Case History: Information gathered or information provided in the following areas:

- parent/client questions and understanding of the current problem; client’s & others’ reactions to speech production
- family history of communication disorders, birth and developmental history (re: oral motor development, hearing, vision, cognition and medical);
- current daycare/educational or vocational status
- socioeconomic, cultural and/or linguistic background
- Summaries of previous services in accordance with all relevant legal and agency guidelines.

ASSESSMENT FINDINGS

Hearing screening: Used to examine hearing adequacy overall and for purposes of ascertaining likely effects on the day’s results; follow ASHA guidelines.

Screening for language, voice, fluency disorders: This may be formal or informal, but is particularly important for children with suspected developmental phonological disorders

Behavioral Observations

Connected speech/language sample: Obtained with a communication partner with whom the client feels comfortable (e.g., parent, sibling, familiar clinician or one of the evaluation team depending on the client).

- Usually ½ of the sample should be glossed by a familiar adult or one of the evaluation team members; ½ should be unglossed to facilitate calculation of an intelligibility measure.
- Used for gaining the following information directly related to phonology, intelligibility, error patterns, phonetic/phonemic repertoire, normalcy of suprasegmental characteristics.
- Used for informal screening with regard to communication disorders which have a relatively high co-morbidity with developmental phonological disorders
  - Voice quality
- Fluency
- Expressive Language
- Also used for information screening with regard to pragmatic skills; compensatory strategies for communicating.

**Phonetic/phonemic inventory testing:** selection of standardized or non-standardized instruments based on age of the client; availability of appropriate norms; anticipated type of pattern analysis required. Used to provide:

- Information about phonetic/phonemic inventory
- Description of limitations on syllable structures used (if any)
- Pattern analysis of errors (if errors are extensive, phonological process analysis; if errors are relatively few in number, place/manner/voicing or substitution or omission patterns.
- Relational analysis such as assessment of simplification processes

**Oral peripheral examination:** Used to determine adequacy of structures and function for speech

- Includes at least some information about non-speech oral motor and speech motor functions
- Functional adequacy related to speech, strength, range of motion, coordination across components of the speech mechanism
- If motor involvement (developmental verbal dyspraxia or developmental dysarthria) is suspected, oral motor function and speech motor function testing will be more involved

**Trial Treatment:**

- Used to determine efficacy of sound elicitation methods for sounds not elicited in previous testing
- Used to examine the sensory factors (visual, auditory, or tactile cues) that appear to enhance performance

**Additional Components:** These may be addressed, depending upon the assessment questions raised by the referral source or family or results of previous testing:

- Speech discrimination skills in relation to errors
- More elaborate testing if needed such as for developmental dyspraxia, for example:
  - Testing for inconsistency of production across multiple attempts of the same word; especially multi-syllabic words
More in-depth exploration of oral praxis

Examination of connected speech sample for production of word and sentence stress patterns

Consistency of error patterns across phonetic contexts, especially for inconsistent errors that appear to be sensitive to context (i.e., /l/, /r/, /s/)

Phonological awareness: especially if reading/spelling problems are already identified or in kindergarten children for whom reading instruction is imminent

**SUMMARY (INTERPRETATION)**

Include information about:

- Addressing the referral questions
- A summary of the type and severity of the speech sound disorder or difference
- Associated conditions (e.g., educational or medical diagnoses)
- Functional impact
- If a referral question has pertained to whether a client’s disability meets the Vermont eligibility requirements for services in the schools, address this question in this section. A separate paragraph or subheading may be useful when addressing this issue.

**RECOMMENDATIONS**

Recommendations may include:

- The need for further assessment, follow-up, or referral.
- Intervention: If recommended, include information concerning frequency, estimated duration, and type of service delivery. In addition, state specific treatment approaches (if recommended), degree of family involvement, suggestions regarding reinforcements.
- When progress should be reviewed

**PROGNOSIS**

**REPORT DISTRIBUTION (CC LIST)**

Adapted from 2010 ASHA Preferred Practice Patterns / SC