I·P·L·C
Learning without boundaries

Demographics

First Name:

Last Name:

Date of Birth:

Age:

Evaluation Date:

Place of Evaluation:

Examiner:

Articulation Evaluation Protocol

An articulation evaluation was conducted to assess 's ability to produce speech sounds clearly and appropriately for their age. The purpose of the evaluation is to identify any speech sound errors that may affect ability to communicate effectively. Errors in articulation can significantly affect ability to be understood, academic performance, and social interactions. By understanding specific speech patterns, we can create a tailored intervention plan to improve overall communication skills.

The evaluation included the following components:

- ☐ Collection of Relevant Background Information
- ☐ Oral Mechanism Examination
- ☐ Speech Sound Assessment
- ☐ Connected Speech Sample Analysis
- ☐ Other: Your text here

This thorough process allows us to gain a clear picture of your child's speech strengths and challenges and to make informed recommendations for therapy. All measures were performed in . Results of all formal and informal assessments appear to be reliable.

Relevant Background Information

The following relevant information was collected via review of case history and through parent interview:

Birth History - ☐ remarkable ☐ unremarkable
Length of pregnancy:Your text here
Type of delivery: Your text here
Notes: Your text here

Medical History - ☐ remarkable ☐ unremarkable
Notes: Your text here

Developmental Milestones - ☐ WNL ☐ Delayed
Notes: Your text here

Language Milestones - ☐ WNL ☐ Delayed
Notes: Your text here

Environmental history -

School History -

Language/s spoken at home -

Other language exposed to -

Initial reported observations -

Other -

Oral Mechanism Evaluation

Informal assessment of the oral speech mechanism was performed through observation to assess the adequacy of the structures and functions of the oral-motor mechanism. This includes evaluating the symmetry, strength, coordination, and range of motion of the oral structures, as well as breath support and motor control. Observations help identify any structural or functional limitations that may impact articulation and speech clarity.
Cursory observation revealed:

Structure –

Face
☐ Within Normal Limits: The face was observed to be symmetrical in shape, with no observed abnormalities in structure or alignment.
☐ Areas of Concern Observed: Facial asymmetry noted, with irregularities in shape, alignment, or appearance.

Mandible and Maxilla
☐ Within Normal Limits : The mandible and maxilla were observed to be properly aligned, and their size, height, and shape are consistent with chronological age.
☐ Areas of Concern Observed : Irregular alignment, disproportionate size, or shape observed in mandible and maxilla.

Teeth and Dental Occlusion
☐ Within Normal Limits: Dental occlusion and alignment were observed to be appropriate for chronological age, with no noticeable abnormalities or malformations.

☐ Areas of Concern Observed: Dental malocclusion observed, impacting potential articulation and oral function

Palatal Arch
☐ Within Normal Limits: the palatal arch was observed to to be symmetrical and of appropriate height and shape for chronological age.
☐ Areas of Concern Observed: High, narrow, or asymmetrical palatal arch observed, which may influence resonance or articulation.

Lips
☐ Within Normal Limits: Lips were observed to be of typical size and shape, with no abnormalities observed at rest or during movement.
☐ Areas of Concern Observed: Structural abnormalities were observed that could impact articulation

Structure Notes:

Function –

Jaw Function
☐ Within Normal Limits: Jaw was observed to demonstrate smooth and controlled movements with adequate stability for speech production.
☐ Areas of Concern Observed: Jaw instability or irregular movements were observed, including open-mouth posture and/or difficulty with grading and lateralization.

Lip Function
☐ Within Normal Limits: Lips showed appropriate strength, retraction, rounding, and closure for speech tasks.
☐ Areas of Concern Observed: Decreased strength, precision, or control was observed in lip movements, impacting articulation (e.g., difficulty with rounding for /o/ or /u/).

Tongue Function
☐ Within Normal Limits: Tongue demonstrated accurate and precise movements for articulation, including elevation, lateralization, and retraction.
☐ Areas of Concern Observed: Decreased tongue control and precision observed, with difficulty in producing lingual sounds or achieving proper placement.

Cheek Function
☐ Within Normal Limits: Cheeks exhibited adequate tone and mobility, supporting efficient speech production.
☐ Areas of Concern Observed: Flaccid or excessively tight cheeks observed, indicating poor tone or underuse of musculature.

Velopharyngeal Function

☐ Within Normal Limits: Adequate velopharyngeal closure observed during speech, with no signs of hypernasality.
☐ Areas of Concern Observed: Insufficient velopharyngeal closure noted, leading to hypernasality or other resonance issues.

Phonation and Breath Support
☐ Within Normal Limits: Sufficient breath support observed for speech tasks, with 1–3 seconds of sustained phonation and appropriate voice quality.
☐ Areas of Concern Observed: Reduced breath control or strained/hoarse voice quality observed, impacting phonation and articulation.

Oral Reflexes
☐ Within Normal Limits: Reflexes observed to be appropriate for age (e.g., gag reflex present; rooting and biting reflexes absent).
☐ Areas of Concern Observed: Presence of primitive reflexes (e.g., rooting or biting) that should be inhibited for the child's age were observed.

Motor Speech Coordination
☐ Within Normal Limits: Smooth and accurate coordination observed between jaw, lips, and tongue during speech tasks.
☐ Areas of Concern Observed: Inconsistent or disorganized movement patterns observed, impacting speech precision and intelligibility.

Function Notes:

Speech Sound Assessment

Speech Sound Assessment: The ability to produce speech sounds was assessed throughout the course of the evaluation in order to measure articulation of sounds and determine types of misarticulation. The Clinical Assessment of Articulation and Phonology - 2nd Edition (CAAP-2)was administered. Additionally, spontaneous speech was elicited both in words and connected speech. Data was collected and analyzed using the Age of Customary Consonant Production chart as recommended by The American Speech-Language-Hearing Association (ASHA). The acquisition of speech sounds is a developmental process and children often demonstrate "typical" errors and phonological patterns during this acquisition period. Developmentally appropriate error patterns were taken into consideration during assessment of speech sounds in order to differentiate typical errors from those that are not.

Based on 's chronological age at the time of the assessment, the following relevant information regarding articulation at the word level was noted:

Sound	Misarticulated	Position of word	Type	Detail
/p/	☐	initial	various, inconsi	

/b/	☐ inconsistent	various, inconsi
/t/	☐ inconsistent	various, inconsi
/d/	☐ inconsistent	various, inconsi
/k/	☐ inconsistent	various, inconsi
/g/	☐ inconsistent	various, inconsi
/f/	☐ inconsistent	various, inconsi
/v/	☐ inconsistent	various, inconsi
/s/	☐ inconsistent	various, inconsi
/z/	☐ inconsistent	various, inconsi
/sh/	☐ inconsistent	various, inconsi
/ch/	☐ inconsistent	various, inconsi
/j/	☐ inconsistent	various, inconsi
/th/ (voiced)	☐ inconsistent	various, inconsi
/th/ (voiceless	☐ inconsistent	various, inconsi
/r/	☐ inconsistent	various, inconsi
/l/	☐ inconsistent	various, inconsi

Speech Sample Analysis

A speech sample was collected during spontaneous conversation, play-based activities, and picture description tasks to assess articulation and intelligibility in connected speech. The following observations were made:

Sound Production
☐ Accurate production of sounds observed.
☐ Substitution errors noted in conversation.
☐ Omission of sounds observed in conversation.
☐ Distortion of sounds noted in conversation.
☐ Addition of sounds observed in conversation.
☐ Other:

Notes:

Phonological Patterns
☐ Cluster reduction
☐ Final consonant deletion
☐ Weak syllable deletion
☐ Fronting of sounds
☐ Gliding of liquids
☐ Stopping
☐ Other: Your text here
Notes:

Speech Intelligibility
Familiar Listeners:
☐ Highly intelligible (90–100%).
☐ Moderately intelligible (70–89%).
☐ Poor intelligibility (50–69%).
☐ Very poor intelligibility (<50%).
Unfamiliar Listeners:
☐ Highly intelligible (90–100%).
☐ Moderately intelligible (70–89%).
☐ Poor intelligibility (50–69%).
☐ Very poor intelligibility (<50%).
Notes:

Connected Speech Characteristics
☐ Speech is organized and fluent.
☐ Disorganized speech noted (e.g., frequent pauses, hesitations).
☐ Speech rate is within normal limits.
☐ Speech rate is slow, impacting clarity.
☐ Speech rate is fast, impacting clarity.
☐ Self-corrections observed.
☐ Other: Your text here.
Notes:

Strengths Observed
☐ Variety of sentence structures used.
☐ Age-appropriate vocabulary observed.
☐ Efforts to self-correct noted.
☐ Other:

Clinical Impressions

Based on the results of formal and informal assessment, as well as, parent interview and clinical observation, , a year old, presents with:

Based on the results from this evaluation, family support, and adherence to recommendations that follow, prognosis for improvement is favorable.

Recommendations

Based on the information obtained through the assessment tools and parent, the following recommendations are made:

- ☐ Continue to monitor feeding and swallowing
- ☐ Individual feeding and swallowing therapy is recommended 5 times a week for 90 minute sessions
- ☐ Implement at home feeding intervention plan focusing on goals targeted in intervention.
- ☐ Parent training and education
- ☐ Referral to:
- ☐ Other:

It has been a pleasure meeting and working with and the family.

If you have any questions and/or concerns, feel free to contact

us directly via telephone at 786-622-2353 or via email at info@iplcmiami.com.

Sincerely,