**Initial Speech-Language Evaluation Summary**

**Name**: Anthony Orladini Aftimos **Evaluation Date**: April 19, 2023

**Date of Birth:** May 12, 2020

**Age:** 2 years, 11 months

**Relevant Background Information**

Anthony, a 2-year, 11-month-old male was seen for an initial speech-language evaluation at Innovative Pediatric Learning Center of Miami on April 19, 2023. His mother, who served as a reliable informant, accompanied him to the evaluation.

As per information obtained from the case history, Anthony was born at 40 weeks gestation via natural delivery. Birth history is significant for lack of oxygen during birth. This was resolved. Medical history was reported unremarkable. Anthony was reported to be in good health at this time.

Early developmental milestones were reported to be achieved within normal limits. As per information obtained from case history, concerns regarding Anthony’s speech-language development arose 5 months ago, as Anthony’s language skills and verbal communication was not developing at the rate it should be.

Anthony was assessed initially assessed in January 2023 and currently receives intervention through Early Discovery once a week for 60 minutes. Anthony currently attends KLA Coral Gables and is in Nido. He is exposed to English, Spanish, and French at home and Spanish and English at school.

**Instrumentation**

Formal and informal measures performed during the evaluation included the following:

* Social Behavioral Observation
* Preschool Language Scales – Fifth Edition (PLS-5)
* Oral-Peripheral Observation
* Speech- Language Sample

All measures were performed in English, as this is the language Anthony primarily understands and uses at this time. Results of all formal and informal assessments appear to be reliable. It should be noted that redirection, repetitions, and extra time was needed in order to complete formal assessment and obtain the scores presented. Results of all formal and informal assessments appear to be reliable.

**Outcome of Evaluation**

**Social Behavioral Observation:**

Observation was used to assess behavioral components in various structured and unstructured activities throughout the evaluation. The follow observations were made:

* Anthony was able to enter treatment room independently and engaged with clinician.
* Anthony demonstrated adequate response to name, awareness of others, eye contact, communicative intent, and social reciprocity.
* In addition, play skills were observed to be appropriate. It should be noted, Anthony did not demonstrate a variety in play. He was only interested in playing with dinosaurs.
* Throughout the course of formal assessment measures, Anthony sat on the floor with clinician to complete. Redirection, repetitions, and extra time was needed.
* Throughout the course of the assessment, it should be noted that language tasks that required more motor movements (e.g following directions around the room) were observed to be more difficult for Anthony to complete. Items that required picture manual were observed to be easier for Anthony vs items that required use of manipulatives.
* Additionally, throughout the course of informal assessment measures, multiple assessment methods were required in order to obtain target behaviors.
* Anthony demonstrated difficulty manipulating objects as directed.

**Preschool Language Scale Fifth Edition (PLS-5):**

A standardized assessment of receptive and expressive language skills was administered in order to assess overall language skills. The PLS-5 is designed for children from birth through seven years, eleven months of age. It evaluates all aspects of an individual’s oral language and language comprehension through the use of pictures, manipulatives, and observation.

The test is comprised of two subscales: auditory comprehension and expressive communication. These subscales are used to evaluate how much language a child understands and how well they communicate with others.

Standard scores are based on a scale with a mean of 100 and a standard deviation of +/- 15. The following interpretation of standard scores is applicable:

|  |  |
| --- | --- |
| **Standard Score Range** | **Interpretation** |
| Above 115 | Above Average |
| 86-114 | Average/ Within Normal Limits |
| 78-85 | Marginal/Below Average/Mild |
| 71-77 | Low Range/Moderate |
| 70-50 | Very low range/Severe |
| 50 and below | Profound |

The following results were yielded:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subtests | Standard Score | Confidence Interval | Percentile Rank | Age Equivalent | Severity |
| Auditory Comprehension | 90 | 83-98 | 25% | 2-4 | Grossly within Normal Limits/Mild |
| Expressive Communication | 82 | 76-90 | 12% | 1-11 | Mild to Moderate |
| Total Language Score | 85 | 80 to 92 | 16% | 2-2 | Grossly within Normal Limits/ Mild |

**Auditory Comprehension** - On the receptive portion of the PLS-5, Anthony obtained a standard score of 90, yielding an age equivalent of 2 year, 4 months. Standard score is on the lower end of within normal limits and age equivalence is 7 months below chronological age. This standard score and age equivalence yielded receptive language skills that are grossly within normal limits/ Mild delay.

Anthony demonstrated relative strength with the following receptive language tasks:

* Identifying photographs of familiar objects
* Following commands with gestural cues (Inconsistent)
* Identifying body parts
* Engaging in pretend play (Inconsistent)
* Understanding pronouns (*me, my, your*)
* Engaging in symbolic play (Inconsistent)
* Recognizing actions in pictures
* Understanding use of objects (e.g. “Look at the pictures. Show me what you use to drink water.”)
* Making inferences (e.g. “Look at these pictures. Show me which picture answers my question. Anna hurt her knees and elbows. How do you think Anna got hurt?”)
* Understanding analogies (Inconsistent)

However, Anthony demonstrated difficulty with the following receptive language tasks:

* Consistently following commands with gestural cues
* Understanding the verbs *eat, drink,*  and *sleep* in context
* Consistently engaging in pretend play
* Consistently engaging in symbolic play
* Following commands without gestural cues
* Understanding spatial concepts (*in, on, out of, off*) without gestural cues.
* Understanding quantitative concepts

It should be noted that Anthony’s receptive abilities might be higher than testing scores indicated and were affected by his overall motor abilities. Receptive language tasks that required more motor movements (e.g following directions around the room) were observed to be increasingly difficult for Anthony to complete. Additionally redirection, repetitions, and extra time was needed.

**Expressive Communication** - On the expressive portion, Anthony obtained a standard score of 85, yielding an age equivalent of 1 year, 11 months. Standard score is one standard deviation below the mean and age equivalence is 1 year below chronological age. This standard score and age equivalence yielded a mild to moderate expressive language delay.

Anthony demonstrated relative strength with the following expressive language tasks:

* Initiating a turn-taking game or social routine
* Using at least 5 words
* Using gestures and vocalizations to request objects
* Demonstrating joint attention
* Naming objects in photographs (unintelligible)
* Naming a variety of pictured objects (unintelligible)

However, Anthony demonstrated difficulty with the following expressive language tasks:

* Using words more often than gestures to communicate
* Using words for a variety of pragmatic functions
* Using different word combinations consistently
* Combining 3-4 words in spontaneous speech
* Using a variety of nouns, verbs, modifiers, and pronouns in spontaneous speech

**Total Language** ­– Anthony’s total language scores revealed a standard score of 74 and an age equivalence of 2 years, 2 months. This standard score and age equivalence yielded total language skills that are grossly within normal limits/ Mildly delayed.

**Oral Peripheral Observation:**

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. Cursory observation revealed:

**Structure** – The face was observed to be symmetrical in shape. The mandible and maxilla were in proper alignment, height, shape, and size. At this time, Anthony’s oral structure was observed to be adequate for speech production.

**Function** – The body, trunk and facial tone were observed to be normal. All reflexes were inhibited (no observable reflexes when eating or performing verbal tasks). Phonation and breath support were adequate (1-3 seconds of sustained phonation), single voiced, nasal and un-voiced phonemes could be produced (/a/, /m/, and /h/). Jaw movements were significant for an occasional open mouth posture. Jaw stability is important for speech as it allows the tongue and lips to move independently to produce speech in a quick and efficient manner. In the area of Labial-Facial Control, Flaccid cheeks were noted due to underuse of the musculature. Furthermore, lip movements show decreased access/control to contact (medial one third of labial surface) as evident by difficulty with individual lip movement. Labial facial muscle movements were significant for decreased retraction and protrusion. In the area of Lingual Control (tongue) in connected speech, decreased tongue tip and body access/control was noted as evident by reduced precision of the tongue when articulating lingual sounds. Overall, facial muscles were observed to have decreased combined alternate movements and coordinated functioning.

**Speech-Language Sample:**

A language sample was observed in order to evaluate spontaneous speech and obtain more information about Anthony’s language skills in a less structured environment. A speech-language sample can help identify the types of speech-language behaviors in a child’s repertoire and provides an enhanced overview of speech-language development. The speech-language sample was collected informally through play and observed for semantic, syntactic, morphological, and pragmatic language abilities using the Preschool Language Scale (PLS-5) Language Sample Checklist. The following was observed:

Anthony’s language structure consisted of 1-3 word utterances, with inconsistent use of expanded sentences. Anthony’s social language use consisted of using words and/or gestures to direct attention, trying to get to do something, role-play, and engage in a back and forth with clinician. However, Anthony demonstrated difficulty using words to initiate and ask for help. Overall social language use was judged to be within normal limits at this time. However, Anthony’s receptive and expressive language delays appears to be affecting his overall social language capabilities.

Speech intelligibility in connected speech was judged to be fair to poor. Articulation was not formally assessed at this time. Articulation should continue to be monitored and formally assessed as deemed appropriate by speech-language pathologist.

Overall, information obtained from the speech-language sample revealed that Anthony’s language skills in conversation were consistent with results obtained from the administration of the PLS-5.

**Impressions**

Based on the results of formal and informal assessment, as well as, parent interview and clinical observation, Anthony, a 2-year, 11-month-old male presents with a mild to moderate delay in overall speech, language, and communication skills.

Finally, it is important to note that the younger a child is assessed, the less predictive test results are of later performance. Therefore, longer-term impressions about Anthony’s development potential based on these test results cannot be made at this time. The results of this assessment should be interpreted in terms of relative strengths and weakness so that they may be addressed through early intervention. Future assessments may yield different results. These results may be higher or lower due to a variety of intervening factors.

Based on the results from this evaluation, Anthony’s age, family and school support, as well as, adherence to recommendations that follow, prognosis for improved communication skills is favorable.

**Recommendations**

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

1. Individual speech-language therapy 3-4 times a week for 30 minutes to improve overall language skills.
2. Referral to Occupational Therapist
3. Goals should be reviewed and updated monthly and a re-evaluation is recommended in 6 months to evaluate progress.
4. Implement at home activities focusing on goals targeted in therapy.

It has been a pleasure meeting and working with Anthony and his family. If you have any questions and/or concerns feel free to contact me directly via telephone at (786) 622-2353 or via email at [info@iplcmiami.com](mailto:info@iplcmiami.com).

Sincerely,

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Description automatically generated with medium confidence

Director/ Speech-Language Pathologist