**Initial Speech-Language Evaluation Summary**

**Name**: Connor Chau **Evaluation Dates**: November 21, 2022

**Date of Birth:** June 10, 2014 November 22, 2022

**Age:** 8 years, 5 months November 23, 2022

**Relevant Background Information**

Connor, a 8-year, 5-month old male was seen on November 21, 2022, November 22, 2022, and November 23, 2022 at Riviera Schools for a comprehensive evaluation.

As per information collected via case history, Connor was born following a full term pregnancy via natural delivery. Birth history was reported unremarkable. Medical history is significant for seasonal allergies. Parent reported Connor is currently in good health at this time.

As per information collected via case history, developmental milestones were reported to be achieved within normal limits. Connor was diagnosed with ADHD is July, 2022. Refer to report from Anya Barak, Psy.D. for additional information.

At this time, Connor is exposed to English and some Chinese. Connor currently attends Riviera Schools and is in third grade.

**Instrumentation**

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

* Review of Psychoeducational Evaluation
* Observational Rating Scale
* Clinical Evaluation of Language Fundamentals- 5th Edition (CELF-5)
* Social Thinking Dynamic Assessment
* Pragmatics Profile
* Speech-Language Sample
* Oral Peripheral Observation
* Articulation/Phonology
* Portions of the Comprehensive Test of Phonological Processing -Second Edition (CTOPP -2)

All measures were performed in English. 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 asses social-behavioral components throughout the course of the evaluation. The following relevant information was noted:

Speech-Language evaluation was completed over the course of two sessions. Both sessions, Henry was able to separate from parent and enter treatment room independently. Initially, clinician worked towards establishing rapport by allowing Henry to choose various activities of his choice. Henry was eager to play with preferred items. He enjoyed activities that involved movement and was noted to sustain attention for longer during those activities. However, he did prefer to not talk much while engaged in movement activities and when he did speak, he used utterances that were simpler. He demonstrated adequate communicative intent and awareness of others. In addition, appropriate eye contact and social reciprocity was present. However, Henry demonstrated impulsivity as evident by getting up to get a desired item in the middle of a conversation with the clinician about another topic. Additionally, throughout the course of formal and informal assessment measures, Henry was observed to be easily distracted by various stimuli. Henry demonstrated difficulty successfully focusing on relevant auditory input and linguistic stimuli in order to process it. Therefore, conscious attention to the relevant linguistic input was affected.

Once rapport was established, clinician attempted to administer formal assessment measure, CELF-5. When administering the first subtest, Henry became easily distracted and demonstrated decreased attention to task. Therefore, he required redirection prior to administering test items and extra time to complete tasks. As formal testing continued, Henry became increasingly inattentive and began to get frustrated. He began responding “It’s all of them. I don’t know”. The clinician provided frequent repetition, verbal praise, as well as, verbal coaxing in order to complete subtest. After completing the first subtest, the CELF-5 was discontinued, as the clinician determined the assessment was too lengthy and results that would be obtained would not be valid as a result of not following standardized administration procedures.

The second day of the assessment, the session began similar to the first by allowing Henry to choose various activities. The clinician then administered the PLS-5. Throughout the course of the formal assessment, adaptations to administration procedures were made to accommodate to Henry’s motor and sensory needs (e.g. completing items on the floor vs. seated at the table, not requiring Henry to point, etc.). These variations in administration did not change the standardized test stimuli or procedures, and therefore, did not affect scoring. When administering formal assessment, Henry became easily distracted by surroundings and demonstrated decreased attention to task. Therefore, he required redirection prior to administering test items and extra time to complete tasks. At times held an object while completing more formal assessment measures. Pointed to multiple options on stimulus book and demonstrated difficulty with pointing to just one.

**Observational Rating Scale**

An observational rating scale was used informally to gather additional information and identify situations or contexts in which reduced language occurs and affects ability to manage classroom behaviors and interactions, to meet school curriculum objectives, and to follow classroom instructions. Information was collected and analyzed from the teachers, parent, as well as, from Connor. The following relevant information was collected:

* In the area of listening, Connor is able to ask people to repeat what they have said. demonstrates difficulty paying attention, following spoken directions, remembering things people say
* In the area of speaking
* In the area of reading
* In the area of writing

**The Clinical Evaluation of Language Fundamentals- 5th Edition (CELF-5)**

The CELF-5 is an individually administered standardized assessment used to identify, diagnose, and follow-up on language and communication skills for students ages 5-21 years.

**Core Language Score and Index Scores:** The Core Language Score, Receptive Language Index score, and Expressive Language Index score provide the information needed to assist in the identification of a language disorder. These scores provide a broader, quantitative view of language abilities. The Core Language Score and Index Scores are composite scores. These scores are based on the sum of various test scaled scores. 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 obtained:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Core Language Score and Index Scores | Standard Score | Percentile Rank | Age Equivalent | Interpretation |
| Core Language Score | 81 | 10% |  | Mild to Moderate Delay |
| Receptive Language Index | 82 | 12% |  | Mild Delay |
| Expressive Language Index | 85 | 16% |  | Mild Delay |
| Language Content Index | 90 | 25% |  | Grossly Within Normal Limits |
| Language Structure Index | 81 | 10% |  | Mild to Moderate Delay |

**Core Language Score** - The Core Language Score is a measure of general language ability and provides an easy and reliable way to quantify overall language performance. Connor received a Core Language Score of 81, yielding a percentile rank of 10%, and an age equivalence of . This standard score, percentile rank, and age equivalent yielded a mild to moderate delay.

**Receptive Language Index** - The Receptive Language Index is a measure of listening and auditory comprehension skills. Connor received a Receptive Language Index score of 82, yielding a percentile rank of 12%, and an age equivalence of. This standard score, percentile rank, and age equivalence yielded a mild delay.

**Expressive Language Index** -The Expressive Language Index is an overall measure of expressive language skills. Connor received an Expressive Language Index score of 85, yielding a percentile rank of 16%, and an age equivalence of . This standard score, percentile rank, and age equivalence yield a mild to moderate delay.

**Language Content Index** - The Language Content Index is a measure of semantic development, including vocabular, concept and category development, comprehension of associations and relationships among words, in vocabulary and word knowledge. Connor received a Language Content Index score of 90, yielding a percentile rank of 25%, and an age equivalence of. This standard score, percentile rank, and age equivalence place Connor.

**Language Structure Index** - The Language Structure Index is a measure of recalling and following spoken directions. The Language Structure Index is derived by summing the scaled scores from Sentence Comprehension, Word Structure, Formulated Sentences, and Recalling Sentences. Connor received a Language Structure Index score of 79 and a percentile rank of 8%. This standard score and percentile rank yield a mild to moderate delay.

**Test Scaled Scores:**

Test scaled scores provide performance information about the language content that each test targets. Test scaled scores are based on a scale with a mean of 10 and a standard deviation of 3. Subtest scaled scores that are between 7 and 13 are considered to be within normal limits. The following interpretation of scaled scores is applicable:

|  |  |
| --- | --- |
| **Scaled Score Range** | **Classification** |
| 13 and above | Above Average |
| 8 to 12 | Average |
| 7 | Borderline/Marginal/ At risk |
| 6 and below | Low to very low |

The following scores were obtained:

|  |  |  |  |
| --- | --- | --- | --- |
| Test | Scaled Score | Age  Equivalent | Interpretation |
| Sentence Comprehension | 5 | 6-0 | Moderate to Severe Delay |
| Linguistic Concepts | 9 | 7-9 | Mild Delay |
| Word Structure | 11 | 8-11 | Within Normal Limits |
| Word Classes | 8 | 7-2 | Moderate Delay |
| Following Directions | 8 | 7-1 | Moderate Delay |

**Sentence Comprehension** - The Sentence Comprehension subtest assessed Connor’s ability to interpret spoken sentences of increasing length and complexity and select the pictures that illustrate referential meaning of the sentences. Connor obtained a scaled score of 5 and an age equivalence of 6 years. The scaled score is below normal limits and age equivalent is 2 years, 5 months below chronological age. This scaled score and age equivalent yield a moderate to severe delay.

**Linguistic Concepts** - The Linguistic Concepts subtest assessed Connor’s ability to interpret spoken directions that contain basic concepts and identify mentioned objects from among several pictured choices. Connor obtained a scaled score of 9 and an age equivalence of 7 years, 9 months. This scaled score is within normal limits and age equivalent is 7 months below chronological age. This scaled score and age equivalent yield a mild to mild delay.

**Word Structure** - The Word Structure subtest assessed Connor’s ability to apply morphological rules to mark inflection, derivations and comparison as well as to select and use appropriate pronouns. Connor obtained a scaled score of 7 and an age equivalence of 5 years, 6 months. This scaled score and age equivalent are grossly within normal limits. She demonstrated relative strength with irregular plural, third person singular, derivation of nouns, contractible copula, auxiliary verbs, possessive pronouns, objective pronouns, comparative and superlative, and reflexive pronouns. Emily demonstrated difficulty with usage of possessive nouns, regular past tense, future tense, subjective pronouns, and irregular past tense.

**Word Classes** - The Word Classes subtest assesses ability to understand relationships based on semantic class features, function, or place or time of occurrence. Emily obtained a scaled score of 8 and age equivalence of 6 years, 7 months. This scaled score and age equivalent are grossly within normal limits. She demonstrated relative strength with word semantic class features and location. Emily demonstrated difficulty with understanding word composition and opposites.

**Following Directions** - The Following Directions subtest assesses ability to interpret spoken directions of increasing length and complexity, follow the order of presented objects with varying characteristics such as color, size, or location, and identify several pictured objects that were mentioned. Emily obtained a scaled score of 8 and age equivalence of 6 years, 6 months. This scaled score and age equivalent are grossly within normal limits. She demonstrated relative strength with 1 to 2 level commands. Emily demonstrated difficulty with 2-level commands given no orientation and 3-level commands given serial order and left/right orientation. Additionally, she was unable to follow any 4-level commands.

**Formulated Sentences** ­- The Formulated Sentences subtest assesses ability to formulate simple, compound, and complex sentences when given grammatical (semantic and syntactic) constraints. Emily obtained a scaled score of 5 and age equivalence of 5 years, 4 months. This scaled score and age equivalent yield a moderate delay.

**Recalling Sentences** - The Recalling Sentences subtest assesses student’s ability to recall and reproduce sentences of varying length and syntactic complexity. Emily obtained a standard score of 6 and age equivalence of 5 years, 3 months. This scaled score and age equivalent yield a mild delay.

**Understanding Spoken Paragraphs** -The Understanding Spoken Paragraphs subtest assesses the ability to sustain attention, create meaning from oral narratives, and apply critical thinking strategies. Questions are probed to assess memory for facts and details, ability to identify main idea, and make inferences. Emily obtained a scaled score of 6. This scaled score yields a mild delay.

**CELF-5 – Reading and Writing Supplements –**  two supplementary tests included in the CELF-5 to enable assessment of reading and written language skills. Both the Reading Comprehension and Structured Writing supplementary test have norm referenced scaled scores. Scaled scores of 8 or above are in the average range. However, scaled scores of 7 or below suggest more in depth assessment and intervention might be needed.

Reading Comprehension, a standardized academic measure of reading achievement was administered to provide evidence as to whether or not difficulties with oral language comprehension extent to decoding and making sense of written language input, as well as, to compare oral comprehension to written comprehension. The Reading Comprehension subtest of the CELF-5 requires the student to read two paragraphs that are written at expected grade level for age. Comprehension of each paragraph is evaluated, orally, with questions that probe for factual and inferential information and conclusions.

To evaluate a student’s ability sustain focus while reading paragraphs of increasing length and complexity

Structured Writing, a standardized

**Social Thinking Dynamic Assessment**

The Social Thinking Dynamic Assessment Protocol was used in order to gain more information regarding Connor’s pragmatic language skills, social interactive functioning, and ability to effectively apply social knowledge to the academic curriculum.

Writing Sample: The writing sample task required Connor to fill out a form requesting basic information (e.g. name, date, date of birth, home address, parents’ name, etc.). Completion and analysis of the writing sample revealed:

* There were no difficulties with the physical act of handwriting. Connor did not become fatigued from the act of writing. This was also noted in the writing subtest of the CELF-5.
* Connor was able to ask for help when he was told that it was an option and then continued to ask for help numerous times.
* Demonstrated difficulty knowing when it is appropriate to ask for help vs when should try on own.
* Difficulty planning and organizing thoughts so writing has coherence.
* Connor was limited in basic functional, personal knowledge
* Connor required frequent redirection to complete the task. Throughout the course of the evaluation process, it was noted that as demands increased and a tasks became more difficult, Connor became distracted.

The Double Interview: The Double Interview consists of the clinician interviewing the student about life at home and school. The student is then asked to interview the clinician. Completion and analysis of the Double Interview revealed:

* Connor tries to tell a story or sequenced information; however, it is difficult to follow
* Connor constantly talks and demonstrated difficulty with regulating to the clinician. Failed to read body language or facial expressions.

Assessing Organizational Skills: The Assessing Organizational Skills task assesses a student’s ability to organize self, personal environment, thoughts,

**Speech-Language Sample:** A speech-language sample was obtained in order to evaluate spontaneous speech and obtain more information about Henry’s language skills in a less structured environment. A language sample can help identify the types of language behaviors in a child’s repertoire and provides an enhanced overview of language development. The 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:

Henry’s language structure consisted predominantly of 3-4 word utterances that contained inconsistent use of tense markers, pronouns, plurals, possessive markers, and articles. Expanded utterances and complex sentences were not observed.

Henry’s language content consisted of varying use of naming objects. Henry preferred to use “this” and “these” instead of naming objects. Additionally, inconsistent use of action words, inconsistently using words denotating possession and inconsistently using words to describe was observed.

Social language use consisted of inconsistently using words to direct attention to something (e.g. “Look”), greeting and saying goodbye, naming objects, and inconsistently answering when talked to. However, Henry demonstrated difficulty answering when spoken to using age appropriate utterances, using expanded utterances, and maintaining conversation.

Henry’s connected speech was observed to be disorganized, off topic, and out of sequence. Additionally, speech intelligibility was judged to be fair to poor.

**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. Dental occlusion, the palatal arch and oral/dental structures were observed to be unremarkable based on chronological age. At this time, Henry’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 performing verbal tasks). Phonation and breath support were adequate (1-3 seconds of sustained phonation), for single voiced, nasal and un-voiced phonemes could be produced. Labial-facial control and lingual control (tongue) were observed to be adequate for speech production. Jaw movements were significant poor integration of jaw movements to support development of lingual control. 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. Additionally, decreased tongue tip elevation and overall decreased movement of the tongue was noted. Proper tongue control is significant for speech production.

**Articulation/Phonology -** 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. Formal speech sound assessment measure was not administered secondary to decreased attention to administration of formal assessment measures throughout the course od the evaluation. Therefore, 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 Henry’s chronological age at the time of the assessment, the following relevant phonological processes, substitutions, and omissions were noted:

|  |  |
| --- | --- |
| Error | Example |
| Gliding of /w/ for /l/ | /wook/ for /look/ |
| Gliding of /w/ for /r/ |  |
| Omission of vocalic /r/ | /gi/ for /girl/ |
| Stopping of /d/ for /dʒ/ |  |
| Substitution of /ts/ for /th/ | /bats/ for /bath/ |
| Omission of final /l/ | /do/ for /doll/ |
| Final consonant deletion | /cu/ for /cut/ |
| Substitution of /d/ for /th/ (voiced) | /feader/ for /feather/ |

Additionally, various inconsistent distortions, deletions, substitutions, and unintelligible utterances were noted in sequenced movements in spontaneous speech as a result of difficulty moving oral motor musculature appropriately during connected speech. Poor integration of jaw movements to support development of lingual control and decreased tongue tip elevation were observed. Better productions of 1-2 syllable words/utterances with simple movements was noted. Additionally, length and complexity of movements required to articulate the word and/or utterance contributed to unintelligibility.

Henry’s speech in spontaneous conversation was judged to be decodable by using context of the setting and gestures. These multiple sound substitutions, distortions, and deletions made it difficult for an unfamiliar listener to understand Henry’s utterances approximately 50% of the time.

It is important to note that this information was collected informally throughout the course of the assessment. Articulation was not formally assessed due to difficulty sustaining attention, therefore, there may be additional errors that were not recorded and considered in intervention plan. Articulation should continue to be monitored and attempt to formally reassess in 6 months.

**Impressions**

Based on the results of formal and informal assessment, as well as parent interview and clinical observation, Connor, an 8-year, 5-month old male presents with a moderate delate in overall language skills.

Social behavior observation revealed Henry was eager to play with preferred items. He enjoyed activities that involved movement and was noted to sustain attention for longer during those activities. He demonstrated adequate communicative intent and awareness of others. In addition, appropriate eye contact and social reciprocity was present. However, Henry demonstrated impulsivity. Throughout the course of formal and informal assessment measures, Henry was observed to be easily distracted by various stimuli. Henry demonstrated difficulty successfully focusing on relevant auditory input and linguistic stimuli in order to process it. After completing the first subtest of the CELF-5, it was discontinued, as the clinician determined the assessment was too lengthy and results that would be obtained would not be valid secondary to not following standardized administration procedures. The clinician then administered the PLS-5. Throughout the course of the formal assessment, adaptations to administration procedures were made to accommodate to Henry’s motor and sensory needs (e.g. completing items on the floor vs. seated at the table, not requiring Henry to point, etc.). These variations in administration did not change the standardized test stimuli or procedures, and therefore, did not affect scoring.

On the receptive portion of the PLS-5, Henry obtained a standard score of 81, yielding an age equivalent of 4 years, 1 month. Standard score is below the mean and age equivalent is 1 year, 4 months below chronological age. This standard score and age equivalent yielded a moderate to severe receptive language delay. It should be noted that Henry’s receptive abilities might be higher than testing scores indicated due to his preference of activities and inattentiveness in testing when presented with non-preferred activities.

On the expressive portion of the PLS-5, Henry obtained a standard score of 74, yielding an age equivalent of 4 years, 1 month. Standard score is below the mean and age equivalent is 1 year, 9 months below chronological age. This standard score and age equivalent yielded a moderate to severe expressive language delay.

Henry’s total language scores revealed a standard score of 74, and an age equivalent of 4 years, 3 months.

Information collected from the speech-language sample revealed Henry’s language structure consisted predominantly of 3-4 word utterances that contained inconsistent use of tense markers, pronouns, plurals, possessive markers, and articles. Henry’s language content consisted of varying use of naming objects. Henry preferred to use “this” and “these” instead of naming objects. Social language use consisted of inconsistently using words to direct attention to something (e.g. “Look”), greeting and saying goodbye, naming objects, and inconsistently answering when talked to. However, Henry demonstrated difficulty answering when spoken to using age appropriate utterances, using expanded utterances, and maintaining conversation. Henry’s connected speech was observed to be disorganized, off topic, and out of sequence. Additionally, speech intelligibility was judged to be fair to poor.

Cursory observation of the oral motor mechanism revealed no gross structural asymmetries or abnormalities were noted. At this time, oral structure and function of the oral peripheral speech mechanism were observed to be adequate for speech production.

Articulation/Phonology assessment revealed various inconsistent distortions, deletions, substitutions, and unintelligible utterances noted in sequenced movements in spontaneous speech as a result of difficulty moving oral motor musculature appropriately during connected speech. Henry’s speech in spontaneous conversation was judged to be decodable by using context of the setting and gestures. Multiple sound substitutions, distortions, and deletions made it difficult for an unfamiliar listener to understand Henry’s utterances approximately 50% of the time. It is important to note that this information was collected informally throughout the course of the assessment. Articulation was not formally assessed due to difficulty sustaining attention, therefore, there may be additional errors that were not recorded and considered in intervention plan. Articulation should continue to be monitored and attempt to formally reassess in 6 months.

At this time, Henry would not benefit from intervention that solely focuses on articulation and intelligibility secondary to decreased attention skills required to properly participate in an effective articulation intervention, as well as, decreased receptive and expressive language skills. At this time, articulation should be addressed informally in correlation with other language goals and should begin working on articulation skills more formally once functional language skills have been established and Henry’s ability to focus on relevant auditory input and linguistic stimuli in order to process it has improved.

It is important to note that all components of attention have a role in language acquisition. A language learner must focus on relevant linguistic input, discounting irrelevant input. He or she must sustain this focus in order to take in complete input for processing. When the source of language input shifts, the language learner must also shift his or her attention to avoid missing relevant input. Finally, he or she must attend to processing the information in order to make it available for future use.

Finally, longer-term impressions about Henry’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 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, Henry’s age, family support and adherence to recommendations that follow, prognosis for improved communication skills is favorable.

**Recommendations**

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

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

It has been a pleasure meeting and working with Henry 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,

Alissa M. Darley, M.S., CCC-SLP ASDCS

Speech-Language Pathologist